

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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Intellectual Property.

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earning royalties or not

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

patent

Bernard 1



| Section 1. Identifying Inform | nation | |
|--|--|---|
| 1. Given Name (First Name) Angélique | 2. Surname (Last Name) Bernard | 3. Date 07-August-2020 |
| 4. Are you the corresponding author? | ☐ Yes 🗸 No | Corresponding Author's Name Romaric Loffroy |
| 5. Manuscript Title Deep Learning Reconstruction versus It Reduced Radiation Dose and Improved | | r Cardiac CT Angiography in a Stroke Imaging Protocol: |
| 6. Manuscript Identifying Number (if you kr QIMS-20-626 | now it) | _ |
| Section 2. The Work Under Co | onsideration for Publi | cation |
| Did you or your institution at any time rece | ive payment or services from g but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation, |
| Section 3. Relevant financial | activities outside the | submitted work. |
| of compensation) with entities as descri | ibed in the instructions. U port relationships that we | nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication . |
| Section 4. Intellectual Proper | rty Patents & Copyri | abte |
| Do you have any patents, whether plan | | |

Bernard 2



| Section 5. Polotionskips not solvered above |
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| Section 6. Disclosure Statement |
| Disclosure Statement |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. |
| Dr. Bernard has nothing to disclose. |

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Bernard 3



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Comby 1



| Section 1. Identifying | ng Information | |
|---|---|---|
| Given Name (First Name) Pierre-Olivier | 2. Surname (Last Name) Comby | 3. Date 07-August-2020 |
| 4. Are you the corresponding a | uthor? Yes 🗸 No | Corresponding Author's Name Romaric Loffroy |
| 5. Manuscript Title Deep Learning Reconstruction Reduced Radiation Dose and | | or Cardiac CT Angiography in a Stroke Imaging Protocol: |
| 6. Manuscript Identifying Numb QIMS-20-626 | per (if you know it) | _ |
| Section 2. The Work | Under Consideration for Publ | ication |
| | k (including but not limited to grants, o | m a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation, |
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| Section 3. Relevant | financial activities outside the | submitted work. |
| of compensation) with entition | es as described in the instructions. Ushould report relationships that we | hether you have financial relationships (regardless of amount Use one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication . |
| · | | |
| Section 4. Intellectu | al Property Patents & Copyr | ights |
| Do you have any patents, wh | ether planned, pending or issued, k | oroadly relevant to the work? Yes V No |

Comby 2



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Lemogne 1



| Section 1. Identifying Inform | ation | | |
|--|---------------------------------|--|--|
| 1. Given Name (First Name) Brivaël | Surname (Last Name) Lemogne | 3. Date 07-August-2020 | |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Author's Name Romaric Loffroy | |
| Reduced Radiation Dose and Improved | Image Quality | Cardiac CT Angiography in a Stroke Imaging Protocol: | |
| 6. Manuscript Identifying Number (if you kr QIMS-20-626 | now it) | _ | |
| Section 2. The Work Under Co | onsideration for Public | | |
| Did you or your institution at any time rece | ive payment or services from | a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation, | |
| Are there any relevant conflicts of interest? Yes Vo | | | |
| Section 3. Polovent financial | activities outside the s | who wister of words | |
| Relevant financial | activities outside the s | submitted work. | |
| of compensation) with entities as descri | ibed in the instructions. Us | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication. | |
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| Section 4. Intellectual Proper | rty Patents & Copyric | uhte | |
| intellectual Flopei | rty - ratems & copyrig | JII.5 | |
| Do you have any patents, whether plan | ned, pending or issued, br | oadly relevant to the work? Yes V No | |

Lemogne 2



| Section 5. Polationships not severed phase | | |
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| Dr. Lemogne has nothing to disclose. | | |

