Date: Aug. 6th, 2023 Your Name: Jie Pan

Manuscript Title:Cerebral air embolism after computed tomography-guided percutaneous transthoracic lung biopsy: a

case description

Manuscript number (if known): QIMS-23-216-R2

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,	XNone	
	medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame, nect	26 months
•		Time frame: past	56 MONUS
2	Grants or contracts from any entity (if not indicated	XNone	
_	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

		T	
	Payment or honoraria for	X None	
	lectures, presentations,	XNOTIE	
	speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	X None	
	testimony		
	,		
	Support for attending	XNone	
	meetings and/or travel		
	, , , , , , , , , , , , , , , , , , ,		
	Patents planned, issued or	X None	
		XNone	
	pending		
	Participation on a Data	X None	
	Safety Monitoring Board or	^INUITE	
	Advisory Board		
)	Leadership or fiduciary role	X None	
,	in other board, society,	^	
	committee or advocacy		
	group, paid or unpaid		
1	Stock or stock options	X None	
	cook or stook opilolis		
	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
3	Other financial or non-	XNone	
	financial interests		
le	ase summarize the above co	onflict of interest in the fo	ollowing box:
_			
	None.		
ماد	ase place an "X" next to the	following statement to i	ndicate vour agreement:
10	ase place all A flext to tile	, ronowing statement to n	maicate your agreement.
	Loostifu that I have a serve	wood overweareneesting and b	ave not altered the warding of any of the avestions are
_	_ i certify that i have answe	red every question and na	ave not altered the wording of any of the questions on

Date: Aug. 6th, 2023

Your Name: Dangyang Meng

Manuscript Title:Cerebral air embolism after computed tomography-guided percutaneous transthoracic lung biopsy: a

case description

Manuscript number (if known): QIMS-23-216-R2

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	

		T	
	Payment or honoraria for	X None	
	lectures, presentations,	XNOTIE	
	speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	X None	
	testimony		
	,		
	Support for attending	XNone	
	meetings and/or travel		
	, , , , , , , , , , , , , , , , , , ,		
	Patents planned, issued or	X None	
		XNone	
	pending		
	Participation on a Data	X None	
	Safety Monitoring Board or	^INUITE	
	Advisory Board		
)	Leadership or fiduciary role	X None	
,	in other board, society,	^	
	committee or advocacy		
	group, paid or unpaid		
1	Stock or stock options	X None	
	cook or stook options		
	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
3	Other financial or non-	XNone	
	financial interests		
le	ase summarize the above co	onflict of interest in the fo	ollowing box:
_			
	None.		
ماد	ase place an "X" next to the	following statement to i	ndicate vour agreement:
10	ase place all A flext to tile	, ronowing statement to n	maicate your agreement.
	Loostifu that I have a serve	wood overweareneesting and b	ave not altered the warding of any of the avestions are
_	_ i certify that i have answe	red every question and na	ave not altered the wording of any of the questions on

Date: Aug. 6th, 2023 Your Name: Liang Chen

Manuscript Title: Cerebral air embolism after computed tomography-guided percutaneous transthoracic lung biopsy: a

case description

Manuscript number (if known): QIMS-23-216-R2

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	

		T			
		V N			
	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
	Payment for expert	XNone			
	testimony				
	Support for attending	XNone			
	meetings and/or travel				
	Patents planned, issued or	X None			
	pending				
	Pending				
	Participation on a Data	X None			
	Safety Monitoring Board or	^NOTIC			
	Advisory Board				
0	Leadership or fiduciary role	X None			
U	in other board, society,	^NOTIE			
	committee or advocacy				
	group, paid or unpaid				
1	Stock or stock options	X None			
_	Stock of Stock options	^ _None			
2	Receipt of equipment,	X None			
-	materials, drugs, medical	XNone			
	writing, gifts or other				
	services				
3	Other financial or non-	X None			
٠	financial interests	XNone			
	initial interests				
ماد	ease summarize the above co	onflict of interest in the fo	allowing hove		
	ase summarize the above co	onniet of interest in the re	mowing box.		
	None.				
Ple	ease place an "X" next to the	e following statement to in	ndicate your agreement:		
	_ I certify that I have answe	red every question and ha	ave not altered the wording of any of the questions on		
			- · ·		

