| Date: <u>Jan 31<sup>th</sup>, 202</u> 4 | <u> </u>   |
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| Your Name: Qiu                          | ishuang Zhang  |
| Manuscript Title:                       | The Application Value of Deep Learning Image Reconstruction Algorithm in "Triple Low" head |
| and neck CT Angiog                      | raphy  |
| Manuscrint number                       | r (if known): OIMS-23-1602-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.

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|   |   | Time frame: Since the initial  | planning of the work  |
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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  |   |

| 1   |   |                                   |                          |
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| P;  | Payment or honoraria for  | X None                            |                          |
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|   | nanuscript writing or   |                                   |                          |
|   | ducational events   |                                   |                          |
| _   | ayment for expert   | X None                            |                          |
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| Sı  | support for attending   | X None                            |                          |
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| D:  | Patents planned, issued or  | X None                            |                          |
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| P;  | Participation on a Data   | X None                            |                          |
|   | afety Monitoring Board or   |                                   |                          |
|   | Advisory Board  |                                   |                          |
|   | eadership or fiduciary role   | XNone                             |                          |
| in  | n other board, society,   |                                   |                          |
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| gr  | roup, paid or unpaid  |                                   |                          |
| St  | tock or stock options   | XNone                             |                          |
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|   | Receipt of equipment,   |                                   |                          |
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| Your Name: Youy      | ou Lin   |
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| in  | n other board, society,   |                                   |                          |
| cc  | ommittee or advocacy  |                                   |                          |
| gr  | roup, paid or unpaid  |                                   |                          |
| St  | tock or stock options   | XNone                             |                          |
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|   | afety Monitoring Board or   |                                   |                          |
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| Date: <u>Jan 31<sup>th</sup>, 202</u> 4 |  |
|---|--|
| Your Name: <u>Jia</u>                   | nrong Ding   |
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| m<br>w<br>se<br>Offin   | naterials, drugs, medical vriting, gifts or other ervices Other financial or non-inancial interests  See summarize the above continuous | XNone                             | following box:           |
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| m<br>w<br>se<br>Offir   | naterials, drugs, medical vriting, gifts or other ervices Other financial or non-inancial interests  See summarize the above continuous | XNone                             | following box:           |
| m<br>w<br>see<br>O'<br>fiir   | naterials, drugs, medical vriting, gifts or other ervices Other financial or non-inancial interests  See summarize the above coone      | XNone  onflict of interest in the | following box:           |
| m<br>w<br>see<br>O'<br>fiir   | naterials, drugs, medical vriting, gifts or other ervices Other financial or non-inancial interests  See summarize the above coone      | XNone  onflict of interest in the |                          |
| ease No   | naterials, drugs, medical vriting, gifts or other ervices Other financial or non-inancial interests  See summarize the above come       | XNone  onflict of interest in the | indicate your agreement: |
| m<br>w<br>see<br>O'<br>fiir   | naterials, drugs, medical vriting, gifts or other ervices Other financial or non-inancial interests  See summarize the above come       | XNone  onflict of interest in the |                          |

| Date: Jan 31th, 2024    |  |  |  |  |  |
|-------------------------|--|--|--|--|--|
| Your Name:Jingli_       | Pan Pan  |  |  |  |  |
| Manuscript Title:       | The Application Value of Deep Learning Image Reconstruction Algorithm in "Triple Low" head |  |  |  |  |
| and neck CT Angiography |  |  |  |  |  |
| Manuscript number (if   | known): QIMS-23-1602-R1  |  |  |  |  |

