ICMJE DISCLOSURE FORM

Date:_____17 May 2023_____
Your Name:____Yongjie Wang_____
Manuscript Title:___ Deep learning-driven diagnosis of multi-type vertebra diseases based on CT images_____
Manuscript number (if known):____ QIMS-23-685_____

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 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	__Tongzhou District Health Development Research Project (KJ2023CX032)__	
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	__ x __None	
3	Royalties or licenses	__ x __None	
4	Consulting fees	__ x __None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__ x __None	
6	Payment for expert testimony	__ x __None	
7	Support for attending meetings and/or travel	__ x __None	
8	Patents planned, issued or pending	__ x __None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__ x __None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__ x __None	
11	Stock or stock options	__ x __None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__ x __None	
13	Other financial or non-financial interests	__ x __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:_____17 May 2023_____

Your Name:_____Feng Su_____

Manuscript Title:___ Deep learning-driven diagnosis of multi-type vertebra diseases based on CT images_____

Manuscript number (if known):_____ QIMS-23-685_____

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 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	__x__None	
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	__ x __None	
3	Royalties or licenses	__ x __None	
4	Consulting fees	__ x __None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__ x __None	
6	Payment for expert testimony	__ x __None	
7	Support for attending meetings and/or travel	__ x __None	
8	Patents planned, issued or pending	__ x __None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__ x __None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__ x __None	
11	Stock or stock options	__ x __None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__ x __None	
13	Other financial or non-financial interests	__ x __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:_____**17 May 2023**_____

Your Name:____Qian Lu_____

Manuscript Title:___ Deep learning-driven diagnosis of multi-type vertebra diseases based on CT images_____

Manuscript number (if known):____ QIMS-23-685_____

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 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	__x__None	
**Time frame: past 36 months**
2	Grants or contracts from any entity (if not indicated in item #1 above).	__ x __None	
3	Royalties or licenses	__ x __None	
4	Consulting fees	__ x __None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__ x __None	
6	Payment for expert testimony	__ x __None	
7	Support for attending meetings and/or travel	__ x __None	
8	Patents planned, issued or pending	__ x __None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__ x __None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__ x __None	
11	Stock or stock options	__ x __None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__ x __None	
13	Other financial or non-financial interests	__ x __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:_____17 May 2023_____

Your Name:_____Kaiwen Zhang_____

Manuscript Title:___ Deep learning-driven diagnosis of multi-type vertebra diseases based on CT images_____

Manuscript number (if known):____ QIMS-23-685_____

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 **current manuscript only**.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	__x__None	
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	__ x __None	
3	Royalties or licenses	__ x __None	
4	Consulting fees	__ x __None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__ x __None	
6	Payment for expert testimony	__ x __None	
7	Support for attending meetings and/or travel	__ x __None	
8	Patents planned, issued or pending	__ x __None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__ x __None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__ x __None	
11	Stock or stock options	__ x __None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__ x __None	
13	Other financial or non-financial interests	__ x __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:_____17 May 2023_____

Your Name:_____Tao Liu_____

Manuscript Title:____ Deep learning-driven diagnosis of multi-type vertebra diseases based on CT images_____

Manuscript number (if known):_____ QIMS-23-685_____

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 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	__x__None	
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	__ x __None	
3	Royalties or licenses	__ x __None	
4	Consulting fees	__ x __None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__ x __None	
6	Payment for expert testimony	__ x __None	
7	Support for attending meetings and/or travel	__ x __None	
8	Patents planned, issued or pending	__ x __None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__ x __None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__ x __None	
11	Stock or stock options	__ x __None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__ x __None	
13	Other financial or non-financial interests	__ x __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:_____17 May 2023_____

Your Name:____Yining Tao_____

Manuscript Title:___ Deep learning-driven diagnosis of multi-type vertebra diseases based on CT images_____

