

# ICMJE DISCLOSURE FORM

Date: Feb. 24, 2023

Your Name: Yu Zhao

Manuscript Title: Automated segmentation of the human supraclavicular fat depot via deep neural network in water-fat separated magnetic resonance images

Manuscript number (if known): QIMS-22-304

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.

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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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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.
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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.

# ICMJE DISCLOSURE FORM

Date: Feb. 17, 2023

Your Name: Chunmeng Tang

Manuscript Title: Automated segmentation of the human supraclavicular fat depot via deep neural network in water-fat separated magnetic resonance images

Manuscript number (if known): QIMS-22-304

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# ICMJE DISCLOSURE FORM

Date: Feb. 24, 2023

Your Name: Bihao Cui

Manuscript Title: Automated segmentation of the human supraclavicular fat depot via deep neural network in water-fat separated magnetic resonance images

Manuscript number (if known): QIMS-22-304

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# ICMJE DISCLOSURE FORM

**Date:** Feb. 20, 2023

**Your Name:** Arun Somasundaram

**Manuscript Title:** Automated segmentation of the human supraclavicular fat depot via deep neural network in water-fat separated magnetic resonance images

**Manuscript number (if known):** QIMS-22-304

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# ICMJE DISCLOSURE FORM

Date: Jan. 05, 2023

Your Name: Johannes Raspe

Manuscript Title: Automated segmentation of the human supraclavicular fat depot via deep neural network in water-fat separated magnetic resonance images

Manuscript number (if known): QIMS-22-304

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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.	Funding by DFG	Project iMAGO (project number 5298)
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 lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
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# ICMJE DISCLOSURE FORM

Date: Feb. 24, 2023

Your Name: Xiaobin Hu

Manuscript Title: Automated segmentation of the human supraclavicular fat depot via deep neural network in water-fat separated magnetic resonance images

Manuscript number (if known): QIMS-22-304

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# ICMJE DISCLOSURE FORM

Date: February 22<sup>nd</sup>, 2023

Your Name: Christina Holzapfel

Manuscript Title: Automated segmentation of the human supraclavicular fat depot via deep neural network in water-fat separated magnetic resonance images

Manuscript number (if known): QIMS-22-304

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6	Payment for expert testimony	<u>  X  </u> None	
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# ICMJE DISCLOSURE FORM

Date: Feb. 05, 2023

Your Name: Daniela Junker

Manuscript Title: Automated segmentation of the human supraclavicular fat depot via deep neural network in water-fat separated magnetic resonance images

Manuscript number (if known): QIMS-22-304

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# ICMJE DISCLOSURE FORM

Date: Feb. 24, 2023

Your Name: Hans Hauner

Manuscript Title: Automated segmentation of the human supraclavicular fat depot via deep neural network in water-fat separated magnetic resonance images

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# ICMJE DISCLOSURE FORM

Date: Jan. 05, 2023

Your Name: Bjoern Menze

Manuscript Title: Automated segmentation of the human supraclavicular fat depot via deep neural network in water-fat separated magnetic resonance images

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# ICMJE DISCLOSURE FORM

Date: Feb. 23, 2023

Your Name: Mingming Wu

Manuscript Title: Automated segmentation of the human supraclavicular fat depot via deep neural network in water-fat separated magnetic resonance images

Manuscript number (if known): QIMS-22-304

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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	
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None.
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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.

# ICMJE DISCLOSURE FORM

Date: Jan. 05, 2023

Your Name: Dimitrios Karampinos

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> Philips Healthcare	Payment made to my institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	AMCA	
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	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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The author receives research grant support from Philips Healthcare (to institution) and consulting fees from AMCA.

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