## **ICMJE DISCLOSURE FORM**

Da	to. May 25th 2022	1		
	te:May. 25 <sup>th</sup> ,2022 ur Name:Liang J			-
Ma co	nuscript Title: The corons mputed tomography angiog	ary artery calcium score so raphy for overall radiation	can at 100 kVp with tin filtration (Sn100 kVp) prior to on dose reduction: A prospective cohort study	- coronary -
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that a eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitme i. If you are in doubt about whether to list a o so.	
	e following questions apply inuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>	
to	•	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript per e all relationships with manufacturers of antihyperten the manuscript.	
	item #1 below, report all su e time frame for disclosure i		ed in this manuscript without time limit. For all other	items,
		Name all entities with	Specifications/Comments	1
		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	None		
_	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
				-
		Time frame: pas	et 36 months	
2	Grants or contracts from	None	5.50 monais	
_	any entity (if not indicated	INUTIE		1
	in item #1 above).			1
3	Royalties or licenses	None		1
3	Noyalties of ficelises	None		4

Consulting fees

None

4

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	
	ease summarize the above co	onflict of interest in the fo	llowing box:
Ple	ease place an "X" next to the _ I certify that I have answe form.	-	ndicate your agreement:  eve not altered the wording of any of the questions on

## **ICMJE DISCLOSURE FORM**

_				
				-
Ma	<del></del>	ary artery calcium score s	can at 100 kVp with tin filtration (Sn100 kVp) prior to c	— oronary
			n dose reduction: A prospective cohort study	
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Ill relationships/activities/interests listed below that areans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitmer is. If you are in doubt about whether to list a lo so.	
	e following questions apply inuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>	
to	•	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pert e all relationships with manufacturers of antihypertens the manuscript.	
	item #1 below, report all su e time frame for disclosure i	•	ed in this manuscript without time limit. For all other i	items,
		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 initi	al planning of the work	
1	All support for the present	None		
_	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame no	et 26 months	
2	Grants or contracts from	Time frame: pas	or 50 months	
2	any entity (if not indicated	None		
	in item #1 above).			
2	·	None		
3	Royalties or licenses	None		

Consulting fees

None

4

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	
	ease summarize the above co	onflict of interest in the fo	llowing box:
Ple	ease place an "X" next to the _ I certify that I have answe form.	-	ndicate your agreement:  eve not altered the wording of any of the questions on

## **ICMJE DISCLOSURE FORM**

Date	e:May. 25 <sup>th</sup> ,20	022		
	r Name: Min			
		·	can at 100 kVp with tin filtration (Sn100 kVp) prior to co	oronary
	<del></del>	-	n dose reduction: A prospective cohort study	•
		vn): QIMS-21-1129-R3		
	•			
	-	•	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third	е
part	ties whose interests may	be affected by the content	of the manuscript. Disclosure represents a commitmen	t
to tı	ransparency and does no	ot necessarily indicate a bias	s. If you are in doubt about whether to list a	
rela	tionship/activity/interes	st, it is preferable that you d	lo so.	
	following questions app nuscript only.	ly to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>	
to tl	he epidemiology of hype		e <u>defined broadly</u> . For example, if your manuscript perta e all relationships with manufacturers of antihypertens on the manuscript.	
	em #1 below, report all time frame for disclosur		Specifications/Comments (e.g., if payments were made to you or to your institution)	tems,
		needed)		
		Time frame: Since the initi	al planning of the work	
	All support for the present	None		
	manuscript (e.g., funding,			
	provision of study materials	5,		
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
,	Grants or contracts from	Time frame: pas	st 36 months	
	any entity (if not indicated	None		
	in item #1 above).			
	Royalties or licenses	None		

Consulting fees

None

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	
	ease summarize the above co	onflict of interest in the fo	llowing box:
Ple	ease place an "X" next to the _ I certify that I have answe form.	-	ndicate your agreement:  eve not altered the wording of any of the questions on