

Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an “X” next to the following statement to indicate your agreement:

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2023/11/19

Your Name: Zhenhui Zhu

Manuscript Title: Geometric Remodeling of Tricuspid Valve in Pulmonary Hypertension and its Correlation with PH Severity: A Prospectively Case-control Study using Four-Dimensional Automatic Tricuspid Valve Quantification Technology

Manuscript number (if known): QIMS-23-1150

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 2023/11/19

Your Name: Jingru Lin

Manuscript Title: Geometric Remodeling of Tricuspid Valve in Pulmonary Hypertension and its Correlation with PH Severity: A Prospectively Case-control Study using Four-Dimensional Automatic Tricuspid Valve Quantification Technology

Manuscript number (if known): QIMS-23-1150

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Time frame: Since the initial planning of the work

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Time frame: past 36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>X</u> None	
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11	Stock or stock options	<u>X</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>X</u> None	
13	Other financial or non-	<u>X</u> None	

financial interests		

Please summarize the above conflict of interest in the following box:

None.

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ICMJE DISCLOSURE FORM

Date: 2023/11/19

Your Name: Changming Xiong

Manuscript Title: Geometric Remodeling of Tricuspid Valve in Pulmonary Hypertension and its Correlation with PH Severity: A Prospectively Case-control Study using Four-Dimensional Automatic Tricuspid Valve Quantification Technology

Manuscript number (if known): QIMS-23-1150

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8	Patents planned, issued or pending	<u>X</u> None	
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11	Stock or stock options	<u>X</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>X</u> None	
13	Other financial or non-	<u>X</u> None	

financial interests		

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2023/11/19

Your Name: Jiangtao Wang

Manuscript Title: Geometric Remodeling of Tricuspid Valve in Pulmonary Hypertension and its Correlation with PH Severity: A Prospectively Case-control Study using Four-Dimensional Automatic Tricuspid Valve Quantification Technology

Manuscript number (if known): QIMS-23-1150

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11	Stock or stock options	<u> X </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> X </u> None	
13	Other financial or non-financial interests	GE Healthcare	

Please summarize the above conflict of interest in the following box:

Jiangtao Wang reports that she is from GE Healthcare and provides technical support for the study.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2023/11/19

Your Name: Yuqi Cai

Manuscript Title: Geometric Remodeling of Tricuspid Valve in Pulmonary Hypertension and its Correlation with PH Severity: A Prospectively Case-control Study using Four-Dimensional Automatic Tricuspid Valve Quantification Technology

Manuscript number (if known): QIMS-23-1150

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ICMJE DISCLOSURE FORM

Date: 2023/11/19

Your Name: Weichun Wu

Manuscript Title: Geometric Remodeling of Tricuspid Valve in Pulmonary Hypertension and its Correlation with PH Severity: A Prospectively Case-control Study using Four-Dimensional Automatic Tricuspid Valve Quantification Technology

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