

ICMJE DISCLOSURE FORM

Date: July 19, 2023
 Your Name: Hwan Kim
 Manuscript Title: Validation of a deep learning-based software for automated analysis of T2 mapping in cardiac magnetic resonance imaging
 Manuscript number (if known): QIMS-23-375-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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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.

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.	X__None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__None	
3	Royalties or licenses	__X__None	
4	Consulting fees	X__None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" 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	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None

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

X 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: July 19, 2023

Your Name: Young Joo Suh

Manuscript Title: Validation of a deep learning-based software for automated analysis of T2 mapping in cardiac magnetic resonance imaging

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	Employee of Phantomics, Inc.	

Please summarize the above conflict of interest in the following box:

The author is an employee of Phantomics, Inc.

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

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ICMJE DISCLOSURE FORM

Date: July 19, 2023

Your Name: Kyunghwa Han

Manuscript Title: Validation of a deep learning-based software for automated analysis of T2 mapping in cardiac magnetic resonance imaging

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ICMJE DISCLOSURE FORM

Date: July 19, 2023

Your Name: Pan Ki Kim

Manuscript Title: Validation of a deep learning-based software for automated analysis of T2 mapping in cardiac magnetic resonance imaging

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	founder of Phantomics, Inc.	

Please summarize the above conflict of interest in the following box:

The author is a founder of Phantomics, Inc.

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

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ICMJE DISCLOSURE FORM

Date: July 19, 2023
 Your Name: Byoung Wook Choi
 Manuscript Title: Validation of a deep learning-based software for automated analysis of T2 mapping in cardiac magnetic resonance imaging
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Date: July 19, 2023

Your Name: Jin Young Kim

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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.	Ministry of SMEs and Startups (MSS, Korea).	This work was supported by the Technology development Program (S3033533) funded by the Ministry of SMEs and Startups (MSS, Korea).
		Phantomics, Inc	The company supported the software for this study
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	

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This work was supported by the Technology development Program (S3033533) funded by the Ministry of SMEs and Startups (MSS, Korea). Phantomics, Inc. supported the software (Myomics) for this study.

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