ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Guangming
2. Surname (Last Name)  zhu
3. Date  19-March-2020
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Max Wintermark

5. Manuscript Title
   Carotid Plaque Imaging and the risk of Atherosclerotic cardiovascular
don

6. Manuscript Identifying Number (if you know it)
   CDT-20-119-R1

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Dr. zhu has nothing to disclose.

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## Section 1. Identifying Information

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

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

3. **Date**  
   20-March-2020

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

5. **Manuscript Title**  
   Carotid Plaque Imaging and the risk of Atherosclerotic cardiovascular disease

6. **Manuscript Identifying Number (if you know it)**  
   CDT-20-119-R1

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Dr. Hom has nothing to disclose.

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. Given Name (First Name)  
   Ying

2. Surname (Last Name)  
   Li

3. Date  
   19-March-2020

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

   Corresponding Author’s Name
   Max Wintermark

5. Manuscript Title  
   Carotid Plaque Imaging and the risk of Atherosclerotic cardiovascular disease

6. Manuscript Identifying Number (if you know it)  
   CDT-20-119-R1

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Dr. Li has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Bin

2. **Surname (Last Name)**
   - Jiang

3. **Date**
   - 19-March-2020

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

   **Corresponding Author’s Name**
   - Max Wintermark

5. **Manuscript Title**
   - Carotid Plaque Imaging and the risk of Atherosclerotic cardiovascular disease

6. **Manuscript Identifying Number (if you know it)**
   - CDT-20-119-R1

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  ✗ Yes ✗ No

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Are there any relevant conflicts of interest?  ✗ Yes ✗ No

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Dr. Jiang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Fatima
2. Surname (Last Name)  Rodriguez
3. Date  21-March-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name
Guangming Zhu

5. Manuscript Title
Carotid Plaque Imaging and the risk of Atherosclerotic cardiovascular

6. Manuscript Identifying Number (if you know it)
CDT-20-119-R1

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Dominik
2. Surname (Last Name) Fleischmann
3. Date 18-March-2020
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name Max Wintermark

5. Manuscript Title
   Carotid Plaque Imaging and the risk of Atherosclerotic cardiovascular disease

6. Manuscript Identifying Number (if you know it)
   CDT-20-119-R1

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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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<th>Non-Financial Support?</th>
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☐ Yes  ☑ No

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Section 6. Disclosure Statement

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Dr. Fleischmann reports grants from Siemens, other from IschemaView Inc., other from Segmed Inc., grants from American Heart Association, grants from NIH, outside the submitted work.

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<tr>
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<td>Saloner</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name
Max Wintermark

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Dr. Saloner has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Michele
2. Surname (Last Name) Porcu
3. Date 19-March-2020

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

5. Manuscript Title
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Dr. Michele Porcu has nothing to disclose.

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<td>Yanrong</td>
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4. Are you the corresponding author?  
   - Yes
   - No

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<td>Max Wintermark</td>
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Section 1. Identifying Information

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**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Max

2. Surname (Last Name)  
   Wintermark

3. Date  
   18-March-2020

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

5. Manuscript Title  
   Carotid Plaque Imaging and the risk of Atherosclerotic cardiovascular disease

6. Manuscript Identifying Number (if you know it)  
   CDT-20-119-R1

**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?  
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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.  
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<tbody>
<tr>
<td>Magnetic Insight, Subtle Medical, NOUS, Icometrix</td>
<td>❌</td>
<td>✔</td>
<td>❌</td>
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Dr. Wintermark reports personal fees from Magnetic Insight, Subtle Medical, NOUS, Icometrix, outside the submitted work.

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