

ICMJE DISCLOSURE FORM

Date: June 22, 2021
 Your Name: Mary Elizabeth Hall
 Manuscript Title: Validation of Watershed-Based Segmentation of the Cartilage Surface from Sequential CT Arthrography Scans
 Manuscript number (if known): QIMS-20-1062-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.

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.	<input type="checkbox"/> None <input type="checkbox"/> NIAMS of the NIH <input type="checkbox"/> Stanford Bio-X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	 Award number R01AR065248 Graduate student research fellowship through Stanford
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/>	
3	Royalties or licenses	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/>	
4	Consulting fees	<input type="checkbox"/> None <input type="checkbox"/>	

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:

This research was supported by grant # R01AR065248 from the NIAMS of the U.S. National Institutes of Health and a graduate student fellowship from Stanford Bio-X. The sponsors had no role in the planning, execution or interpretation of the research, and have not reviewed the manuscript.

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: June 14th 2020

Your Name: Marianne S. Black

Manuscript Title: Validation of Watershed-Based Segmentation of the Cartilage Surface from Sequential CT Arthrography Scans

Manuscript number (if known): QIMS-20-1062-R1

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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.	NSERC	Graduate student fellowship from Canada
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
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	
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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:

<p>Natural Sciences and Engineering Research Council of Canada (NSERC) graduate student fellowship received for duration of work conducted. The sponsor had no role in the planning, execution or interpretation of the research, and has not reviewed the manuscript.</p>
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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: 6/16/2021
 Your Name: Garry E. Gold
 Manuscript Title: Validation of Watershed-Based Segmentation of the Cartilage Surface from Sequential CT Arthrography Scans
 Manuscript number (if known): QIMS-20-1062-R1

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		NIAMS of the NIH	NIH Grant R01 AR065248 to Stanford
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	<u>x</u> None	

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Barry E. Gold

ICMJE DISCLOSURE FORM

Date: June 16, 2021
 Your Name: Marc E. Levenston
 Manuscript Title: Validation of Watershed-Based Segmentation of the Cartilage Surface from Sequential CT Arthrography Scans
 Manuscript number (if known): QIMS-20-1062

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4	Consulting fees	<u>X</u> None	

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