Da	te:Jujy. 10 th , 2023	_		
Yo	ur Name: Ming-yang Zha	10		
Ma	nuscript Title:Emboliza	ntion via the brachial artery	of an anomalous systemic artery supplying the left lo	ower lung
lok	e: A case report			
Ma	nuscript number (if known)	: QIMS-23-111		
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" mea e affected by the content o necessarily indicate a bias. it is preferable that you do	relationships/activities/interests listed below that ar ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of the manuscript of the	
<u>ma</u>	nuscript only.			
to me	the epidemiology of hypertedication, even if that medic	ension, you should declare ation is not mentioned in toport for the work reported	defined broadly. For example, if your manuscript pert all relationships with manufacturers of antihypertens the manuscript. d in this manuscript without time limit. For all other i	ive
		Name all entities with	Specifications/Comments	
		whom you have this relationship or indicate none (add rows as needed)	(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		

г	Downant or here were fer	V None	
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	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		
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- financial interests	XNone	
	financiai interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

Da	te:Jujy. 10 th , 2023	_		
Yo	ur Name: Xiao-long Zhar	ng		
Ma	nuscript Title:Emboliza	ation via the brachial artery	of an anomalous systemic artery supplying the left lower I	ung
lob	e: A case report			
Ma	nuscript number (if known)): QIMS-23-111		
rel par to rel	ated to the content of your ries whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" mea e affected by the content o necessarily indicate a bias. it is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of the manuscript of the manuscript. Disclosure represents a commitment of the manuscript of the	
to me	the epidemiology of hypertodication, even if that medic	ension, you should declare cation is not mentioned in t	·	
	tem #1 below, report all su time frame for disclosure i		d in this manuscript without time limit. For all other items,	
		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	XNone		
	in item #1 above).			
3	Royalties or licenses	XNone		
4	Consulting fees	XNone		

г	Downant or here were fer	V None	
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	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		
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- financial interests	XNone	
	financiai interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

Da	te:Jujy. 10 th , 2023	_			
	ur Name: Xi Zheng				
Ma	nuscript Title:Emboliza	ation via the brachial artery	y of an anomalous systemic artery supplying the left lower lun		
	e: A case report				
Ma	nuscript number (if known)	: QIMS-23-111			
rel parto rel The ma	ated to the content of your rties whose interests may be transparency and does not reationship/activity/interest, ationship/activity/interest, ationship questions apply muscript only. The author's relationships/activity epidemiology of hyperteredication, even if that medication,	manuscript. "Related" means affected by the content of the content of the cessarily indicate a bias. It is preferable that you do not to the author's relationship in the cesson, you should declare that it is not mentioned in the poort for the work reporter.	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive		
		Name all entities with	Specifications/Comments		
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial	planning of the work		
L	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: past	36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone			
3	Royalties or licenses	XNone			

Consulting fees

X__None

г	Downant or here were fer	V None	
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	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		
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- financial interests	XNone	
	financiai interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

Da	te:Jujy. 10 th , 2023	_			
	ur Name: Jie-qiong Li				
Ma	nuscript Title:Emboliza	ation via the brachial artery	y of an anomalous systemic artery supplying the left lower lun	g	
	e: A case report				
Ma	nuscript number (if known)	: QIMS-23-111			
rel to rel The	ated to the content of your ries whose interests may be transparency and does not rationship/activity/interest, e following questions apply inuscript only.	manuscript. "Related" mean e affected by the content on ecessarily indicate a bias. it is preferable that you do to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>		
to me	the epidemiology of hyperted ication, even if that medic	ension, you should declare ation is not mentioned in toport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items,		
tne	e time frame for disclosure is	s 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.				
		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			

Consulting fees

X__None

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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	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		
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- financial interests	XNone	
	financiai interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

Da	te:Jujy. 10 th , 2023	_		
Yo	ur Name: Ao Su			
Ma	nuscript Title:Emboliza	ation via the brachial artery	of an anomalous systemic artery supplying the left lower lu	ıng
	e: A case report			
Ma	nuscript number (if known)): QIMS-23-111		
related to the mass of the mas	ated to the content of your ries whose interests may be transparency and does not eationship/activity/interest, ationship/activity/interest, ationship questions apply muscript only. The author's relationships/activity and the epidemiology of hypertedication, even if that medicatem #1 below, report all support and the epidemiology of the epidem	manuscript. "Related" means a seaffected by the content of the author's relationship in the content of the cont	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive	
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tne	time frame for disclosure i	Name all entities with	Specifications/Comments (e.g., if payments were made to you or to your	
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	All support for the present	Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
	All support for the present manuscript (e.g., funding,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
	All support for the present manuscript (e.g., funding, provision of study materials,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial XNone	(e.g., if payments were made to you or to your institution) 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.	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial XNone Time frame: past	(e.g., if payments were made to you or to your institution) planning of the work	
	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. Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial XNone	(e.g., if payments were made to you or to your institution) 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. Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial XNone Time frame: past	(e.g., if payments were made to you or to your institution) 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. Grants or contracts from any entity (if not indicated in item #1 above).	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial XNone Time frame: pastXNone	(e.g., if payments were made to you or to your institution) 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. Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial XNone Time frame: past	(e.g., if payments were made to you or to your institution) planning of the work	

Consulting fees

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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	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		
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- financial interests	XNone	
	financiai interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

Dat	e:Jujy. 10 th , 2023	_		
Υοι	ır Name: Yaxin Tuo			
Ma	nuscript Title:Emboliza	ntion via the brachial artery	of an anomalous systemic artery supplying the left lo	ower lung
lob	e: A case report			
Ma	nuscript number (if known)	: QIMS-23-111		
related to the related The	ated to the content of your ties whose interests may be transparency and does not r ationship/activity/interest,	manuscript. "Related" mea e affected by the content o necessarily indicate a bias. it is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitmer of If you are in doubt about whether to list a so. ps/activities/interests as they relate to the current	
The to to me	e author's relationships/acti the epidemiology of hypertodication, even if that medic	ension, you should declare ation is not mentioned in toport for the work reported	defined broadly. For example, if your manuscript pert all relationships with manufacturers of antihypertens the manuscript. d in this manuscript without time limit. For all other i	ive
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your	
		relationship or indicate none (add rows as needed)	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	26 months	
,	Grants or contracts from	X None	50 mondis	
-	any entity (if not indicated	^NOTIC		
	in item #1 above).			
3	Royalties or licenses	X None		
	,			
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	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		
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- financial interests	XNone	
	financiai interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

Dat	:e:Jujy. 10 th , 2023	_		
Υοι	ır Name: En-fu Du			
Ma	nuscript Title: Emboliza	ntion via the brachial artery	of an anomalous systemic artery supplying the left lo	ower lung
lob	e: A case report			
Ma	nuscript number (if known)	: QIMS-23-111		
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		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)	
		needed)		
		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		

г	Downant or here were fer	V None				
5	Payment or honoraria for lectures, presentations,	XNone				
	speakers bureaus,					
	manuscript writing or					
	educational events					
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	X_None				
	services					
13	Other financial or non- financial interests	XNone				
Ple	Please summarize the above conflict of interest in the following box:					
	None.					