Date:			11/30/2022			
Your Name:			Jun Jiang			
Manuscript Title:			Diagnostic performance of CFD-based FFR derived from CCTA for assessing functional severity of coronary Lesions			
Mai	nuscript Number (if l	known):	QIMS-22-521			
con affe indi The epic that	tent of your manuscrected by the content of cate a bias. If you are author's relationship demiology of hyperted to medication is not medication is not medication.	ript. "Rela of the man e in doubt os/activitie ension, you entioned	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity es/interests should be defined broadly. For each as should declare all relationships with manufin the manuscript.	/interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	ne for disclosure is th		· · · · · · · · · · · · · · · · · · ·	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	of the work		
1	All support for the present manuscript (e.g., funding, provision	Nationa	al Natural Science Foundation of China g Provincial Key Research and	Grant No. 81100141, 81570322, 82170332 Grant No. 2020C03016		
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.		oment Plan	Click the tab key to add additional rows.		
	of study materials, medical writing, article processing charges, etc.) No time limit for			Click the tab key to add additional rows.		
2	of study materials, medical writing, article processing charges, etc.) No time limit for	Develop	oment Plan	Click the tab key to add additional rows.		

			fications/Comments (e.g., if payments were 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 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 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:				

Date:			11/30/2022		
Your Name:			Changqing Du		
Manuscript Title:			Diagnostic performance of CFD-based FFR derived from CCTA for assessing functional severity of coronary Lesions		
Ма	nuscript Number (if k	nown):	QIMS-22-521		
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/activities			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 t 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 u should declare all relationships with manufacturers of antihypertensive medication, even if		
	tem #1 below, report me for disclosure is th			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	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.	Major N	Medical and Health Science and Technology Zhejiang Province	Grant No. WKJ-ZJ-1913  Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or		one		
	contracts from any entity (if not indicated in item #1 above).	⊠ No	one -		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e. made to you or to your institutions)	
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 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 None	

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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:	11/30/2022
Your Name:	Yumeng Hu
Manuscript Title:	Diagnostic performance of CFD-based FFR derived from CCTA for assessing functional severity of coronary Lesions
Manuscript Number (if known):	QIMS-22-521

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		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			ifications/Comments (e.g., if payments were e 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	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None 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 None	

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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	Emp	None  Dloyee of ArteryFlow.		
	Please place an "X" next to the following statement to indicate your agreement:				
$\boxtimes$	I certify that I have	answe	ered every question and have not altered the wo	rding of any of the questions on this form.	

Date:	11/30/2022
Your Name:	Hong Yuan
Manuscript Title:	Diagnostic performance of CFD-based FFR derived from CCTA for assessing functional severity of coronary Lesions
Manuscript Number (if known):	QIMS-22-521

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3	Royalties or licenses	None	

			ifications/Comments (e.g., if payments were e 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	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None 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 None	

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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.			

Date:	11/30/2022
Your Name:	Jianhua Wang
Manuscript Title:	Diagnostic performance of CFD-based FFR derived from CCTA for assessing functional severity of coronary Lesions
Manuscript Number (if known):	QIMS-22-521

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		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			ifications/Comments (e.g., if payments were e 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	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None 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 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:     I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	11/30/2022
Your Name:	Yibin Pan
Manuscript Title:	Diagnostic performance of CFD-based FFR derived from CCTA for assessing functional severity of coronary Lesions
Manuscript Number (if known):	QIMS-22-521

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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.	None None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None  Zhejiang Provincial Public Welfare Technology Research Project  Major Project of Social Development of Jinhua Science and Technology Project	No. LGF21H020003 No. 2020-3-027
3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were o 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 None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None 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 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:			

Date:	11/30/2022	
Your Name:	Lifang Bao	
Manuscript Title:	Diagnostic performance of CFD-based FFR derived from CCTA for assessing functional severity of coronary Lesions	
Manuscript Number (if known): QIMS-22-521		
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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		

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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	of the work
1	All support for the present	None	
	manuscript (e.g., funding, provision		
	of study materials,		Click the tab key to add additional rows.
	medical writing, article processing		
	charges, etc.)		
	No time limit for		
	this item.		
		Time frame: past 36 months	S
2	Grants or contracts from	□ None	
	any entity (if not	Key Project of Social Development of Jinhua	No. 2020-3-047
	indicated in item	Science and Technology Project	
	#1 above).		
3	Royalties or	⊠ None	
,	licenses	A None	

			cations/Comments (e.g., if payments were o 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 None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None 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 None	

			e all entities with whom you have this	Specifications/Comments (e.g., if payments were	
		relati	ionship or indicate none (add rows as needed)	made to you or to your institution)	
11	Stock or stock options		None		
12	Receipt of equipment,		None		
	materials, drugs,				
	medical writing, gifts or other				
	services				
13	Other financial or non-financial		None		
	interests				
DI-					
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:			11/30/2022		
You	r Name:		Liang Dong		
Manuscript Title:			Diagnostic performance of CFD-based FFR derived from CCTA for assessing functional severity of coronary Lesions		
Mar	nuscript Number (if I	known):	QIMS-22-521		
content of your manuscript. "Rela affected by the content of the man		ript. "Rela of the mai	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.		
epic	-	ension, you		xample, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th		· · · · · · · · · · · · · · · · · · ·	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)	
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	All support for the present manuscript (e.g., funding, provision	⊠ No	one		
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
contracts from			one		
		Nationa	al Natural Science Foundation of China	No. 82170329	
3	Royalties or licenses	⊠ No	one		

			cations/Comments (e.g., if payments were o 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 None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None 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 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:   I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	11/30/2022				
Your Name:	Changling Li				
Manuscript Title:	Diagnostic performance of CFD-based FFR derived from CCTA for assessing functional severity of coronary Lesions				
Manuscript Number (if known):	QIMS-22-521				
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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.	Interpretation of the None  In			
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None  Zhejiang Provincial Public Welfare Technology Research Project	No. LGF20H020012		
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 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	
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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:	11/30/2022
Your Name:	Yong Sun
Manuscript Title:	Diagnostic performance of CFD-based FFR derived from CCTA for assessing functional severity of coronary Lesions
Manuscript Number (if known):	QIMS-22-521

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7	Support for attending meetings and/or travel	None None	
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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.			

Date:	11/30/2022
Your Name:	Xiaochang Leng
Manuscript Title:	Diagnostic performance of CFD-based FFR derived from CCTA for assessing functional severity of coronary Lesions
Manuscript Number (if known):	QIMS-22-521

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9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
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13	Other financial or non-financial interests	□ None  Co-founder of ArteryFlow		
Plea	Please place an "X" next to the following statement to indicate your agreement:			
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Date:	11/30/2022
Your Name:	Jianping Xiang
Manuscript Title:	Diagnostic performance of CFD-based FFR derived from CCTA for assessing functional severity of coronary Lesions
Manuscript Number (if known):	QIMS-22-521

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