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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) |
|---|--|--|---|
|   | All Coll   | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present                              | XNone  |   |
|   | 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                                 | XNone  |   |
|   | any entity (if not indicated                             |  |   |
|   | in item #1 above).                                       |  |   |
| 3 | Royalties or licenses                                    | XNone  |   |
|   |  |  |   |
|   |  |  |   |
| 4 | Consulting fees  | XNone  |   |
|   |  |  |   |

| $\neg$  |                              |                           |  |
|---|------------------------------|---------------------------|--|
|   | Payment or honoraria for     | X None                    |  |
|   | lectures, presentations,     | XNone                     |  |
|   | speakers bureaus,            |                           |  |
|   | manuscript writing or        |                           |  |
|   | educational events           |                           |  |
| 1   | Payment for expert           | X None                    |  |
|   | testimony                    |                           |  |
|   | ,                            |                           |  |
|   | Support for attending        | X None                    |  |
|   | meetings and/or travel       |                           |  |
|   | <b>G</b> ,                   |                           |  |
|   |                              |                           |  |
|   |                              |                           |  |
| _   | Patents planned, issued or   | X None                    |  |
|   | pending                      | XNone                     |  |
|   | pending                      |                           |  |
|   | Participation on a Data      | X None                    |  |
|   | Safety Monitoring Board or   | X_None                    |  |
|   | Advisory Board               |                           |  |
|   | Leadership or fiduciary role | X None                    |  |
|   | in other board, society,     | XNone                     |  |
|   | committee or advocacy        |                           |  |
|   | group, paid or unpaid        |                           |  |
|   | Stock or stock options       | X None                    |  |
|   | ·                            |                           |  |
|   |                              |                           |  |
|   | Receipt of equipment,        | XNone                     |  |
|   | materials, drugs, medical    |                           |  |
|   | writing, gifts or other      |                           |  |
|   | services                     |                           |  |
|   | Other financial or non-      | XNone                     |  |
|   | financial interests          |                           |  |
|   |                              |                           |  |
|   |                              |                           |  |
|   |                              |                           |  |
| e   | ase summarize the above c    | onflict of interest in tr | ne following box:  |
|   | Na                           |                           |  |
| None  |                              |                           |  |
|   |                              |                           |  |
|   |                              |                           |  |
|   |                              |                           |  |
|   |                              |                           |  |
|   |                              |                           |  |
| Please place an "X" next to the following statement to indicate your agreement: |                              |                           |  |
| e   | ase place an "X" next to the | e tollowing statement     | to indicate your agreement:                                |
|   |                              | _                         |  |
| _   |                              | ered every question an    | nd have not altered the wording of any of the questions on |
|   | form.                        |                           |  |
|   |                              |                           |  |
|   |                              |                           |  |

| Date: _ | Jan 31 <sup>th</sup> , 2 | 2024  |        |
|---------|--------------------------|---|--------|
| Your Na | ame: <u>Shuai Z</u>      | Zhang   |        |
| Manus   | cript Title:             | The Application Value of Deep Learning Image Reconstruction Algorithm in "Triple Low" hea | ıd and |
| neck C1 | Angiograph               | n <u>v</u>  |        |
| Manus   | cript number             | r (if known): QIMS-23-1602-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.

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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   |
|   |   |  | 30 monuis   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | GE Healthcare China  |   |
| 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  | V N    |  |  |
| 6                  | Payment for expert testimony  | 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  |        |  |  |
| 10                 | Advisory Board  | V N    |  |  |
| 10                 | Leadership or fiduciary role in other board, society,                 | XNone  |  |  |
|                    | committee or advocacy   |        |  |  |
|                    | group, paid or unpaid   |        |  |  |
| 11                 | Stock or stock options  | X None |  |  |
| 11                 | Stock of Stock options  |        |  |  |
|                    |   |        |  |  |
| 12                 | Receipt of equipment,   | X None |  |  |
| materia<br>writing | materials, drugs, medical   |        |  |  |
|                    | writing, gifts or other   |        |  |  |
|                    | services  |        |  |  |
| 13                 | Other financial or non-<br>financial interests                        | XNone  |  |  |
|                    |   |        |  |  |
|                    |   |        |  |  |
|                    |   |        |  |  |
| Ple                | Please summarize the above conflict of interest in the following box: |        |  |  |
|                    |   |        |  |  |
|                    | The author is an employee of GE Healthcare.                           |        |  |  |
|                    |   |        |  |  |

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