Date: \_\_\_\_\_Mar. 17<sup>th</sup>, 2023\_\_\_\_\_ Your Name: \_\_\_\_\_Yanhe Ma\_\_\_\_\_ Manuscript Title: \_\_\_\_\_Preoperative CT-Guided localization of pulmonary nodules with low-dose radiation\_\_\_\_\_ Manuscript number (if known): \_\_\_\_\_QIMS-22-1362\_\_\_\_\_

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</u> <u>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	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	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: \_\_\_\_\_Mar. 17<sup>th</sup>, 2023\_\_\_\_\_ Your Name: \_\_\_\_\_Shizhao Chen\_\_\_\_ Manuscript Title: \_\_\_\_\_Preoperative CT-Guided localization of pulmonary nodules with low-dose radiation\_\_\_\_ Manuscript number (if known): \_\_\_\_\_QIMS-22-1362\_\_\_\_

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6	Payment for expert testimony	XNone	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: \_\_\_\_\_Mar. 17<sup>th</sup>, 2023\_\_\_\_\_ Your Name: \_\_\_\_\_ Jianhui Li\_\_\_\_ Manuscript Title: \_\_\_\_\_Preoperative CT-Guided localization of pulmonary nodules with low-dose radiation\_\_\_\_\_ Manuscript number (if known): \_\_\_\_\_QIMS-22-1362\_\_\_\_

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6	Payment for expert testimony	XNone	
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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: \_\_\_\_\_Mar. 17<sup>th</sup>, 2023\_\_\_\_\_ Your Name: \_\_\_\_\_Yuani Wei \_\_\_\_\_ Manuscript Title: \_\_\_\_\_Preoperative CT-Guided localization of pulmonary nodules with low-dose radiation\_\_\_\_\_ Manuscript number (if known): \_\_\_\_\_QIMS-22-1362\_\_\_\_\_

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6	Payment for expert testimony	XNone	
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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: \_\_\_\_\_Mar. 17<sup>th</sup>, 2023\_\_\_\_\_ Your Name: \_\_\_\_\_Zhenchun Song\_\_\_\_ Manuscript Title: \_\_\_\_\_Preoperative CT-Guided localization of pulmonary nodules with low-dose radiation\_\_\_\_\_ Manuscript number (if known):\_\_\_\_\_QIMS-22-1362\_\_\_\_\_

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7	Support for attending meetings and/or travel	XNone	
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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None.

Please place an "X" next to the following statement to indicate your agreement:

Date: \_\_\_\_\_Mar. 17<sup>th</sup>, 2023\_\_\_\_\_ Your Name: \_\_\_\_\_Hong Zhang\_\_\_\_ Manuscript Title: \_\_\_\_\_Preoperative CT-Guided localization of pulmonary nodules with low-dose radiation\_\_\_\_\_ Manuscript number (if known): \_\_\_\_\_QIMS-22-1362\_\_\_\_\_

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