Date: 7/4/2024	
Your Name: Hayden Hair	ston
Manuscript Title: Four-	Dimensional Computed Tomography and Ultrasonography for Prediction of Pathologic
Parathyroid Location, Retros	pective Review of a Single Surgeon's Patients at a Single Institution
Manuscript number (if know	n):GS-24-141

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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		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 initialXNone	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
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	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	meetings and/or traver		
8	Patents planned, issued or	XNone	
	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		
	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-	X_None	
	financial interests		

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.

Date: <u>6/27/24</u>	
Your Name:	James Reed Gardner
Manuscript Title	e: Four-Dimensional Computed Tomography and Ultrasonography for Prediction of Pathologica
Parathyroid Loc	ation, Retrospective Review of a Single Surgeon's Patients at a Single Institution
Manuscript nun	nber (if known):GS-24-141

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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	
		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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	-		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
44	group, paid or unpaid		
11	Stock or stock options	None	
12	Descipt of aguinment	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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.

Date: <u>7/2/24</u>	
Your Name: Anna	Celeste Gibson
Manuscript Title:	Four-Dimensional Computed Tomography and Ultrasonography for Prediction of Pathologic
Parathyroid Location,	Retrospective Review of a Single Surgeon's Patients at a Single Institution
Manuscript number (if	f known):GS-24-141

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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 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	XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for	X_None				
	ectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
	educational events					
6	Payment for expert	_XNone				
	testimony					
7	Compant for attanding	V None				
7	Support for attending meetings and/or travel	_XNone				
8	Patents planned, issued or	XNone				
	pending					
9	Safety Monitoring Board or Advisory Board	XNone				
10	in other board, society,	XNone				
	committee or advocacy					
11	group, paid or unpaid Stock or stock options	X None				
11	Stock of stock options					
12	Receipt of equipment,	X None				
	materials, drugs, medical					
	writing, gifts or other					
12	services Other financial or non-	V None				
13	Other financial or non- financial interests	XNone				
	illianciai iliterests					
Plea	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.

Date: <u>7-2-24</u>	
Your Name: <u>Cou</u>	ney Wright, MD
Manuscript Title:	Four-Dimensional Computed Tomography and Ultrasonography for Prediction of Pathologica
Parathyroid Location	Retrospective Review of a Single Surgeon's Patients at a Single Institution
Manuscript number (	f known):GS-24-141

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

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	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.	None	
		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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plpa	se summarize the above co	nflict of interest in the fo	Illowing hov:

No conflicts of interest to disclose.		

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.

Date: 8/16/24	
Your Name: Mirich fmall-0'ful	livan
Manuscript Title: Four-Dimensiona	al Computed Tomography and Ultrasonography for Prediction of Pathologic
Parathyroid Location, Retrospective Revi	ew of a Single Surgeon's Patients at a Single Institution
Manuscript number (if known):	GS-24-141

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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)
	The state of the s	Time frame: Since the initia	al planning 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.		None	
	A STATE OF THE STATE OF THE STATE OF	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<u>X</u> None	
7	Support for attending meetings and/or travel	_X_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	X_None	
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	

None

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.

Date: June 28 LOTA
Your Name: 1) 10 nnl King
Manuscript Title: Four-Dimensional Computed Tomography and Ultrasonography for Prediction of Pathologic
Parathyroid Location, Retrospective Review of a Single Surgeon's Patients at a Single Institution
Manuscript number (if known):GS-24-141

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

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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 initia	al 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	
		Time frame: pas	t 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	<u>X</u> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		The state of the s
		La	
8	Patents planned, issued or	<u>V</u> None	
	pending		
		. /	
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid	ſ	
11	Stock or stock options	<u></u> None	
		. /	
12	Receipt of equipment,	<u>X</u> None	
	materials, drugs, medical		
	writing, gifts or other		
	services	. /	
13	Other financial or non-	None	
	financial interests		

1	Jone			

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.

	<u>6/27/24</u> Name: Ryan T. Fitzgerald	MD			
Ultras Single	Manuscript Title: Four-Dimensional Computed Tomography and Ultrasonography for Prediction of Pathological Parathyroid Location, Retrospective Review of a Single Surgeon's Patients at a Single Institution Manuscript number (if known):GS-24-141				
listed relate for-pr partie repre to tra	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.				
to the	ollowing questions apply e <u>current</u> <u>iscript only</u> .	to the author's relation	ships/activities/interests as they relate		
manu to the of ant In iter limit.	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  Specifications/Comments (e.g., if payments were made to you or to your institution)				
	Т	ime frame: Since the initia	planning of the work		
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	xNone			
	charges, etc.)  No time limit for this				

item.

		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1	_xNone	
	above).		
3	Royalties or licenses	xNone	
4	Consulting fees	_xNone	
5	Payment or honoraria for lectures, presentations,	x_None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued	_xNone	
	or pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
10	Leadership or fiduciary	xNone	

	role in other board, society, committee or advocacy group, paid or	
11	Stock or stock options	_xNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_xNone
13	Other financial or non-financial interests	_xNone Since 2017 I have been employed as a physician by Radiology Consultants of Little Rock. Radiology Consultants and my work with the group have no relationship, financial or otherwise, to this manuscript.

Since 2017 I have been employed as a physician by Radiology Consultants of Little Rock. Radiology Consultants and my work with the group have no relationship, financial or otherwise, to this manuscript.

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

Date: 8/7/2024_
Your Name: Donald Bodenner
Manuscript Title: Four-Dimensional Computed Tomography and Ultrasonography for Prediction of Pathological
Parathyroid Location, Retrospective Review of a Single Surgeon's Patients at a Single Institution
Manuscript number (if known):GS-24-141

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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.	_xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for	xNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
c	educational events	y None		
6	Payment for expert testimony	xNone		
	testimony			
7	Support for attending	x None		
,	meetings and/or travel	xivoiic		
	go a.i.a, o. a.a.o.			
8	Patents planned, issued or	x None		
Ü	pending			
	hamme.			
9	Participation on a Data	x None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	xNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	xNone		
12	Receipt of equipment,	x None		
12	materials, drugs, medical	X_NONE		
	writing, gifts or other			
	services			
13	Other financial or non-	x_None		
	financial interests			
D.				
Plea	Please summarize the above conflict of interest in the following box:			

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.

Date: <u>06/27/20</u>	4
Your Name:	Brendan C. Stack, Jr., MD
Manuscript Title	Four-Dimensional Computed Tomography and Ultrasonography for Prediction of Pathologic
Parathyroid Loc	tion, Retrospective Review of a Single Surgeon's Patients at a Single Institution
Manuscript num	per (if known):GS-24-141

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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 the work	
1	All support for the present	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	None		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	Springer Nature	Matrix Head and Neck Reconstruction: A	
			defect based and scalable atlas for the	
			management of oncologic and	
			traumatic defects. Brendan C. Stack, Jr.,	

			MD, FACS, FACE, Mauricio A. Moreno, MD, and Jennings Boyette, MD, and Emre A. Vural, MD editors. Springer 7/25/2023. ISBN 978-3-031-24980-8. https://link.springer.com/book/10.100 7/978-3-031-24981-5.  Medical and Surgical Treatment of Parathyroid Diseases - An evidence-based approach, Brendan C. Stack, Jr., MD, FACS, FACE and Donald L. Bodenner, MD, PhD, editors. Cham Switzerland: Springer International Publishing, 2017. ISBN 978-3- 319-26794-4.
4	Consulting fees	Expert Institute	Legal case consultation
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	
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	

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	_
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form.