

## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ March 7, 2023 \_\_\_\_\_

Your Name: \_\_\_\_\_ Hangyu Xie \_\_\_\_\_

Manuscript Title: \_\_ Synchronous Carotid Body and Anterior Mediastinal Paraganglioma Revealed by 18F-fluorodeoxyglucose and 68Ga-DOTA(0)-Tyr(3)-octreotate positron emission tomography/computed tomography

Manuscript number (if known): \_ QIMS-22-1018 \_\_\_\_\_

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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	The research was supported by the 1.3.5 Project for Disciplines of Excellence, West China Hospital, Sichuan University (No. ZYGD18016)	
		And, the research was also supported by the Sichuan Science and Technology Program (No. 2022YFH0047)	
<b>Time frame: past 36 months</b>			

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3	Royalties or licenses	<input type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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6	Payment for expert testimony	<input type="checkbox"/> X <input type="checkbox"/> None	
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8	Patents planned, issued or pending	<input type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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