Date:	Nov. 12	th , 2021						
Your Nar	ne:	Xinfeng Xu						
Manuscr	ipt Title:	Clinical Significa	nce of the Diverse Ir	nterlobar Veins	Hidden in the	Upper	Oblique Fissu	<u>re</u>
Manuscr	ipt num	per (if known):	ATM-21-4913					

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.

		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.	XNone	
2	Grants or contracts from	Time frame: pastXNone	36 months
İ	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

Date:	Nov. 13 th , 2021	
Your Nar	me: Jun Wang	
Manuscr	ript Title: Clinical Significance of the Diverse Interlobar Veins Hidden in the Upper Oblique Fiss	ure
Manuscr	ript number (if known): ATM-21-4913	

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.

		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.	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	X_None	

5	Payment or honoraria for	X None	
5	!	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
9		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	X None	
	·		
12	Receipt of equipment,	X_None	
12			
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above c	onflict of interest in the fol	lowing hov:
FIC	Lase sammanize the above t	omination interest in the for	nowing box.
	None		
	None.		

Date:	Nov. 12	2 th , 2021					
Your Nan	ne:	Qiang Liu					
Manuscri	ipt Title	Clinical Significa	ance of the Diverse	Interlobar Ve	ins Hidden i	n the Upper	Oblique Fissure
Manuscri	ipt num	ber (if known):	ATM-21-4913				

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.

		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	1 All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article processing charges, etc.)		
ļ -	No time limit for this item.		
	into time initial for this term.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	X None	
5	!	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
9		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	X None	
	·		
12	Receipt of equipment,	X_None	
12			
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above c	onflict of interest in the fol	lowing hov:
FIC	Lase sammanize the above t	omination interest in the for	nowing box.
	None		
	None.		

Date:	Nov. 14	1 th , 2021					
Your Nan	ne:	Wei Wen					
Manuscri	ipt Title:	Clinical Signification	ance of the Diverse	Interlobar Veir	ns Hidden	in the Upper	Oblique Fissure
Manuscri	ipt num	ber (if known):	ATM-21-4913				

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.

		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.	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	X None	
5	!	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
9		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	X None	
	·		
12	Receipt of equipment,	X_None	
12			
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
DI	ease summarize the above c	onflict of interest in the fol	lowing hov:
FIC	Lase sammanize the above t	omination interest in the for	nowing box.
	None		
	None.		

Date: Nov. 13	th , 2021	
Your Name:	Hai Xu	
Manuscript Title:	Clinical Significance of the Diverse Interlobar Veins Hidden in the Upper Oblique Fissur	<u>е</u>
Manuscrint num	per (if known): ATM-21-4913	

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.

		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
3	Grants or contracts from any entity (if not indicated in item #1 above). 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	XNone				
	testimony					
-	6 16 11 1:	V N				
7	Support for attending	XNone				
	meetings and/or travel					
_						
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,	X_None				
	materials, drugs, medical					
	writing, gifts or other services					
13	Other financial or non-	XNone				
	financial interests					
~ !		andiar at increase to the first	landa a hann			
PIE	Please summarize the above conflict of interest in the following box:					
	None					
	None.					

Date:	Nov. 15	th , 2021					
Your Nam	e:	Wei Zhang					
Manuscrip	ot Title:	Clinical Signific	ance of the Diverse	Interlobar '	Veins Hidden	in the Upper	Oblique Fissure
Manuscrin	ot numł	er (if known):	ATM-21-4913				

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.

		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.	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					
<i>c</i>	educational events	V. None				
6	Payment for expert testimony	XNone				
	testimony					
7	Support for attending	X None				
•	meetings and/or travel					
	, , , , , , , , , , , , , , , , , , ,					
8	Patents planned, issued or	X None				
	pending					
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				
	materials, drugs, medical					
	writing, gifts or other services					
13	Other financial or non-	X_None				
	financial interests					
Ple	Please summarize the above conflict of interest in the following box:					
	None.					

Date:	Nov. 1	5 th , 2021					
Your Nar	ne:	Quan Zhu					
Manuscr	ipt Title	Clinical Signification	ance of the Diverse I	nterlobar Veins	Hidden in	the Upper	Oblique Fissure
Manuscr	ipt num	ber (if known):	ATM-21-4913				

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.

		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
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
<i>c</i>	educational events	V. None				
6	Payment for expert testimony	XNone				
	testimony					
7	Support for attending	X None				
•	meetings and/or travel					
	, , , , , , , , , , , , , , , , , , ,					
8	Patents planned, issued or	X None				
	pending					
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				
	materials, drugs, medical					
	writing, gifts or other services					
13	Other financial or non-	X_None				
	financial interests					
Ple	Please summarize the above conflict of interest in the following box:					
	None.					

Date:	Nov. 12	th , 2021					
Your Nar	ne:	Yijiang Chen					
Manuscr	ipt Title:	Clinical Signific	ance of the Diverse I	nterlobar Ve	eins Hidden i	n the Upper	Oblique Fissure
Manuscr	ipt numl	er (if known):	ATM-21-4913				

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.

		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.	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					
<i>c</i>	educational events	V. None				
6	Payment for expert testimony	XNone				
	testimony					
7	Support for attending	X None				
•	meetings and/or travel					
	, , , , , , , , , , , , , , , , , , ,					
8	Patents planned, issued or	X None				
	pending					
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				
	materials, drugs, medical					
	writing, gifts or other services					
13	Other financial or non-	X_None				
	financial interests					
Ple	Please summarize the above conflict of interest in the following box:					
	None.					

Date:	Nov. 14	l th , 2021						
Your Nan	ne:	Liang Chen						
Manuscri	pt Title:	Clinical Signific	ance of the Diverse	e Interlobar Veins	Hidden in the	e Upper	Oblique Fissu	<u> re</u>
Manuscri	nt num	her (if known):	ΔTM-21-4913					

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) 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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 Months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone							
	lectures, presentations,								
	speakers bureaus,								
	manuscript writing or								
<i>c</i>	educational events	V. None							
6	Payment for expert testimony	XNone							
	testimony								
7	Support for attending	X None							
•	meetings and/or travel								
	, , , , , , , , , , , , , , , , , , ,								
8	Patents planned, issued or	X None							
	pending								
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							
	materials, drugs, medical								
	writing, gifts or other services								
13	Other financial or non-	X_None							
	financial interests								
Ple	Please summarize the above conflict of interest in the following box:								
	None.								