

ICMJE DISCLOSURE FORM

Date: 2024/1/19

Your Name: Wen Zeng

Manuscript Title: Assessment of Aortic Hemodynamics in Thoracoabdominal Aortic Aneurysm Patients Using 4D MRI: A Cross-Sectional Study

Manuscript number (if known): QIMS-23-1321-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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is 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.	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> X <input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> X <input type="checkbox"/> None	

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

Please summarize the above conflict of interest in the following box:

There is no competing interest.

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

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2024/1/19
 Your Name: Jiarong Wang
 Manuscript Title: Assessment of Aortic Hemodynamics in Thoracoabdominal Aortic Aneurysm Patients Using 4D MRI: A Cross-Sectional Study
 Manuscript number (if known): QIMS-23-1321-R1

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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.	<u>None</u>	
		National Natural Science Foundation of China	Payments were made to West China Hospital.
		Sichuan Province Science and Technology Support Program	Payments were made to West China Hospital.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	

4	Consulting fees	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

Jiarong Wang received funding from National Natural Science Foundation of China and Sichuan Province Science and Technology Support Program. There is no competing interest.

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ICMJE DISCLOSURE FORM

Date: 2024/1/19

Your Name: Chengxin Weng

Manuscript Title: Assessment of Aortic Hemodynamics in Thoracoabdominal Aortic Aneurysm Patients Using 4D MRI: A Cross-Sectional Study

Manuscript number (if known): QIMS-23-1321-R1

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ICMJE DISCLOSURE FORM

Date: 2024/1/19
 Your Name: Wanlin Peng
 Manuscript Title: Assessment of Aortic Hemodynamics in Thoracoabdominal Aortic Aneurysm Patients Using 4D MRI: A Cross-Sectional Study
 Manuscript number (if known): QIMS-23-1321-R1

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ICMJE DISCLOSURE FORM

Date: 2024/1/19
 Your Name: Tiehao Wang
 Manuscript Title: Assessment of Aortic Hemodynamics in Thoracoabdominal Aortic Aneurysm Patients Using 4D MRI: A Cross-Sectional Study
 Manuscript number (if known): QIMS-23-1321-R1

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ICMJE DISCLOSURE FORM

Date: 2024/1/19

Your Name: Ding Yuan

Manuscript Title: Assessment of Aortic Hemodynamics in Thoracoabdominal Aortic Aneurysm Patients Using 4D MRI: A Cross-Sectional Study

Manuscript number (if known): QIMS-23-1321-R1

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ICMJE DISCLOSURE FORM

Date: 2024/1/19

Your Name: Bin Huang

Manuscript Title: Assessment of Aortic Hemodynamics in Thoracoabdominal Aortic Aneurysm Patients Using 4D MRI: A Cross-Sectional Study

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ICMJE DISCLOSURE FORM

Date: 2024/1/19

Your Name: Jichun Zhao

Manuscript Title: Assessment of Aortic Hemodynamics in Thoracoabdominal Aortic Aneurysm Patients Using 4D MRI: A Cross-Sectional Study

Manuscript number (if known): QIMS-23-1321-R1

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ICMJE DISCLOSURE FORM

Date: 2024/1/19

Your Name: Chunchao Xia

Manuscript Title: Assessment of Aortic Hemodynamics in Thoracoabdominal Aortic Aneurysm Patients Using 4D MRI: A Cross-Sectional Study

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ICMJE DISCLOSURE FORM

Date: 2024/1/19

Your Name: Zhenlin Li

Manuscript Title: Assessment of Aortic Hemodynamics in Thoracoabdominal Aortic Aneurysm Patients Using 4D MRI: A Cross-Sectional Study

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		National Natural Science Foundation of China	Payments were made to West China Hospital.
		National Key R&D Program of China	Payments were made to West China Hospital.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
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4	Consulting fees	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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Zhenlin Li received funding from National Natural Science Foundation of China and the National Key R&D Program of China. There is no competing interest.

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Date: 2024/1/19
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 Manuscript Title: Assessment of Aortic Hemodynamics in Thoracoabdominal Aortic Aneurysm Patients Using 4D MRI: A Cross-Sectional Study
 Manuscript number (if known): QIMS-23-1321-R1

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4	Consulting fees	<input type="checkbox"/> X <input type="checkbox"/> None	

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