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Haioun 1



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| identifying inform | nation | | |
| 1. Given Name (First Name) Karim | 2. Surname (Last Name) Haioun | 3. Date 07-August-2020 | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Romaric Loffroy | |
| 5. Manuscript Title Deep Learning Reconstruction versus In Reduced Radiation Dose and Improved 6. Manuscript Identifying Number (if you known to be seen to be seen the seen to be seen the seen | l Image Quality | Cardiac CT Angiography in a Stroke Imaging Protocol: | |
| QIMS-20-626 | · | | |
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Haioun 2



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| Relationships not covered above |
| Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? |
| Yes, the following relationships/conditions/circumstances are present (explain below): |
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| Dr. Haioun reports and I work as a CT Clinical Research Scientist for Canon Medical Systems Europe |

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Ricolfi 1



| Section 1. Identifying Inform | nation | | |
|---|--|--|--|
| 1. Given Name (First Name) Frédéric | 2. Surname (Last Name) Ricolfi | 3. Date 07-August-2020 | |
| 4. Are you the corresponding author? | ☐ Yes 🗸 No | Corresponding Author's Name Romaric Loffroy | |
| 5. Manuscript Title Deep Learning Reconstruction versus It Reduced Radiation Dose and Improved 6. Manuscript Identifying Number (if you kn | l Image Quality | Cardiac CT Angiography in a Stroke Imaging Protocol: | |
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Ricolfi 2



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Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued **Issued:** The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

Chevallier 1



| Section 1. Identifying Inform | nation | | |
|---|---|---|--|
| 1. Given Name (First Name) Olivier | 2. Surname (Last Name) Chevallier | 3. Date 07-August-2020 | |
| 4. Are you the corresponding author? | Yes Vo | Corresponding Author's Name Romaric Loffroy | |
| 5. Manuscript Title Deep Learning Reconstruction versus It Reduced Radiation Dose and Improved | | r Cardiac CT Angiography in a Stroke Imaging Protocol: | |
| 6. Manuscript Identifying Number (if you kr QIMS-20-626 | now it) | _ | |
| Section 2. The Work Under C | onsideration for Publi | cation | |
| 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. | |
| of compensation) with entities as descr | ibed in the instructions. U port relationships that we | nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication . | |
| Section 4. Intellectual Brone | rty Patents & Copyri | ahte | |
| Do you have any patents, whether plan | ., | | |

Chevallier 2



| Section 5. Polotionships not sovered above |
|---|
| Relationships not covered above |
| Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? |
| Yes, the following relationships/conditions/circumstances are present (explain below): |
| ✓ No other relationships/conditions/circumstances that present a potential conflict of interest |
| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement On occasion, journals may ask authors to disclose further information about reported relationships. |
| 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. Chevallier has nothing to disclose. |

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Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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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.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes"

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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

Loffroy 1



| Section 1. Identif | ying Information | |
|---|---|---|
| 1. Given Name (First Name) Romaric | 2. Surname (Last Name) Loffroy | 3. Date 07-August-2020 |
| 4. Are you the corresponding | g author? Yes No | |
| 5. Manuscript Title Deep Learning Reconstruction versus Iterative Reconstruction for Cardiac CT Angiography in a Stroke Imaging Protocol: Reduced Radiation Dose and Improved Image Quality 6. Manuscript Identifying Number (if you know it) QIMS-20-626 | | |
| 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. Releva | nt financial activities outside the submitte | ed work. |
| of compensation) with ent | tities as described in the instructions. Use one line of our should report relationships that were present | have financial relationships (regardless of amount e for each entity; add as many lines as you need by t during the 36 months prior to publication. |
| Section 4. Intellec | ctual Property Patents & Copyrights | |
| Do you have any patents, | whether planned, pending or issued, broadly rele | evant to the work? Yes V No |

Loffroy 2



| Section 5. Polationships not sovered above | | |
|--|--|--|
| Relationships not covered above | | |
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| ✓ No other relationships/conditions/circumstances that present a potential conflict of interest | | |
| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships. | | |
| Section 6. Disclosure Statement | | |
| Disciosare statement | | |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. | | |
| Dr. Loffroy has nothing to disclose. | | |

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