		ICMJE DISC	CLOSURE FORM
Date:	2023.2.13		
Your Nan	ne:Yuming CH	ONG	
Manuscri	pt Title:Intro	duction and validation of a	n automatic and low-cost three-dimensional facial imaging a H1
related to parties w to transp relations	the content of your hose interests may b arency and does not hip/activity/interest, wing questions apply	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment i. If you are in doubt about whether to list a io so. hips/activities/interests as they relate to the current
to the ep	idemiology of hypert		e <u>defined broadly</u> . For example, if your manuscript pertain e all relationships with manufacturers of antihypertensive the manuscript.
	•	pport for the work report s the past 36 months.	ed in this manuscript without time limit. For all other iten
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)

		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)
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.	Time frame: Since the initialXNone	planning of the work
		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		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	G ,		
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,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests		
Ple	ease summarize the above o	onflict of interest in the fol	lowing box:
_			
	The author declares no conflict	of interest related to this rese	earch.

		ICMJE DISC	CLOSURE FORM
Date:	2023.2.13		
		0	
			n automatic and low-cost three-dimensional facial imaging
system	n: A comparison to direc	t anthropometry and Vecti	ra H1
Manus	script number (if knowr	a):QIMS-22-900-R1	
related parties to tran relatio	d to the content of you s whose interests may b asparency and does not anship/activity/interest	manuscript. "Related" me be affected by the content necessarily indicate a bias , it is preferable that you d	
	script only.	to the author's relationsr	nips/activities/interests as they relate to the current
to the	epidemiology of hyper		e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	n #1 below, report all su ne frame for disclosure		ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	lo a if nayments were made to you or to your

		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		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	G ,		
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,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests		
Ple	ease summarize the above o	onflict of interest in the fol	lowing box:
_			
	The author declares no conflict	of interest related to this rese	earch.

Manuscript Title:Introduction and validation of an automatic and low-cost three-dimensional facial is system: A comparison to direct anthropometry and Vectra H1	maging
system. A comparison to direct anthronometry and Vestra H1	5 0
system: A companson to direct anthropometry and vectra H1	
Manuscript number (if known):QIMS-22-900-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.

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		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	G ,		
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,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests		
Ple	ease summarize the above o	onflict of interest in the fol	lowing box:
_			
	The author declares no conflict	of interest related to this rese	earch.

Da	te:2023.2.13			
	ur Name:Jiuzuo HUA			_
Ma	nuscript Title:Introd	duction and validation of ar	n automatic and low-cost three-dimensional facial imaging	
			a H1	
rel to rel The ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, ationship/activity/interest, ationship questions apply muscript only. The author's relationships/activity and the epidemiology of hyperterion at the epidemiology of hyperterion at the epidemiology of the the epidemiology of the epidemiology of the epidemiology of the the epidemiology of the e	manuscript. "Related" me e affected by the content on ecessarily indicate a bias it is preferable that you do to the author's relationship ivities/interests should be ension, you should declare eation is not mentioned in apport for the work reported	ips/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertain all relationships with manufacturers of antihypertensive	
the	e time frame for disclosure i	s the past 36 months.		
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initia	l planning of the work	
1	All support for the present	XNone		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		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		

Consulting fees

_X__None

4

5	Payment or honoraria for	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	XNone	
	meetings and/or traver		
8	Patents planned, issued or	X None	
0	pending	XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	lowing box:
	The author declares no conflict	of interest related to this rese	earch.

Date:	2023.2.13	
	ne:Nanze YU	
	<u> </u>	and validation of an automatic and low-cost three-dimensional facial imagin
Manuscri	pt number (if known):	QIMS-22-900-R1
related to parties wi to transpa	the content of your manus hose interests may be affect	sk you to disclose all relationships/activities/interests listed below that are cript. "Related" means any relation with for-profit or not-for-profit third ted by the content of the manuscript. Disclosure represents a commitment arily indicate a bias. If you are in doubt about whether to list a eferable that you do so.
The follow	•	author's relationships/activities/interests as they relate to the current

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				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending meetings and/or travel	XNone			
	G ,				
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	1 Stock or stock options	XNone			
12	Receipt of equipment,	XNone			
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non-	X None			
13	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
_					
	The author declares no conflict of interest related to this research.				

		ICMJE DIS	CLOSURE FORM
Date:	2023.2.13		
Your Na	ame:Wenyun	TING	
Manus	cript Title: Intr	oduction and validation of a	an automatic and low-cost three-dimensional facial imaging
system	: A comparison to dire	ect anthropometry and Vect	ra H1
Manus	cript number (if know	/n): QIMS-22-900-R1	<u> </u>
related parties to trans relation	to the content of you whose interests may sparency and does no nship/activity/interes	ur manuscript. "Related" m be affected by the content of necessarily indicate a bia of, it is preferable that you	
	lowing questions app cript only.	ly to the author's relations	hips/activities/interests as they relate to the <u>current</u>
to the	epidemiology of hype		e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive n the manuscript.
	•	support for the work repore is the past 36 months.	ted in this manuscript without time limit. For all other items,
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your

		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				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending meetings and/or travel	XNone			
	G ,				
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	1 Stock or stock options	XNone			
12	Receipt of equipment,	XNone			
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non-	X None			
13	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
_					
	The author declares no conflict of interest related to this research.				

	Hao LIUIntroduction and validation of an automatic and low-cost three-dimensional facial imagin
	on to direct anthropometry and Vectra H1
	(if known):QIMS-22-900-R1
•	·
In the interest of tra	insparency, we ask you to disclose all relationships/activities/interests listed below that are
	nt of your manuscript. "Related" means any relation with for-profit or not-for-profit third

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				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending meetings and/or travel	XNone			
	G ,				
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	1 Stock or stock options	XNone			
12	Receipt of equipment,	XNone			
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non-	X None			
13	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
_					
	The author declares no conflict of interest related to this research.				

Your Nam	e:Xiao LONG		
Manuscrip	ot Title:Introducti	on and validation of an aut	utomatic and low-cost three-dimensional facial imagin
system: A	comparison to direct ant	ropometry and Vectra H1	1
Manuscrip	ot number (if known):	QIMS-22-900-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.

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				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending meetings and/or travel	XNone			
	G ,				
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	1 Stock or stock options	XNone			
12	Receipt of equipment,	XNone			
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non-	X None			
13	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
_					
	The author declares no conflict of interest related to this research.				