Manuscript number (if known):____ QIMS-23-685_____

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 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	__x__None	
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	__ x __None	
3	Royalties or licenses	__ x __None	
4	Consulting fees	__ x __None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__ x __None	
6	Payment for expert testimony	__ x __None	
7	Support for attending meetings and/or travel	__ x __None	
8	Patents planned, issued or pending	__ x __None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__ x __None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__ x __None	
11	Stock or stock options	__ x __None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__ x __None	
13	Other financial or non-financial interests	__ x __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:_____17 May 2023_____

Your Name:_____Shuai Fu_____

Manuscript Title:____ Deep learning-driven diagnosis of multi-type vertebra diseases based on CT images_____

Manuscript number (if known):_____ QIMS-23-685_____

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 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	__x__None	
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	__ x __None	
3	Royalties or licenses	__ x __None	
4	Consulting fees	__ x __None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__ x __None	
6	Payment for expert testimony	__ x __None	
7	Support for attending meetings and/or travel	__ x __None	
8	Patents planned, issued or pending	__ x __None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__ x __None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__ x __None	
11	Stock or stock options	__ x __None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__ x __None	
13	Other financial or non-financial interests	__ x __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:_____17 May 2023_____

Your Name:____Libin Cui_____

Manuscript Title:___ Deep learning-driven diagnosis of multi-type vertebra diseases based on CT images_____

Manuscript number (if known):____ QIMS-23-685_____

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 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	__x__None	
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	__ x __None	
3	Royalties or licenses	__ x __None	
4	Consulting fees	__ x __None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__ x __None	
6	Payment for expert testimony	__ x __None	
7	Support for attending meetings and/or travel	__ x __None	
8	Patents planned, issued or pending	__ x __None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__ x __None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__ x __None	
11	Stock or stock options	__ x __None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__ x __None	
13	Other financial or non-financial interests	__ x __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:_____17 May 2023_____

Your Name:_____ Shi-bao Lu _____

Manuscript Title:___ Deep learning-driven diagnosis of multi-type vertebra diseases based on CT images_____

Manuscript number (if known):____ QIMS-23-685_____

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 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	__x__None	
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	__ x __None	
3	Royalties or licenses	__ x __None	
4	Consulting fees	__ x __None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__ x __None	
6	Payment for expert testimony	__ x __None	
7	Support for attending meetings and/or travel	__ x __None	
8	Patents planned, issued or pending	__ x __None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__ x __None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__ x __None	
11	Stock or stock options	__ x __None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__ x __None	
13	Other financial or non-financial interests	__ x __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:_____17 May 2023_____

Your Name:_____ Xueming Chen _____

Manuscript Title:___ Deep learning-driven diagnosis of multi-type vertebra diseases based on CT images_____

Manuscript number (if known):_____ QIMS-23-685_____

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 current manuscript only.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	__x__None	
**Time frame: past 36 months**		
2	Grants or contracts from any entity (if not indicated in item #1 above).	__ x __None	
3	Royalties or licenses	__ x __None	
4	Consulting fees	__ x __None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__ x __None	
6	Payment for expert testimony	__ x __None	
7	Support for attending meetings and/or travel	__ x __None	
8	Patents planned, issued or pending	__ x __None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__ x __None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__ x __None	
11	Stock or stock options	__ x __None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__ x __None	
13	Other financial or non-financial interests	__ x __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:_____17 May 2023_____

Your Name:_____Zhenyun Shi_____

Manuscript Title:___ Deep learning-driven diagnosis of multi-type vertebra diseases based on CT images_____

Manuscript number (if known):_____ QIMS-23-685_____

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 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	__x__None	
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	__ x __None	
3	Royalties or licenses	__ x __None	
4	Consulting fees	__ x __None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__ x __None	
6	Payment for expert testimony	__ x __None	
7	Support for attending meetings and/or travel	__ x __None	
8	Patents planned, issued or pending	__ x __None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__ x __None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__ x __None	
11	Stock or stock options	__ x __None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__ x __None	
13	Other financial or non-financial interests	__ x __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.