ate: 3/18/22
our Name: Thomas Harkey
lanuscript Title: PRACTICAL METHODS FOR SEGMENTATION AND CALCULATION OF BRAIN VOLUME AND
NTRACRANIAL VOLUME: A GUIDE AND COMPARISON
lanuscript number (if known):
the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that a elated to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third arties whose interests may be affected by the content of the manuscript. Disclosure represents a commitme o transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a elationship/activity/interest, it is preferable that you do so.
he following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> nanuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.	x_None	
		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	x_None	

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	_xNone	
8	Patents planned, issued or pending	x_None	
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	_xNone	
11	Stock or stock options	_xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	xNone	
Plo	ease summarize the above c	onflict of interest in the fo	ollowing box:

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 3/18/22
Your Name: David Baker
Manuscript Title: PRACTICAL METHODS FOR SEGMENTATION AND CALCULATION OF BRAIN VOLUME AND
NTRACRANIAL VOLUME: A GUIDE AND COMPARISON
Manuscript number (if known):

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: pastxNonexNone	36 months
4	Consulting fees	x_None	

	T	T			
5	Payment or honoraria for	_xNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	x None			
O	I	_xNone			
	testimony				
7	Support for attending	_xNone			
	meetings and/or travel				
8	Patents planned, issued or	x None			
J	pending				
	perionig				
^	Double in chief of Dobe	v. Nana			
9	Participation on a Data	xNone			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	_xNone			
	in other board, society,				
	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-	x None			
	financial interests				
	maricial interests				
וח	Please summarize the above conflict of interest in the following box:				
PIE	ease summarize the above c	ominict of interest in the to	nowing box:		
	None				

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: <u>3/18/22</u>
Your Name: John Hagen
Manuscript Title: PRACTICAL METHODS FOR SEGMENTATION AND CALCULATION OF BRAIN VOLUME AND
NTRACRANIAL VOLUME: A GUIDE AND COMPARISON
Manuscript number (if known):
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3	Royalties or licenses	xNone	
4	Consulting fees	x_None	

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	_xNone	
8	Patents planned, issued or pending	x_None	
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	_xNone	
11	Stock or stock options	_xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	xNone	
Plo	ease summarize the above c	onflict of interest in the fo	ollowing box:

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

		ICIVIJE DISCL	OSURE FURIVI	
Da	te: 3/18/22			
Yo	ur Name: Hayden Scott			_
Ma	anuscript Title: PRACTICAL I	METHODS FOR SEGMENTAT	ION AND CALCULATION OF BRAIN VOLUME AND	_
<u>IN</u>	TRACRANIAL VOLUME: A GI	UIDE AND COMPARISON		
Ma	anuscript number (if known):	<u>-</u>	
rel pa	ated to the content of your rties whose interests may b	manuscript. "Related" mea	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment	
		necessarily indicate a bias. it is preferable that you do	If you are in doubt about whether to list a so.	
	e following questions apply inuscript only.	to the author's relationshi	os/activities/interests as they relate to the <u>current</u>	
to	the epidemiology of hypert	•	defined broadly. For example, if your manuscript pertair all relationships with manufacturers of antihypertensive he manuscript.	
	item #1 below, report all su e time frame for disclosure		d in this manuscript without time limit. For all other iter	ns,
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		needed)	ulanning of the work	
	All Coll	Time frame: Since the initial	planning of the work	
L	All support for the present manuscript (e.g., funding,	xNone		

Time frame: past 36 months

x__None

_x__None

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provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**

Grants or contracts from

in item #1 above).
Royalties or licenses

Consulting fees

any entity (if not indicated

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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	_xNone	
8	Patents planned, issued or pending	x_None	
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	_xNone	
11	Stock or stock options	_xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	xNone	
Plo	ease summarize the above c	onflict of interest in the fo	ollowing box:

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

		ICMJE DISC	LOSURE FORM	
Date: 3/18/22				
Yo	ur Name: <u>Dr. Viktoras Palys</u>			
Ma	anuscript Title: PRACTICAL N	METHODS FOR SEGMENTA	TION AND CALCULATION OF BRAIN VOLUME AND	
<u>IN</u>	TRACRANIAL VOLUME: A GL	JIDE AND COMPARISON		
Ma	anuscript number (if known)	:		
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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the time frame for disclosure is the past 36 months.				
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initia	al planning of the work	
1	All support for the present	x_None		
	manuscript (e.g., funding,			
	provision of study materials, medical writing, article			
	medical writing, article	1		

Time frame: past 36 months

_x__None

_x__None

_x__None

processing charges, etc.)

No time limit for this item.

Grants or contracts from

in item #1 above).
Royalties or licenses

Consulting fees

any entity (if not indicated

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5	Payment or honoraria for	_xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_xNone	
	testimony		
7	Support for attending meetings and/or travel	_xNone	
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_xNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	VP owns Medtronic Plc (MDT) stocks.
12	Receipt of equipment,	None	Medtronic Navigation provided equipment
	materials, drugs, medical		(laptop computer) and software (StealthViz) for
	writing, gifts or other		the study.
	services		the study.
13	Other financial or non-	xNone	
	financial interests		

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

Dr. Viktoras Palys (VP) reports that he is a consultant for Medtronic. Consulting fees are paid directly to University of Arkansas for Medical Sciences. VP did not receive any funds. Medtronic Navigation provided equipment (laptop computer) and software (StealthViz) for the study. VP owns Medtronic Plc (MDT) stocks.

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 form.	of any of the questions on this