Date: Aug. 6th, 2023 Your Name: Juan Qu

Manuscript Title:Cerebral air embolism after computed tomography-guided percutaneous transthoracic lung biopsy: a

case description

Manuscript number (if known): QIMS-23-216-R2

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	

		T	
	Payment or honoraria for	X None	
	lectures, presentations,	XNOTIE	
	speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	X None	
	testimony		
	,		
	Support for attending	XNone	
	meetings and/or travel		
	, , , , , , , , , , , , , , , , , , ,		
	Patents planned, issued or	X None	
		XNone	
	pending		
	Participation on a Data	X None	
	Safety Monitoring Board or	^INUITE	
	Advisory Board		
)	Leadership or fiduciary role	X None	
,	in other board, society,	^	
	committee or advocacy		
	group, paid or unpaid		
1	Stock or stock options	X None	
	cook or stook opilolis		
	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
3	Other financial or non-	XNone	
	financial interests		
le	ase summarize the above co	onflict of interest in the fo	ollowing box:
_			
	None.		
ماد	ase place an "X" next to the	following statement to i	ndicate vour agreement:
10	ase place all A flext to tile	, ronowing statement to n	maicate your agreement.
	Loostifu that I have a serve	wood overweareneesting and b	ave not altered the warding of any of the avestions are
_	_ i certify that i have answe	red every question and na	ave not altered the wording of any of the questions on

Date: Aug. 6th, 2023 Your Name: Jin Hu

Manuscript Title: Cerebral air embolism after computed tomography-guided percutaneous transthoracic lung biopsy: a

case description

Manuscript number (if known): QIMS-23-216-R2

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	XNone	
	processing charges, etc.) No time limit for this item.		
		_	25
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X None	
	,		
4	Consulting fees	XNone	

		T			
		V N			
	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
	Payment for expert	XNone			
	testimony				
	Support for attending	XNone			
	meetings and/or travel				
	Patents planned, issued or	X None			
	pending				
	Pending				
	Participation on a Data	X None			
	Safety Monitoring Board or	^NOTIC			
	Advisory Board				
0	Leadership or fiduciary role	X None			
U	in other board, society,	^NOTIE			
	committee or advocacy				
	group, paid or unpaid				
1	Stock or stock options	X None			
_	Stock of Stock options	^ _None			
2	Receipt of equipment,	X None			
-	materials, drugs, medical	XNone			
	writing, gifts or other				
	services				
3	Other financial or non-	X None			
٠	financial interests	XNone			
	initial interests				
ماد	ease summarize the above co	onflict of interest in the fo	allowing hove		
	ase summarize the above co	onniet of interest in the re	mowing box.		
	None.				
Ple	ease place an "X" next to the	e following statement to in	ndicate your agreement:		
	_ I certify that I have answe	red every question and ha	ave not altered the wording of any of the questions on		
			- · ·		

Date: Aug. 6th, 2023 Your Name: Liju Dai

Manuscript Title: Cerebral air embolism after computed tomography-guided percutaneous transthoracic lung biopsy: a

case description

Manuscript number (if known): QIMS-23-216-R2

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	

		T			
		V N			
	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
	Payment for expert	XNone			
	testimony				
	Support for attending	XNone			
	meetings and/or travel				
	Patents planned, issued or	X None			
	pending				
	Pending				
	Participation on a Data	X None			
	Safety Monitoring Board or	^NOTIC			
	Advisory Board				
0	Leadership or fiduciary role	X None			
U	in other board, society,	^NOTIE			
	committee or advocacy				
	group, paid or unpaid				
1	Stock or stock options	X None			
_	Stock of Stock options	^ _None			
2	Receipt of equipment,	X None			
-	materials, drugs, medical	XNone			
	writing, gifts or other				
	services				
3	Other financial or non-	X None			
٠	financial interests	XNone			
	initial interests				
ماد	ease summarize the above co	onflict of interest in the fo	allowing hove		
	ase summarize the above co	onniet of interest in the re	mowing box.		
	None.				
Ple	ease place an "X" next to the	e following statement to in	ndicate your agreement:		
	_ I certify that I have answe	red every question and ha	ave not altered the wording of any of the questions on		
			- · ·		