

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
QIFAN

2. Surname (Last Name)
YANG

3. Date
14-August-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Xiaoliang Zhang

5. Manuscript Title
Evaluation of MR Image Segmentation in Brain Low-grade Gliomas Using Support Vector Machine and Convolutional Neural Network

6. Manuscript Identifying Number (if you know it)
QIMS-20-783

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. YANG has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---|--|
| 1. Given Name (First Name) Huijuan | 2. Surname (Last Name) Zhang | 3. Date 16-August-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Xiaoliang Zhang |
| 5. Manuscript Title Evaluation of MR Image Segmentation in Brain Low-grade Gliomas Using Support Vector Machine and Convolutional Neural Network | | |
| 6. Manuscript Identifying Number (if you know it) QIMS-20-783 | | |

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Dr. Zhang has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Jun

2. Surname (Last Name)
Xia

3. Date
15-August-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Xiaoliang Zhang

5. Manuscript Title
Evaluation of MR Image Segmentation in Brain Low-grade Gliomas Using Support Vector Machine and Convolutional Neural Network

6. Manuscript Identifying Number (if you know it)
QIMS-20-783

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|--------------------------|--------------------------|--------------------------|-------------------------------------|---|
| Sonoptix, LLC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Founder of Sonoptix, LLC, but it did not support this work. |

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Xia reports other from Sonioptix, LLC, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Xiaoliang

2. Surname (Last Name)
Zhang

3. Date
12-August-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Evaluation of MR Image Segmentation in Brain Low-grade Gliomas Using Support Vector Machine and Convolutional Neural Network

6. Manuscript Identifying Number (if you know it)
QIMS-20-783-R1

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| NIH and SUNY | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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Dr. Zhang reports grants from NIH and SUNY, during the conduct of the study; .

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