## ICMJE DISCLOSURE FORM

Date: October 17th, 2021
Your Name: Kai Niu
Manuscript Title:Improving segmentation reliability of multi-scanner brain images using a generative adversarial network
Manuscript number (if known): QIMS-21-653

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 <br> (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). | None |  |
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| 3 | Royalties or licenses | None |  |
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| 4 | Consulting fees | None |  |


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| 5 | Payment or honoraria for | None |  |
|  | lectures, presentations, |  |  |
|  | speakers bureaus, manuscript writing or educational events |  |  |
| 6 | Payment for expert | None |  |
|  | testimony |  |  |
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| 7 | Support for attending | None |  |
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| 8 | Patents planned, issued or | None |  |
|  | pending |  |  |
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| 9 | Participation on a Data | None |  |
|  | Safety Monitoring Board or |  |  |
|  | Advisory Board |  |  |
| 10 | Leadership or fiduciary role | None |  |
|  | in other board, society, |  |  |
|  | committee or advocacy group, paid or unpaid |  |  |
| 11 | Stock or stock options | None |  |
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| 12 |  | None |  |
|  | materials, drugs, medical |  |  |
|  | writing, gifts or other services |  |  |
| 13 | Other financial or non- | None |  |
|  | financial interests |  |  |
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Please summarize the above conflict of interest in the following box:

None.

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

Kai Niu 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: October 17th, 2021
Your Name: Xueyan Li
Manuscript Title:Improving segmentation reliability of multi-scanner brain images using a generative adversarial network
Manuscript number (if known): QIMS-21-653

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.

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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. | None |  |
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| Time frame: past 36 months |  |  |  |
| 2 | Grants or contracts from any entity (if not indicated in item \#1 above). | None |  |
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| 3 | Royalties or licenses | None |  |
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| 4 | Consulting fees | None |  |


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| 5 | Payment or honoraria for | None |  |
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|  | speakers bureaus, manuscript writing or educational events |  |  |
| 6 | Payment for expert | None |  |
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| 7 | Support for attending | None |  |
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| 8 | Patents planned, issued or | None |  |
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| 9 | Participation on a Data | None |  |
|  | Safety Monitoring Board or |  |  |
|  | Advisory Board |  |  |
| 10 | Leadership or fiduciary role | None |  |
|  | in other board, society, |  |  |
|  | committee or advocacy group, paid or unpaid |  |  |
| 11 | Stock or stock options | None |  |
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| 12 |  | None |  |
|  | materials, drugs, medical |  |  |
|  | writing, gifts or other services |  |  |
| 13 | Other financial or non- | None |  |
|  | financial interests |  |  |
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Please summarize the above conflict of interest in the following box:

None.

Please place an " X " next to the following statement to indicate your agreement:
Xueyan Li 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: October 17th, 2021

## Your Name: Li Zhang

Manuscript Title:Improving segmentation reliability of multi-scanner brain images using a generative adversarial network
Manuscript number (if known): QIMS-21-653

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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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.

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| Time frame: Since the initial planning of the work |  |  |  |
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| 3 | Royalties or licenses | None |  |
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| 4 | Consulting fees | None |  |


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| 5 | Payment or honoraria for | None |  |
|  | lectures, presentations, |  |  |
|  | speakers bureaus, manuscript writing or educational events |  |  |
| 6 | Payment for expert | None |  |
|  | testimony |  |  |
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| 7 | Support for attending | None |  |
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| 8 | Patents planned, issued or | None |  |
|  | pending |  |  |
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| 9 | Participation on a Data | None |  |
|  | Safety Monitoring Board or |  |  |
|  | Advisory Board |  |  |
| 10 | Leadership or fiduciary role | None |  |
|  | in other board, society, |  |  |
|  | committee or advocacy group, paid or unpaid |  |  |
| 11 | Stock or stock options | None |  |
|  |  |  |  |
|  |  |  |  |
| 12 |  | None |  |
|  | materials, drugs, medical |  |  |
|  | writing, gifts or other services |  |  |
| 13 | Other financial or non- | None |  |
|  | financial interests |  |  |
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Please summarize the above conflict of interest in the following box:

None.

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

Li Zhang 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: October 17th, 2021
Your Name: Zhensong, Yan
Manuscript Title:Improving segmentation reliability of multi-scanner brain images using a generative adversarial network
Manuscript number (if known): QIMS-21-653

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) |
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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. | None |  |
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| Time frame: past 36 months |  |  |  |
| 2 | Grants or contracts from any entity (if not indicated in item \#1 above). | None |  |
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| 3 | Royalties or licenses | None |  |
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| 4 | Consulting fees | None |  |


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

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

The author was an employee of BrainQuant.

