Date:	1/22/2023
Your Name:	Rozann Hansford] – filled out by proxy Joshua Ra
Manuscript Title:	Implantable Defibrillator System Shock Function, Mortality, and Cause of Death after Magnetic Resonance Imaging
Manuscript Number (if known):	M22-2653

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3	Royalties or licenses	None	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	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.		

3 12/13/2021 ICMJE Disclosure Form

Date:	12/8/2022
Your Name:	Valeria Sena-Weltin
Manuscript Title:	Implantable Defibrillator System Shock Function, Mortality, and Cause of Death after Magnetic Resonance Imaging
Manuscript Number (if known):	M22-2653

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			e all entities with whom you have this ionship 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	of the work
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.		None Time frame: past 36 months	Click the tab key to add additional rows.
				5
2	Grants or contracts from	\boxtimes	None	
	any entity (if not			
	indicated in item #1 above).			
		L		
3	Royalties or licenses		None	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	10/21/2022
Your Name:	Saman Nazarian, MD, PhD
Manuscript Title:	Non-MRI-Conditional ICD Function after MRI
Manuscript Number (if known):	M22-2653

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		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	of the work
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		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	Biosense Webster, Inc CardioSolv ADAS Software	
3	Royalties or licenses	None ■	

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4	Consulting fees	□ None Circle Software Inc	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

3 12/13/2021 ICMJE Disclosure Form

Date:	1/13/2023
Your Name:	Masahito Suzuki
Manuscript Title:	Non-MRI-Conditional ICD Function after MRI
Manuscript Number (if known):	Click or tap here to enter text.

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l		Name all entities with whom you have this elationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments relationship or indicate none (add rows as needed)	ents were
		Time frame: Since the initial planning of the work	
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.	None Click the tab key to add additional rows.	
		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 None	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	Image: square of the property o	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

1			
		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date	e:		12/23/2022		
Your Name:			Matt Oberdier		
Manuscript Title:			Implantable Defibrillator System Shock Function, Mortality, and Cause of Death After Magnetic Resonance Imaging		
Maı	nuscript Number (if k	known):	M22-2653		
In the interest of transparency, we ask you to disclose all relationships/activities/interests list content of your manuscript. "Related" means any relation with for-profit or not-for-profit the affected by the content of the manuscript. Disclosure represents a commitment to transpare indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is			ot-for-profit third parties whose interests may be not to transparency and does not necessarily		
epic	The author's relationships/activities/interests should be defined broadly. 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.				
	em #1 below, report ne for disclosure is th		oort for the work reported in this manuscript w 86 months.	ithout time limit. For all other items, the time	
			all entities with whom you have this nship 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	of the work	
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.		None / Support	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		None	Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Salar	None / Support	Click the tab key to add additional rows.	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None American Heart Association	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None Eager Park Neighborhood Association Midtown East Community Association	Personal, Not Professional Personal, Not Professional

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea ⊠	•	e following statement to indicate your agreeme	

Teertify that Thave answered every question and have not aftered the words

Date:	10/18/2022
Your Name:	Yisi Liu
Manuscript Title:	Non-MRI-Conditional ICD Function after MRI
Manuscript Number (if known):	M22-2653

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3	Royalties or licenses	None	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	•	e following statement to indicate your agreeme	

3 12/13/2021 ICMJE Disclosure Form

Date:	10/27/2022
Your Name:	David Ross Thiemann
Manuscript Title:	Non-MRI-Conditional ICD Function after MRI
Manuscript Number (if known):	M22-2653

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3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comm made to you or to you	ents (e.g., if payments were ur institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	10/27/2022
Your Name:	Joshua Ra
Manuscript Title:	Non-MRI-Conditional ICD Function after MRI
Manuscript Number (if known):	M22-2653

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3	Royalties or licenses	None	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None ■	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	8/26/2022
Your Name:	Susumu Tao
Manuscript Title:	Non-MRI-Conditional ICD Function after MRI
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: Since the initial planning of	of the work
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		Time frame: past 36 months	s
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3	Royalties or licenses	None	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:			10/18/2022		
Your Name:			Dhananjay Vaidya		
Manuscript Title:			Non-MRI-Conditional ICD Function after MF	81	
Mar	nuscript Number (if	known):	M22-2653		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activiti			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the ushould declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
In item #1 below, report all supports frame for disclosure is the past 36			·	ithout time limit. For all other items, the time	
			l entities with whom you have this ship 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 o	of the work	
	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.	⊠ No	one	Click the tab key to add additional rows.	
			Time frame: past 36 months	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).		al Institutes of Health	Research grant on unrelated topic	
3	Royalties or licenses	⊠ Ne	one		

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None ■	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	11/2/2021
Your Name:	Henry Halperin
Manuscript Title:	"Non-MRI-Conditional ICD Function after MRI."
Manuscript Number (if known):	Click or tap here to enter text.

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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	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	10/21/2022
Your Name:	Diana McVeigh
Manuscript Title:	Non-MRI-Conditional ICD Function after MRI
Manuscript Number (if known):	M22-2653

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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.		None	Click the tab key to add additional rows.
			Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

		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)
4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			