

FORM 1

ICMJE DISCLOSURE FORM

Date: Sep. 29, 22

Your Name: Yan Ding

Manuscript Title: A Radiomics Model Based on Aortic Computed Tomography Angiography : Impact on Prediction of Prognosis in Patient with Aortic Intramural Hematoma

Manuscript number (if known): QIMS-22-480-R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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:

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

FORM 2

ICMJE DISCLOSURE FORM

Date: Sep. 29, 22

Your Name: *Chen Zhang*

Manuscript Title: A Radiomics Model Based on Aortic Computed Tomography Angiography : Impact on Prediction of Prognosis in Patient with Aortic Intramural Hematoma

Manuscript number (if known): QIMS-22-480-R1

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FORM 3

ICMJE DISCLOSURE FORM

Date: Sep. 29, 22

Your Name: *Wenhui Wu*

Manuscript Title: A Radiomics Model Based on Aortic Computed Tomography Angiography : Impact on Prediction of Prognosis in Patient with Aortic Intramural Hematoma

Manuscript number (if known): QIMS-22-480-R1

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FORM 4

ICMJE DISCLOSURE FORM

Date: Sep. 29, 22

Your Name: Junzhou Pu

Manuscript Title: A Radiomics Model Based on Aortic Computed Tomography Angiography : Impact on Prediction of Prognosis In Patient with Aortic Intramural Hematoma

Manuscript number (If known): QIMS-22-480-R1

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FORM 5

ICMJE DISCLOSURE FORM

Date: Sep. 29, 22

Your Name: *Xinghan Zhao*

Manuscript Title: A Radiomics Model Based on Aortic Computed Tomography Angiography : Impact on Prediction of Prognosis in Patient with Aortic Intramural Hematoma

Manuscript number (if known): QIMS-22-480-R1

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FORM 6

ICMJE DISCLOSURE FORM

Date: Sep. 29, 22

Your Name: Hongbin Zhong

Manuscript Title: A Radiomics Model Based on Aortic Computed Tomography Angiography : Impact on Prediction of Prognosis in Patient with Aortic Intramural Hematoma

Manuscript number (if known): QIMS-22-480-R1

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FORM 7

ICMJE DISCLOSURE FORM

Date: Sep. 29, 22

Your Name: *Lei Zhao*

Manuscript Title: A Radiomics Model Based on Aortic Computed Tomography Angiography : Impact on Prediction of Prognosis in Patient with Aortic Intramural Hematoma

Manuscript number (if known): QIMS-22-480-R1

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3	Royalties or licenses	<u> </u> X <u> </u> None	

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FORM 8

ICMJE DISCLOSURE FORM

Date: Sep. 29, 22

Your Name: Paul Schoenhagen

Manuscript Title: A Radiomics Model Based on Aortic Computed Tomography Angiography : Impact on Prediction of Prognosis in Patient with Aortic Intramural Hematoma

Manuscript number (if known): QIMS-22-480-R1

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FORM 9

ICMJE DISCLOSURE FORM

Date: Sep. 29, 22

Your Name: *Siyun Liu*

Manuscript Title: *A Radiomics Model Based on Aortic Computed Tomography Angiography : Impact on Prediction of Prognosis in Patient with Aortic Intramural Hematoma*

Manuscript number (if known): QIMS-22-480-R1

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FORM 10

ICMJE DISCLOSURE FORM

Date: Sep. 29, 22

Your Name: Xiaohai Ma

Manuscript Title: A Radlomics Model Based on Aortic Computed Tomography Angiography : Impact on Prediction of Prognosis in Patient with Aortic Intramural Hematoma

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