| Date: | 2024-9-18 | |
|----------------------|--|------------------------------------|
| Your Name: | Zihan Wang | |
| Manuscript Title:_ C | Cardiac Compressed Sensing Real-Time Cine for Assessment of Le | eft Ventricular Function: A Large- |
| Scale Sample Analys | sis_ | |
| Manuscript number | (if known): QIMS-24-980-R1 | |

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------|--|---|
| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | _x_None | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | _x_None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | _x_None | |
| | | | |
| | | | |
| 4 | Consulting fees | _xNone | |
| | | | |

| 5 | Payment or honoraria for | _xNone | |
|----|---|---------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | x None | |
| Ū | testimony | | |
| | | | |
| 7 | Support for attending | _xNone | |
| | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | _x_None | |
| | pending | | |
| | | | |
| 9 | 9 Participation on a Data Safety Monitoring Board or Advisory Board | _xNone | |
| | | | |
| 10 | Leadership or fiduciary role | xNone | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | _xNone | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | _xNone | |
| | materials, drugs, medical writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | _xNone | |
| | financial interests | | |
| | | | |

The author has no conflicts of interest to declare.

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

| Date: | 2024-9-18 | |
|-------------------|----------------------------------|---|
| Your Name: | Zhaozhao Wang | |
| Manuscript Title: | Cardiac Compressed Sensing Real- | Time Cine for Assessment of Left Ventricular Function: A Large- |
| Scale Sample Anal | ysis_ | - |
| Manuscript numbe | er (if known): QIMS-24-980- | R1 |

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|--|---|
| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | _x_None | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | _x_None | |
| - | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | _x_None | |
| | | | |
| | | | |
| 4 | Consulting fees | _xNone | |
| | | | |

| 5 | Payment or honoraria for | _xNone | |
|----|---|---------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | x None | |
| Ū | testimony | | |
| | | | |
| 7 | Support for attending | _xNone | |
| | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | _x_None | |
| | pending | | |
| | | | |
| 9 | 9 Participation on a Data Safety Monitoring Board or Advisory Board | _xNone | |
| | | | |
| 10 | Leadership or fiduciary role | xNone | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | _xNone | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | _xNone | |
| | materials, drugs, medical writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | _xNone | |
| | financial interests | | |
| | | | |

The author has no conflicts of interest to declare.

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

| Date: | 2024-9-18 | 3 |
|-------------------|--------------------|--|
| Your Name: | Jing An_ | |
| Manuscript Title: | Cardiac Compressed | Sensing Real-Time Cine for Assessment of Left Ventricular Function: A Large- |
| Scale Sample Ana | lysis_ | |
| Manuscript numb | er (if known): | QIMS-24-980-R1 |

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | Time frame: Since the initialx_None | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _x_None | |
| З | Royalties or licenses | _x_None | |
| 4 | Consulting fees | _xNone | |

| 5 | Payment or honoraria for | x None | |
|----|---|------------------------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | _xNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | _xNone | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | _x_None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | _xNone | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | _xNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| 11 | group, paid or unpaid Stock or stock options | v. Neve | |
| 11 | | _x_None | |
| | | | |
| 12 | Receipt of equipment, | x None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | an employee of Siemens | |
| | financial interests | Shenzhen Magnetic | |
| | | Resonance | |
| | | | |
| | | | |

Jing An was an employee of Siemens Shenzhen Magnetic Resonance throughout her involvement in the study.

