## **ICMJE DISCLOSURE FORM**

Date: <u>April 18, 2022</u> Your Name: <u>Mengyao Song</u> Manuscript Title: <u>Clinical Application of Intravascular Forceps Biopsy in the Diagnosis of Vascular</u> <u>Obstructive Diseases: A Pilot Study</u> Manuscript number (if known): <u>QIMS-23-597</u>

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In item #1 below, report all support for the work reported 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)
	Ti	me 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.) <b>No time limit for this</b> <b>item.</b>	Henan Province Science and Technology Research Project [grant number 232102311132]	Funding to Mengyao Song
		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	XNone	

4	Consulting fees	XNone	
5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	XNone	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
11	unpaid Stock or stock options	X None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

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# ICMJE DISCLOSURE FORM

Date: <u>April 18, 2022</u> Your Name: <u>Xueliang Zhou</u> Manuscript Title: <u>Clinical Application of Intravascular Forceps Biopsy in the Diagnosis of Vascular</u> <u>Obstructive Diseases: A Pilot Study</u> Manuscript number (if known): <u>QIMS-23-597</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	Henan Province Science and Technology Research Project [grant number 232102311132]	Funding to Xueliang Zhou	

	study materials, medical writing, article processing	
	charges, etc.)	
	No time limit for this item.	
	item.	Time frame: past 36 months
2	Grants or contracts from	XNone
-	any entity (if not indicated	
	in item #1 above).	
3	Royalties or licenses	X_None
4	Consulting fees	XNone
5	Payment or honoraria for	X None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
6	educational events	Y None
6	Payment for expert testimony	XNone
7	Support for attending	_X_None
	meetings and/or travel	
8	Patents planned, issued	XNone
	or pending	
9	Participation on a Data	X None
3	Safety Monitoring Board	
	or Advisory Board	
10	Leadership or fiduciary	XNone
	role in other board,	
	society, committee or	
	advocacy group, paid or unpaid	
11	Stock or stock options	X_None
12	Receipt of equipment,	XNone
	materials, drugs, medical	
	writing, gifts or other	
13	services Other financial or non-	X_None
10	financial interests	

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### **ICMJE DISCLOSURE FORM**

Date: <u>April 18, 2022</u> Your Name: <u>Milan Sigdel</u> Manuscript Title: <u>Clinical Application of Intravascular Forceps Biopsy in the Diagnosis of Vascular</u> <u>Obstructive Diseases: A Pilot Study</u> Manuscript number (if known): <u>QIMS-23-597</u>

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	-	Specifications/Comments (e.g., if payments were made to you or to your
	relationship or indicate	institution)

		none (add rows as needed)	
	Ti	me frame: Since the initial	planning of the work
1	All support for the	X None	
	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	X None	
<u>_</u>	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
0	rioyanies of neerises		
4	Consulting fees	X None	
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
_	testimony		
	Ş		
7	Support for attending	X None	
	meetings and/or travel		
	5		
	<b>D</b> · · · · · · · · ·	X N	
8	Patents planned, issued	X_None	
	or pending		
		X N	
9	Participation on a Data	X_None	
	Safety Monitoring Board		
10	or Advisory Board	N. N.	
10	Leadership or fiduciary	X_None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
11	unpaid Stock or stock options	Y Nono	
11	Stock or stock options	XNone	
10	Descipt of activity and	Y None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical writing, gifts or other		

	services		
13	Other financial or non-	XNone	
	financial interests		

None.

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form.

# ICMJE DISCLOSURE FORM

Date: April 18, 2022

Your Name: <u>Rongna Hou</u>

Manuscript Title: <u>Clinical Application of Intravascular Forceps Biopsy in the Diagnosis of Vascular</u> <u>Obstructive Diseases: A Pilot Study</u>

Manuscript number (if known): <u>QIMS-23-597</u>

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In item #1 below, report all support for the work reported 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)
	Ti	me frame: Since the initia	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this</b> <b>item.</b>	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	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
10	Leadership or fiduciary role in other board, society, committee or	X_None	

	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-	XNone	
	financial interests		

None.

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### ICMJE DISCLOSURE FORM

Date: <u>April 18, 2022</u> Your Name: <u>Xinwei Han</u> Manuscript Title: <u>Clinical Application of Intravascular Forceps Biopsy in the Diagnosis of Vascular</u> <u>Obstructive Diseases: A Pilot Study</u> Manuscript number (if known): <u>QIMS-23-597</u>

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	Ti	me frame: Since the initia	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this</b> <b>item.</b>	Henan Province Science and Technology Research Project [grant number 232102311132]	Funding to Xinwei Han
2	Grants or contracts from any entity (if not indicated	Time frame: past X_None	36 months
	in item #1 above).		
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	
5	Payment or honoraria for	X None	
Ū	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending meetings and/or travel	X_None	

8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

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Date: <u>April 18, 2022</u> Your Name: <u>Yiming Liu</u> Manuscript Title: <u>Clinical Application of Intravascular Forceps Biopsy in the Diagnosis of Vascular</u> <u>Obstructive Diseases: A Pilot Study</u> Manuscript number (if known): <u>QIMS-23-597</u>

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	Ti	me frame: Since the initia	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	X_None	
	charges, etc.) No time limit for this item.		
		Time frame: past	26 months
2	Grants or contracts from	X None	36 months
2	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	
5	Payment or honoraria for	X_None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	X_None	
7	Support for attending	XNone	

	meetings and/or travel		
8	Patents planned, issued or pending	X_None	
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	X_None	
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.

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Date: <u>April 18, 2022</u> Your Name: <u>Kaihao Xu</u> Manuscript Title: <u>Clinical Application of Intravascular Forceps Biopsy in the Diagnosis of Vascular</u> <u>Obstructive Diseases: A Pilot Study</u> Manuscript number (if known): <u>QIMS-23-597</u> In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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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.) <b>No time limit for this</b> <b>item.</b>	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,	X_None		

		1	
	manuscript writing or educational events		
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or pending	X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	X_None	

None.

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Date: <u>April 18, 2022</u> Your Name: <u>Dechao Jiao</u> Manuscript Title: <u>Clinical Application of Intravascular Forceps Biopsy in the Diagnosis of Vascular</u> <u>Obstructive Diseases: A Pilot Study</u> Manuscript number (if known): QIMS-23-597

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		Time frame: past	36 months		
2	Grants or contracts from	XNone			
	any entity (if not indicated				

	in item #1 above).		
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus, manuscript writing or		
	educational events	N. N.	
6	Payment for expert testimony	XNone	
7	Current for attanding	X None	
1	Support for attending meetings and/or travel		
	Theetings and/or traver		
8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary role in other board,	XNone	
	society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options		
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13		X_None	

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