Date:_____ July 3, 2023____ Your Name:____ Yifan Hu ___ Manuscript Title:_____ Automatic epicardial adipose tissue segmentation in pulmonary computed tomography venography using nnU-Net _____ Manuscript number (if known):_ QIMS-23-233 _____

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.

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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.	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	X None	
Ū	testimony		
7	Support for attending meetings and/or travel	XNone	
	Ŭ I		
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	X None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date:_____ July 3, 2023____ Your Name:____ Shanshan Jiang ___ Manuscript Title:_____ Automatic epicardial adipose tissue segmentation in pulmonary computed tomography venography using nnU-Net _____ Manuscript number (if known):_ QIMS-23-233 _____

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		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	

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5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
0	testimony		
	testimony		
7	Current for attanding	V. Nana	
7	Support for attending meetings and/or travel	XNone	
0	Detents glapped issued or	V. Nana	
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	<u> </u>	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.

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

Date:_____ July 3, 2023____ Your Name:____ Xiaojin Yu ___ Manuscript Title:_____ Automatic epicardial adipose tissue segmentation in pulmonary computed tomography venography using nnU-Net _____ Manuscript number (if known):_ QIMS-23-233 _____

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.

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		Time frame: past	36 months
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
0	testimony		
	testimony		
7	Current for attanding	V. Noro	
7	Support for attending meetings and/or travel	XNone	
0	Detents glapped issued as	V. Nana	
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	<u> </u>	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.

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

 Date: ______ July 3, 2023 _____

 Your Name: _____ Sicong Huang ____

 Manuscript Title: _____ Automatic epicardial adipose tissue segmentation in pulmonary computed tomography venography using nnU-Net _____

 Manuscript number (if known): __QIMS-23-233 ______

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4	Consulting fees	XNone	

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5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
0	testimony		
	testimony		
7	Current for attanding	V. Noro	
7	Support for attending meetings and/or travel	XNone	
0	Detents glapped issued or	V. Nana	
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	<u> </u>	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.

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

 Date: ______ July 3, 2023 _____

 Your Name: _____ Ziting Lan ____

 Manuscript Title: _____ Automatic epicardial adipose tissue segmentation in pulmonary computed tomography venography using nnU-Net _____

 Manuscript number (if known): __QIMS-23-233 ______

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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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	
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,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
15	financial interests		

None.

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

 Date: ______ July 3, 2023 _____

 Your Name: _____ Ziting Lan ____

 Manuscript Title: _____ Automatic epicardial adipose tissue segmentation in pulmonary computed tomography venography using nnU-Net _____

 Manuscript number (if known): __QIMS-23-233 ______

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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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	
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,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
15	financial interests		

None.

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

 Date: ______ July 3, 2023 _____

 Your Name: _____ Xiaohui Zhang ___

 Manuscript Title: _____ Automatic epicardial adipose tissue segmentation in pulmonary computed tomography venography using nnU-Net _____

 Manuscript number (if known): __QIMS-23-233 ______

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
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,	X None	
	materials, drugs, medical		
	writing, gifts or other	<u> </u>	
	services		
13	Other financial or non-	X None	
13	financial interests		

None.

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

 Date: ______ July 3, 2023_____

 Your Name: _____ Jin Chen ____

 Manuscript Title: _____ Automatic epicardial adipose tissue segmentation in pulmonary computed tomography venography using nnU-Net _____

 Manuscript number (if known): __QIMS-23-233 ______

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		Time frame: past	36 months
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З	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
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,		
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11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other	<u> </u>	
	services		
13	Other financial or non-	X None	
13	financial interests		

None.

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

Date:_____ July 3, 2023____ Your Name:__Jiayin Zhang__ Manuscript Title:_____ Automatic epicardial adipose tissue segmentation in pulmonary computed tomography venography using nnU-Net ____ Manuscript number (if known):_ QIMS-23-233 _____

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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.	Dr. Jiayin Zhang reported grant support by Shanghai Jiao Tong University "Star Project" of Biomedical Multi-discipline Research Program (Grant No. YG2022ZD015).	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	XNone	

	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
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5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
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		
		V N	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests		

Dr. Jiayin Zhang reported grant support by Shanghai Jiao Tong University "Star Project" of Biomedical Multidiscipline Research Program (Grant No. YG2022ZD015).

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