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

Zhensong, Yan 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: October 17th, 2021
Your Name: Wei Yu
Manuscript Title:Improving segmentation reliability of multi-scanner brain images using a generative adversarial network
Manuscript number (if known): QIMS-21-653

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.

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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. | None |  |
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| Time frame: past 36 months |  |  |  |
| 2 | Grants or contracts from any entity (if not indicated in item \#1 above). | None |  |
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| 3 | Royalties or licenses | None |  |
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| 4 | Consulting fees | None |  |


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

Please summarize the above conflict of interest in the following box:
The author was an employee of BrainQuant.

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

Wei Yu 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: October 17th, 2021
Your Name: Peipeng Liang
Manuscript Title:Improving segmentation reliability of multi-scanner brain images using a generative adversarial network
Manuscript number (if known): QIMS-21-653

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. | None |  |
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| Time frame: past 36 months |  |  |  |
| 2 | Grants or contracts from any entity (if not indicated in item \#1 above). | None |  |
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| 3 | Royalties or licenses | None |  |
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| 4 | Consulting fees | None |  |


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| 5 | Payment or honoraria for | None |  |
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|  | speakers bureaus, manuscript writing or educational events |  |  |
| 6 | Payment for expert | None |  |
|  | testimony |  |  |
|  |  |  |  |
| 7 | Support for attending | None |  |
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| 8 | Patents planned, issued or | None |  |
|  | pending |  |  |
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| 9 | Participation on a Data | None |  |
|  | Safety Monitoring Board or |  |  |
|  | Advisory Board |  |  |
| 10 | Leadership or fiduciary role | None |  |
|  | in other board, society, |  |  |
|  | committee or advocacy group, paid or unpaid |  |  |
| 11 | Stock or stock options | None |  |
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| 12 |  | None |  |
|  | materials, drugs, medical |  |  |
|  | writing, gifts or other services |  |  |
| 13 | Other financial or non- | None |  |
|  | financial interests |  |  |
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Please summarize the above conflict of interest in the following box:

None.

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

Peipeng Liang 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: October 17th, 2021

## Your Name: Yan Wang

Manuscript Title:Improving segmentation reliability of multi-scanner brain images using a generative adversarial network
Manuscript number (if known): QIMS-21-653

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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| 3 | Royalties or licenses | None |  |
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| 4 | Consulting fees | None |  |


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|  | speakers bureaus, manuscript writing or educational events |  |  |
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| 7 | Support for attending | None |  |
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| 8 | Patents planned, issued or | None |  |
|  | pending |  |  |
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| 9 | Participation on a Data | None |  |
|  | Safety Monitoring Board or |  |  |
|  | Advisory Board |  |  |
| 10 | Leadership or fiduciary role | None |  |
|  | in other board, society, |  |  |
|  | committee or advocacy group, paid or unpaid |  |  |
| 11 | Stock or stock options | None |  |
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| 12 |  | None |  |
|  | materials, drugs, medical |  |  |
|  | writing, gifts or other services |  |  |
| 13 | Other financial or non- | None |  |
|  | financial interests |  |  |
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Please summarize the above conflict of interest in the following box:

None.

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

Yan Wang 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: October 17th, 2021
Your Name: Ching-Po Lin
Manuscript Title:Improving segmentation reliability of multi-scanner brain images using a generative adversarial network
Manuscript number (if known): QIMS-21-653

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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| 3 | Royalties or licenses | None |  |
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| 4 | Consulting fees | None |  |


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| 5 | Payment or honoraria for | None |  |
|  | lectures, presentations, |  |  |
|  | speakers bureaus, manuscript writing or educational events |  |  |
| 6 | Payment for expert | None |  |
|  | testimony |  |  |
|  |  |  |  |
| 7 | Support for attending | None |  |
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| 8 | Patents planned, issued or | None |  |
|  | pending |  |  |
|  |  |  |  |
| 9 | Participation on a Data | None |  |
|  | Safety Monitoring Board or |  |  |
|  | Advisory Board |  |  |
| 10 | Leadership or fiduciary role | None |  |
|  | in other board, society, |  |  |
|  | committee or advocacy group, paid or unpaid |  |  |
| 11 | Stock or stock options | None |  |
|  |  |  |  |
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| 12 |  | None |  |
|  | materials, drugs, medical |  |  |
|  | writing, gifts or other services |  |  |
| 13 | Other financial or non- | None |  |
|  | financial interests |  |  |
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Please summarize the above conflict of interest in the following box:

None.

