Date:		10/29/2023			
Your Name: Manuscript Title:		Tetsuro Araki			
		Atypical Morphologies of Thymic Hyperplasia on CT and MRI			
Mar	nuscript Number (if k	nown):			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mar indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned		all support for the work reported in this manuscript without time limit. For all other items, the time			
		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 Click the tab key to add additional rows.			
		Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None			
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4	Consulting fees	None 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	Institutional support for the meeting registration fee and travel related cost, reimbursed from the institutional professional research fund.
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

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea	•	e following statement to indicate your agreeme	

Date:			11/1/2023			
Your Name:			Wei Ping Tham			
Manuscript Title:			Atypical Morphologies of Thymic Hyperplas	sia on CT and MRI		
Mar	uscript Number (if kr	nown):				
content of your manuscript. "Rela affected by the content of the man		ot. "Rel the ma in doub	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.			
epi		nsion, y	· · · · · · · · · · · · · · · · · · ·	xample, if your manuscript pertains to the acturers of antihypertensive medication, even if		
In item #1 below, report all suppo frame for disclosure is the past 36			oort for the work reported in this manuscript w 86 months.	ithout time limit. For all other items, the time		
			all entities with whom you have this nship 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					
			Time frame: Since the initial planning	of the work		
1	All support for the present manuscript (e.g.,	\boxtimes	Time frame: Since the initial planning None	of the work		
1	present manuscript (e.g., funding, provision					
1	present manuscript (e.g., funding, provision of study materials, medical writing,			Click the tab key to add additional rows.		
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1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for					
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		None	Click the tab key to add additional rows.		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		None Time frame: past 36 month	Click the tab key to add additional rows.		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from		None	Click the tab key to add additional rows.		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		None Time frame: past 36 month	Click the tab key to add additional rows.		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not		None Time frame: past 36 month	Click the tab key to add additional rows.		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	×	None Time frame: past 36 month	Click the tab key to add additional rows.		

			Comments (e.g., if payments were r to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea	se place an "X" nex	t to th	e following statement to indicate your agreeme	ent:
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Date:		-	11/1/2023		
Your Name:		-	Arun C. Nachiappan		
Manuscript Title:		<u>-</u>	Atypical Morphologies of Thymic Hyperpla	sia on CT and MRI	
Mar	nuscript Number (if k	known):			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned		ipt. "Rela of the mar e in doubt os/activitie nsion, you entioned i all suppor	rt for the work reported in this manuscript without time limit. For all other items, the time		
			entities with whom you have this hip 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.	⊠ No	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one		
3	Royalties or licenses	⊠ No	one		

			Comments (e.g., if payments were r to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea	se place an "X" nex	t to th	e following statement to indicate your agreeme	ent:
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Date:		10/29/2023			
Your Name: Manuscript Title:		Achala Donuru			
		Atypical Morphologies of Thymic Hyperplasia on CT and MRI			
Mar	nuscript Number (if k	nown):			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mar indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned		all support for the work reported in this manuscript without time limit. For all other items, the time			
		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 Click the tab key to add additional rows.			
		Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None			
3	Royalties or licenses	None None			

			Comments (e.g., if payments were r to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea	se place an "X" nex	t to th	e following statement to indicate your agreeme	ent:
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Date	e:	-	10/31/2023		
Your Name: Manuscript Title:		-	Scott Simpson		
		-	Atypical Morphologies of Thymic Hyperplas	ia on CT and MRI	
Mar	nuscript Number (if k	nown):			
confaffe indicate The epicate that	tent of your manuscricted by the content of cate a bias. If you are author's relationship lemiology of hyperter medication is not me	ipt. "Rela of the mar e in doubt os/activitie nsion, you entioned i all suppor	ted" means any relation with for-profit or no nuscript. Disclosure represents a commitmer about whether to list a relationship/activity, es/interests should be defined broadly. For e a should declare all relationships with manufa in the manuscript.	/interest, it is preferable that you do so.	
			entities with whom you have this hip 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.	⊠ No	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one		
3	Royalties or licenses	⊠ No	one		

			omments (e.g., if payments were o your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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 place an "X" next to the following statement to indicate your agreement:				
\boxtimes	☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	10/30/2023
Your Name:	Eduardo Mortani Barbosa Jr.
Manuscript Title:	Atypical Morphologies of Thymic Hyperplasia on CT and MRI
Manuscript Number (if known):	[Click or tap here to enter text.]

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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 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	Click the tab key to add additional rows.
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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)
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	
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	

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

Dat	e:	10/30/2023		
Your Name: Manuscript Title:		Drew A. Torigian		
		Atypical Morphologies of Thymic Hyperplasia on CT and MRI		
Mai	nuscript Number (if	wn):		
con affe indi The epic that	tent of your manuscreted by the content cate a bias. If you ar author's relationship demiology of hypertet medication is not m	ncy, we ask you to disclose all relationships/activities/interests listed below that are related to the "Related" means any relation with for-profit or not-for-profit third parties whose interests may the manuscript. Disclosure represents a commitment to transparency and does not necessarily a doubt about whether to list a relationship/activity/interest, it is preferable that you do so. activities/interests should be defined broadly. For example, if your manuscript pertains to the on, you should declare all relationships with manufacturers of antihypertensive medication, ever tioned in the manuscript. Support for the work reported in this manuscript without time limit. For all other items, the time teast 36 months.	t be	
		ame all entities with whom you have this lationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payment made to you or to your institution)	s were	
		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 Click the tab key to add additional rows. Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH grant funding unrelated to current work		
3	Royalties or licenses	None		

		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)
4	Consulting fees	□ None Quantitative Radiology Solutions LLC	Payments made to me, unrelated to current work
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None ■	
8	Patents planned, issued or pending	None 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 ■	

		ame all entities with whom you have this lationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution)	9	
11	Stock or stock options	None None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None		
13	Other financial or non-financial interests	None Co-founder of Quantitative Radiology Solutions LLC		
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: \times I certify that I have answered every question and have not altered the wording of any of the questions on this form.			