Date:_____Aug. 25th, 2023____ Your Name:____Maofeng Gong___ Manuscript Title:_____Incidence and Risk Factors for Inferior Vena Cava Filter Thrombosis Detected at Time of Filter Retrieval in Patients with Lower Extremity Deep Vein Thrombosis: A Multicenter Retrospective Cohort Study_____ Manuscript number (if known):______QIMS-23-724-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</u> <u>manuscript only</u>.

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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	
0	testimony		
	testimony		
7	Support for attending	X None	
,	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	Descint of emission	V. Nores	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
10			
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date:_____Aug. 25th, 2023____ Your Name:___Zhengli Liu__ Manuscript Title:_____Incidence and Risk Factors for Inferior Vena Cava Filter Thrombosis Detected at Time of Filter Retrieval in Patients with Lower Extremity Deep Vein Thrombosis: A Multicenter Retrospective Cohort Study_____ Manuscript number (if known):______QIMS-23-724-R2_____

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		Time frame: past	36 months
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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	
0	testimony		
	testimony		
7	Support for attending	X None	
,	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	Descint of emission	V. Norse	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
10			
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date:_____Aug. 25th, 2023____ Your Name:____Jie Kong___ Manuscript Title:_____Incidence and Risk Factors for Inferior Vena Cava Filter Thrombosis Detected at Time of Filter Retrieval in Patients with Lower Extremity Deep Vein Thrombosis: A Multicenter Retrospective Cohort Study_____ Manuscript number (if known):______QIMS-23-724-R2_____

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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	
0	testimony		
	testimony		
7	Support for attending	X None	
,	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	Descint of emission	V. Norse	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
10			
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date:_____Aug. 25th, 2023____ Your Name:____Boxiang Zhao___ Manuscript Title:_____Incidence and Risk Factors for Inferior Vena Cava Filter Thrombosis Detected at Time of Filter Retrieval in Patients with Lower Extremity Deep Vein Thrombosis: A Multicenter Retrospective Cohort Study_____ Manuscript number (if known):______QIMS-23-724-R2_____

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		Time frame: past	36 months
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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	
0	testimony		
	testimony		
7	Support for attending	X None	
,	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	Descint of emission	V. Norse	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
10			
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date:_____Aug. 25th, 2023____ Your Name:____Rui Jiang___ Manuscript Title:_____Incidence and Risk Factors for Inferior Vena Cava Filter Thrombosis Detected at Time of Filter Retrieval in Patients with Lower Extremity Deep Vein Thrombosis: A Multicenter Retrospective Cohort Study_____ Manuscript number (if known):______QIMS-23-724-R2_____

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		Time frame: past	36 months
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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	
0	testimony		
	testimony		
7	Support for attending	X None	
,	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	Descint of emission	V. Nores	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
10			
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date:_____Aug. 25th, 2023____ Your Name:____Xu He__ Manuscript Title:_____Incidence and Risk Factors for Inferior Vena Cava Filter Thrombosis Detected at Time of Filter Retrieval in Patients with Lower Extremity Deep Vein Thrombosis: A Multicenter Retrospective Cohort Study_____ Manuscript number (if known):______QIMS-23-724-R2_____

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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	
0	testimony		
	testimony		
7	Support for attending	X None	
,	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	Descint of emission	V. Nores	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
10			
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date:_____Aug. 25th, 2023____ Your Name:____Tao Wang___ Manuscript Title:_____Incidence and Risk Factors for Inferior Vena Cava Filter Thrombosis Detected at Time of Filter Retrieval in Patients with Lower Extremity Deep Vein Thrombosis: A Multicenter Retrospective Cohort Study_____ Manuscript number (if known):______QIMS-23-724-R2_____

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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			

5 6 7	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel	XNone XNone 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	X_None	
13	Other financial or non- financial interests	XNone	

None.

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

Date:_____Aug. 25th, 2023____ Your Name:____Jianping Gu___ Manuscript Title:_____Incidence and Risk Factors for Inferior Vena Cava Filter Thrombosis Detected at Time of Filter Retrieval in Patients with Lower Extremity Deep Vein Thrombosis: A Multicenter Retrospective Cohort Study_____ Manuscript number (if known):______QIMS-23-724-R2_____

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		Time frame: past	36 months		
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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
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