Please place an " $X$ " next to the following statement to indicate your agreement:
Ching-Po Lin 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: October 17th, 2021

## Your Name: Huimao Zhang

Manuscript Title:Improving segmentation reliability of multi-scanner brain images using a generative adversarial network
Manuscript number (if known): QIMS-21-653

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). | None |  |
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| 3 | Royalties or licenses | None |  |
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| 4 | Consulting fees | None |  |


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| 5 | Payment or honoraria for | None |  |
|  | lectures, presentations, |  |  |
|  | speakers bureaus, manuscript writing or educational events |  |  |
| 6 | Payment for expert | None |  |
|  | testimony |  |  |
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| 7 | Support for attending | None |  |
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| 8 | Patents planned, issued or | None |  |
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| 9 | Participation on a Data | None |  |
|  | Safety Monitoring Board or |  |  |
|  | Advisory Board |  |  |
| 10 | Leadership or fiduciary role | None |  |
|  | in other board, society, |  |  |
|  | committee or advocacy group, paid or unpaid |  |  |
| 11 | Stock or stock options | None |  |
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| 12 |  | None |  |
|  | materials, drugs, medical |  |  |
|  | writing, gifts or other services |  |  |
| 13 | Other financial or non- | None |  |
|  | financial interests |  |  |
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Please summarize the above conflict of interest in the following box:

None.

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

Huimao Zhang 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: October 17th, 2021

## Your Name: Chunjie Guo

Manuscript Title:Improving segmentation reliability of multi-scanner brain images using a generative adversarial network
Manuscript number (if known): QIMS-21-653

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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| 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). | None |  |
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| 3 | Royalties or licenses | None |  |
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| 4 | Consulting fees | None |  |


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| 5 | Payment or honoraria for | None |  |
|  | lectures, presentations, |  |  |
|  | speakers bureaus, manuscript writing or educational events |  |  |
| 6 | Payment for expert | None |  |
|  | testimony |  |  |
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| 7 | Support for attending | None |  |
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| 8 | Patents planned, issued or | None |  |
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| 9 | Participation on a Data | None |  |
|  | Safety Monitoring Board or |  |  |
|  | Advisory Board |  |  |
| 10 | Leadership or fiduciary role | None |  |
|  | in other board, society, |  |  |
|  | committee or advocacy group, paid or unpaid |  |  |
| 11 | Stock or stock options | None |  |
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| 12 |  | None |  |
|  | materials, drugs, medical |  |  |
|  | writing, gifts or other services |  |  |
| 13 | Other financial or non- | None |  |
|  | financial interests |  |  |
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Please summarize the above conflict of interest in the following box:

None.

Please place an " $X$ " next to the following statement to indicate your agreement:
Chunjie Guo 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: October 17th, 2021

## Your Name: Kunchen Li

Manuscript Title:Improving segmentation reliability of multi-scanner brain images using a generative adversarial network
Manuscript number (if known): QIMS-21-653

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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| 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). | None |  |
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| 3 | Royalties or licenses | None |  |
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| 4 | Consulting fees | None |  |


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| 5 | Payment or honoraria for | None |  |
|  | lectures, presentations, |  |  |
|  | speakers bureaus, manuscript writing or educational events |  |  |
| 6 | Payment for expert | None |  |
|  | testimony |  |  |
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| 7 | Support for attending | None |  |
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| 8 | Patents planned, issued or | None |  |
|  | pending |  |  |
|  |  |  |  |
| 9 | Participation on a Data | None |  |
|  | Safety Monitoring Board or |  |  |
|  | Advisory Board |  |  |
| 10 | Leadership or fiduciary role | None |  |
|  | in other board, society, |  |  |
|  | committee or advocacy group, paid or unpaid |  |  |
| 11 | Stock or stock options | None |  |
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| 12 |  | None |  |
|  | materials, drugs, medical |  |  |
|  | writing, gifts or other services |  |  |
| 13 | Other financial or non- | None |  |
|  | financial interests |  |  |
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Please summarize the above conflict of interest in the following box:

None.

Please place an " $X$ " next to the following statement to indicate your agreement:
Kunchen Li 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: October 17th, 2021

## Your Name: Tianyi Qian

Manuscript Title:Improving segmentation reliability of multi-scanner brain images using a generative adversarial network
Manuscript number (if known): QIMS-21-653

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.

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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. | None |  |
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| Time frame: past 36 months |  |  |  |
| 2 | Grants or contracts from any entity (if not indicated in item \#1 above). | None |  |
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|  |  |  |  |
| 3 | Royalties or licenses | None |  |
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| 4 | Consulting fees | None |  |
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| :---: | :---: | :---: | :---: |
| 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 nonfinancial interests | None |  |
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## Please summarize the above conflict of interest in the following box:

The author was an employee of BrainQuant.

Please place an " $X$ " next to the following statement to indicate your agreement:
Tianyi Qian I certify that I have answered every question and have not altered the wording of any of the questions on this form.

