Da	te:4/7/2021				
Yo	ur Name: Guang-xian Wa	ing			
Ma	Manuscript Title: Risk factors for the progression of unruptured intracranial aneurysms in patients followed by				
_	MR angiography				
Ma	nuscript number (if known)	:QIMS-21-32-R2			
to int do	the content of your manus erests may be affected by t	cript. "Related" means ar the content of the manusc	Il relationships/activities/interests listed below that ar ny relation with for-profit or not-for-profit third parti cript. Disclosure represents a commitment to transpar ubt about whether to list a relationship/activity/inte	es whose ency and	
Th on	•	to the author's relationshi	ps/activities/interests as they relate to the current ma	nuscript	
the me	e epidemiology of hypertens edication, even if that medic	sion, you should declare al ation is not mentioned in oport for the work reporte	defined broadly. For example, if your manuscript pertal relationships with manufacturers of antihypertensive the manuscript.  I din this manuscript without time limit. For all other it		
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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 initia	l planning of the work		
	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			
		_,			
9	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months		
3	Royalties or licenses	XNone			

Consulting fees

X\_\_\_None

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5	Payment or honoraria for	<b>X</b> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<b>X</b> None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
	pending		
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9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
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10	Leadership or fiduciary role in other board, society,	X_None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<b>X</b> None	
	Stock of Stock options	<b>X</b> None	
12	Receipt of equipment,	<b>X</b> None	
	materials, drugs, medical	_XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	<b>X</b> None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the	following box:
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	None		

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ICMIJE DISCLOSURE FORM		
Date:4/7/2021		
Your Name: Lan-lan Liu		
<b>Manuscript Title:</b> Risk factors for the progression of unruptured intracranial aneurysms in patients followed by CT/MR angiography		
Manuscript number (if known):QIMS-21-32-R2		
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 <u>current manuscript</u> only.		

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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	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events	V N		
6	Payment for expert testimony	_ <b>X</b> None		
	testimony			
7	Support for attending	<b>X</b> None		
,	meetings and/or travel	_XNone		
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8	Patents planned, issued or	_XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or Advisory Board			
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10	Leadership or fiduciary role in other board, society,	_XNone		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	_XNone		
12	Receipt of equipment,	_XNone		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	_XNone		
	financial interests			
Ple	ease summarize the above o	conflict of interest in the fo	ollowing box:	
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None

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ioini.	

Date:4/	/2021
Your Name:	Yan Yang
Manuscript 1	tle:Risk factors for the progression of unruptured intracranial aneurysms in patients followed by
CT/MR ang	ography
Manuscript r	umber (if known):QIMS-21-32-R2

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3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	<b>X</b> None	
U	testimony	_ <b>^</b> None	
	testimon,		
7	Support for attending meetings and/or travel	_XNone	
	meetings and/or travel		
8	Patents planned, issued or	_ <b>X</b> None	
	pending		
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9	Participation on a Data	_XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	_XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	_ <b>X</b> None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	<b>X</b> None	
10	financial interests	_XNone	
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None		

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Date:4/7/2021
Your Name: Li Wen
Manuscript Title:Risk factors for the progression of unruptured intracranial aneurysms in patients followed by
CT/MR angiography
Manuscript number (if known):QIMS-21-32-R2

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3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	_XNone	
	manuscript writing or educational events		
6	Payment for expert testimony	_XNone	
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	V None	
,	Safety Monitoring Board or	_XNone	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	_XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	ellowing box:
	None		

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Date:4/7/2021	
Your Name: Chun-mei Duan	
Manuscript Title:Risk factors for the progression of unruptured intracranial aneurysms in patients followed by	
CT/MR angiography	
Manuscript number (if known):QIMS-21-32-R2	

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4	Consulting fees	_XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	_XNone	
	manuscript writing or educational events		
6	Payment for expert testimony	_XNone	
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	V None	
,	Safety Monitoring Board or	_XNone	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	_XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	ellowing box:
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Date:4/7/2021
Your Name: Jin-bo Yin
Manuscript Title:Risk factors for the progression of unruptured intracranial aneurysms in patients followed by
CT/MR angiography
Manuscript number (if known):QIMS-21-32-R2

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5	Payment or honoraria for	_ <b>X</b> None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending meetings and/or travel	_ <b>X</b> None	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	_ <b>X</b> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical	_ <b>X</b> None	
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		
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Date:4/7/2021	
Your Name: Dong Zhang_	
Manuscript Title:Risk fac	tors for the progression of unruptured intracranial aneurysms in patients followed by
CT/MR angiography	
Manuscript number (if knowr	n):QIMS-21-32-R2

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2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

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