ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
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<tr>
<td>2. Surname (Last Name)</td>
<td>YANG</td>
</tr>
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<td>3. Date</td>
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<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ✔ No</td>
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<tr>
<td>Corresponding Author’s Name</td>
<td>Xiaoliang Zhang</td>
</tr>
<tr>
<td>6. Manuscript Identifying Number (if you know it)</td>
<td>QIMS-20-783</td>
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</tbody>
</table>

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  ✔ Yes  No

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. YANG has nothing to disclose.

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   Huijuan

2. **Surname (Last Name)**
   Zhang

3. **Date**
   16-August-2020

4. **Are you the corresponding author?**
   - Yes
   - No
   - **Yes**

   **Corresponding Author's Name**
   Xiaoliang Zhang

5. **Manuscript Title**
   Evaluation of MR Image Segmentation in Brain Low-grade Gliomas Using Support Vector Machine and Convolutional Neural Network

6. **Manuscript Identifying Number (if you know it)**
   QIMS-20-783

## Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?
   - Yes
   - No
   - **Yes**

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Are there any relevant conflicts of interest?
   - Yes
   - No
   - **Yes**

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?
   - Yes
   - No
   - **Yes**
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Section 5. Relationships not covered above

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Dr. Zhang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)                      2. Surname (Last Name)                  3. Date
   Jun                                               Xia                               15-August-2020

4. Are you the corresponding author?              ☑ Yes ☐ No  Corresponding Author’s Name
   [☑ Yes] ☐ No

5. Manuscript Title
   Evaluation of MR Image Segmentation in Brain Low-grade Gliomas Using Support Vector Machine and Convolutional Neural Network

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? ☑ Yes ☐ No

If yes, please fill out the appropriate information below.

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<td>Sonioptix, LLC</td>
<td>☑</td>
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<td>Founder of Sonioptix, LLC, but it did not support this work.</td>
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Dr. Xia reports other from Sonioptix, LLC, outside the submitted work;

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1. Given Name (First Name)  
   Xiaoliang

2. Surname (Last Name)  
   Zhang

3. Date  
   12-August-2020

4. Are you the corresponding author?  
   ✔ Yes  ❌ No

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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   ✔ Yes  ❌ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Dr. Zhang reports grants from NIH and SUNY, during the conduct of the study.

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