Date: 12/13/2021

Your Name: Rocio Castillo-Larios

Manuscript Title: Missing Lung Nodule? Intra-operative Contingency Plan with O-Arm Imaging: A Case Report

Manuscript number (if known): ACR-21-71

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 <u>current</u> manuscript only.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	XNone	
		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	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
'	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
10	Advisory Board Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
	Stock of Stock options		
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
Plea	se summarize the above co	nflict of interest in the f	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.

RocioCartillo

Date: 12/13/2021_

You	r Name: Daniel Esteban Hei	rnandez	
Mar	nuscript Title: Missing Lung	Nodule? Intra-operative	e Contingency Plan with O-Arm Imaging: A Case Report
Mar	nuscript number (if known):	ACR-21-71	
rela part to t	ted to the content of your nices whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	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 If you are in doubt about whether to list a so.
	following questions apply to nuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to t		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
	em #1 below, report all sup time frame for disclosure is	•	d in this manuscript without time limit. For all other 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 initia	al planning of the work
1	All support for the present	X none	in planning of the work
_	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
2	Grants or contracts from	Time frame: pass	t 36 months
2	any entity (if not indicated	Aivoile	
	i aire circite un not maicateu		
	in item #1 above).		

None

Consulting fees

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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			
-	C			
7	Support for attending meetings and/or travel	None		
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			
11	group, paid or unpaid Stock or stock options	None		
11	Stock of Stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
12	services	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
13	Other financial or non- financial interests	None		
	illialiciai liiterests			
Plea	ise summarize the above co	onflict of interest in the	following 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:	12/14/2021	
Your Na	ame:Breah Paciotti, MPH, PA-C	
Manusc	cript Title: Missing Lung Nodule? Intra-operative Contingency Plan with O-Arm Ima	ging: A Case Report
Manusc	cript number (if known): ACR-21-71	

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		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	XNone	

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	XNone	
9	Participation on a Data	V None	
9	Participation on a Data Safety Monitoring Board or	XNone	
	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	XNone	
	writing, gifts or other		
13	services Other financial or non-	X None	
13	financial interests	None	
	nse summarize the above co		owing 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:	December 13th	, 2021				

Your Name: Alejandra Yu Lee-Mateus

Manuscript Title: Missing Lung Nodule? Intra-operative Contingency Plan with O-Arm Imaging: A Case Report Manuscript number (if known): ACR-21-71

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

5	Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x_None	
	testimony		
7	Support for attending	x_None	
	meetings and/or travel		
8	Patents planned, issued or	_x_None	
	pending		
9	Participation on a Data	x_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x_None	
12	Receipt of equipment,	x_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	x None	
13	financial interests	NOTIE	
	manda micresis		
pام	ase summarize the above c	onflict of interest in the	following hox:
		ommet of interest in the	Tollowing box.

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

Ayula

12-13-2021 Date:	
Your Name: Sai Priyanka-Pulipaka	

Manuscript Title: Missing Lung Nodule? Intra-operative Contingency Plan with O-Arm Imaging: A Case Report Manuscript number (if known): ACR-21-71

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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	None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
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	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the fol	lowing box:

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form. ρ . $Sai\ Priyanka$

Date:	12/15/2021			

Your Name: Sebastian Fernandez-Bussy

Manuscript Title: Missing Lung Nodule? Intra-operative Contingency Plan with O-Arm Imaging: A Case Report Manuscript number (if known): ACR-21-71

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		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	

5	Payment or honoraria for lectures, presentations,	<u>X</u> None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	<u>x</u> None	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel	* None	
8	Patents planned, issued or	_xNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	_xNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>x</u> None	
12	Receipt of equipment,	x None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_XNone	
	financial interests		
Plea	se summarize the above co	nflict of interest in the foll	owing box:

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Date:	12/14/2021	
Your Name:	lan Makey	
Manuscript Title: N	Aissing Lung Nodule	? Intra-operative Contingency Plan with O-Arm Imaging: A Case Report
Manuscript number	er (if known): ACR-21	-71

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	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_xNone	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

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	x None	
,	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-	_xNone	
	financial interests		
Plea	se summarize the above co	nflict of interest in the fol	lowing box:
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