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

| Date: | 2024-9-18 | |
|--------------------|-------------------------|--|
| Your Name: | Ying Yuan | |
| Manuscript Title:_ | Cardiac Compressed Sens | ing Real-Time Cine for Assessment of Left Ventricular Function: A Large- |
| Scale Sample Anal | ysis_ | |
| Manuscript numb | er (if known): QIMS | 5-24-980-R1 |

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------|--|---|
| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | _x_None | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | _x_None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | _x_None | |
| | | | |
| | | | |
| 4 | Consulting fees | _xNone | |
| | | | |

| 5 | Payment or honoraria for | _xNone | |
|----|---|---------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | x None | |
| Ū | testimony | | |
| | | | |
| 7 | Support for attending | _xNone | |
| | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | _x_None | |
| | pending | | |
| | | | |
| 9 | 9 Participation on a Data Safety Monitoring Board or Advisory Board | _xNone | |
| | | | |
| 10 | Leadership or fiduciary role | xNone | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | _xNone | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | _xNone | |
| | materials, drugs, medical writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | _xNone | |
| | financial interests | | |
| | | | |

The author has no conflicts of interest to declare.

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

| Date: | 2024-9-18 | |
|-----------------------|-----------------------------|--|
| Your Name: | Jianing Pang | |
| Manuscript Title:_ Ca | rdiac Compressed Sensing Re | al-Time Cine for Assessment of Left Ventricular Function: A Large- |
| Scale Sample Analysis | 5_ | - |
| Manuscript number (| if known): QIMS-24-98 | 0-R1 |

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) | |
|---|--|--|---|--|
| | Time frame: Since the initial planning of the work | | | |
| 1 | All support for the present | _x_None | | |
| | manuscript (e.g., funding, | | | |
| | provision of study materials, | | | |
| | medical writing, article | | | |
| | processing charges, etc.) | | | |
| | No time limit for this item. | | | |
| | | | | |
| | | | | |
| | Time frame: past 36 months | | | |
| 2 | Grants or contracts from | _x_None | | |
| | any entity (if not indicated | | | |
| | in item #1 above). | | | |
| 3 | Royalties or licenses | _x_None | | |
| | | | | |
| | | | | |
| 4 | Consulting fees | _xNone | | |
| | | | | |

| le | Payment or honoraria for lectures, presentations, | _xNone | |
|----------------------|---|------------------------|--|
| | | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | x None | |
| Ŭ | testimony | | |
| | , | | |
| - | upport for attending neetings and/or travel | _xNone | |
| | | | |
| | | | |
| 8 | Patents planned, issued or pending | _x_None | |
| | | | |
| | | | |
| 9 | Participation on a Data Safety Monitoring Board or | _xNone | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | x None | |
| in oth | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | _xNone | |
| | | | |
| 12 | Receipt of equipment | x None | |
| material writing, | Receipt of equipment, materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | an employee of Siemens | |
| | financial interests | Medical Solutions USA | |
| | | | |
| | | | |

Jianing Pang was an employee of Siemens Medical Solutions USA throughout his involvement in the study.

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

| Date: | 2024-9-1 | l8 |
|------------------------|----------------|--|
| Your Name: | Yi He | |
| Manuscript Title:_ Car | diac Compresse | d Sensing Real-Time Cine for Assessment of Left Ventricular Function: A Large- |
| Scale Sample Analysis | _ | |
| Manuscript number (i | f known): | _ QIMS-24-980-R1 |

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | Time frame: Since the initialx_None | |
| | Time frame: past 36 months | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _x_None | |
| З | Royalties or licenses | _x_None | |
| 4 | Consulting fees | _xNone | |

| 5 | Payment or honoraria for lectures, presentations, | _xNone | |
|------------------------|--|---------|--|
| | | | |
| | speakers bureaus, | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | x None | |
| | testimony | | |
| | | | |
| 7 | Support for attending | _xNone | |
| | meetings and/or travel | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | _x_None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | _xNone | |
| | Safety Monitoring Board or Advisory Board | | |
| 10 | Leadership or fiduciary role | xNone | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 Sto | Stock or stock options | _xNone | |
| | | | |
| | | | |
| ma [.] wri | Receipt of equipment, | _xNone | |
| | materials, drugs, medical writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- financial interests | _xNone | |
| | | | |
| | | | |

The author has no conflicts of interest to declare.

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