

ICMJE DISCLOSURE FORM

Date: 10/02/2023 _____

Your Name: A.M. Wakker

Manuscript Title: A novel method to perform morphological measurements on 3D models of the calcaneus based on CT-imaging

Manuscript number (if known): _____

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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.

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. | None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Osteosynthesis & Trauma Care Foundation | Grant of 50.000 dollars for research about the calcaneus. They do not benefit from any published works. I, A.M. Wakker got paid by mean of the Grant. |
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| 3 | Royalties or licenses | None | |
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|----|--|------|--|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |

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

Alexander M. Wakker reports that he received a grant of 50.000 dollars from Osteosynthesis & Trauma Care Foundation for research about the calcaneus.

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: 9/27/2023 _____

Your Name: Dr. E.M.M. van Lieshout

Manuscript Title: A novel method to perform morphological measurements on 3D models of the calcaneus based on CT-imaging

Manuscript number (if known): _____

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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| 4 | Consulting fees | None | |
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None

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

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: 9/29/2023 _____

Your Name: Dr. Siebe de Boer

Manuscript Title: A novel method to perform morphological measurements on 3D models of the calcaneus based on CT-imaging

Manuscript number (if known): _____

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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| None |
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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: 9/29/2023 _____

Your Name: Dr. B.M.W. Cornelissen _____

Manuscript Title: A novel method to perform morphological measurements on 3D models of the calcaneus based on CT-imaging

Manuscript number (if known): _____

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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None

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

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ICMJE DISCLOSURE FORM

Date: 9/28/2023 _____

Your Name: Prof. dr. M.H.J. Verhofstad _____

Manuscript Title: A novel method to perform morphological measurements on 3D models of the calcaneus based on CT-imaging

Manuscript number (if known): _____

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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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
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| 3 | Royalties or licenses | None | |
| | | | |
| 4 | Consulting fees | None | |
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None

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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: 09/27/2023 _____

Your Name: Theo van Walsum

Manuscript Title: A novel method to perform morphological measurements on 3D models of the calcaneus based on CT-imaging

Manuscript number (if known): _____

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| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |

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None

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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: 10/17/2023

Your Name: Jacob J. Visser

Manuscript Title: A novel method to perform morphological measurements on three-dimensional (3D) models of the calcaneus based on computed tomography (CT)-imaging

Manuscript Number (if known): QIMS-24-142

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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| 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"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td style="text-align: right; color: green; font-size: small;">Click the tab key to add additional rows.</td></tr> </table> | | | | | | Click the tab key to add additional rows. |
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| Time frame: past 36 months | | | | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%;">Qure.ai</td><td>Institution</td></tr> <tr><td>HealthHolland</td><td>Institution</td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table> | Qure.ai | Institution | HealthHolland | Institution | | |
| Qure.ai | Institution | | | | | | | |
| HealthHolland | Institution | | | | | | | |
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|----|--|--|---|
| 4 | Consulting fees | <input type="checkbox"/> None | |
| | | Tegus | Me |
| | | AstraZeneca (PINPOINT) | Institution |
| | | Noaber Foundation | Me |
| | | NLC Ventures | Me |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
| | | Roche | Institution |
| | | Qure.ai | Institution |
| | | | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None | |
| | | Contextflow | Me |
| | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None | |
| | | RSNA Common Data Elements Steering Committee | Unpaid |
| | | Chairman Scientific Committee EuSoMII | Unpaid |

| | | 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) |
|----|--|--|---|
| 11 | Stock or stock options | <input type="checkbox"/> None | |
| | | Quibim | Phantom shares |
| | | Contextflow | Phantom shares |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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ICMJE DISCLOSURE FORM

Date: 9/27/2023 _____

Your Name: Dr. M.G. van Vledder

Manuscript Title: A novel method to perform morphological measurements on 3D models of the calcaneus based on CT-imaging

Manuscript number (if known): _____

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