

Discloser Identifier: AJNR-23-00735-15426778

Disclosure Purpose: AJNR Disclosures

Summary of Interests

Intellectual Property

Type	Is Licensed	Relevant to this Disclosure
Patent - A GENERALIZABLE IMAGE-BASED TRAINING FRAMEWORK FO	No	Yes
Description: A GENERALIZABLE IMAGE-BASED TRAINING FRAMEWORK FOR AI-BASED NOISE AND ARTIFACT REDUCTION IN MEDICAL Patent Holder: Current Institution Patent Status: Provisional Licensees:		

Additional Questions

1. Are you the corresponding author?

No.

2. What is the Manuscript Title?

Diagnostic Performance of Decubitus Photon-Counting Detector CT Myelography for the Detection of Cerebrospinal Fluid Venous Fistulas

3. What is the Manuscript Identifying Number (if you know it)?

4. Please select which of the following apply to each relationship or activity:

This question does not apply to any of the interests you are including in this disclosure. If you include additional interests in the previous step, you may be required to answer this question.

- a. **Patent** A GENERALIZABLE IMAGE-BASED TRAINING FRAMEWORK FOR AI-BASED NOISE AND ARTIFACT REDUCTION IN MEDICAL

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived

5. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes

6. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

- a. **Employment (If you need to add an interest, return to the previous step and select "Employment")**

No, I have no relevant interests of this type

- b. **Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

No, I have no relevant interests of this type

- c. **Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

d. **Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")**

No, I have no relevant interests of this type

e. **Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")**

No, I have no relevant interests of this type

f. **Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

g. **Expert witness testimony (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

h. **Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

i. **Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select "Patents")**

No, I have no relevant interests of this type

j. **Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select "Fiduciary Officer")**

No, I have no relevant interests of this type

k. **Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

l. **Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select "Travel")**

No, I have no relevant interests of this type

7. Was any individual paid to provide professional writing assistance with this manuscript?

No.

8. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?

No.

9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?

No.

10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.

No.

Certification

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

Discloser Identifier: AJNR-23-00735-30530096

Disclosure Purpose: AJNR Disclosures

Summary of Interests

I do not have any interests to disclose at this time.

Additional Questions

1. Are you the corresponding author?

No.

2. What is the Manuscript Title?

Diagnostic Performance of Decubitus Photon-Counting Detector CT Myelography for the Detection of Cerebrospinal Fluid Venous Fistulas

3. What is the Manuscript Identifying Number (if you know it)?

4. Please select which of the following apply to each relationship or activity:

You are not disclosing any interests to this organization.

5. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes

6. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

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No, I have no relevant interests of this type

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No, I have no relevant interests of this type

c. Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")

No, I have no relevant interests of this type

d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")

No, I have no relevant interests of this type

e. Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")

No, I have no relevant interests of this type

f. Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")

No, I have no relevant interests of this type

g. Expert witness testimony (If you need to add an interest, return to the previous step and select “Independent Contractor”)

No, I have no relevant interests of this type

h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)

No, I have no relevant interests of this type

i. Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select “Patents”)

No, I have no relevant interests of this type

j. Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select “Fiduciary Officer”)

No, I have no relevant interests of this type

k. Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)

No, I have no relevant interests of this type

l. Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select “Travel”)

No, I have no relevant interests of this type

7. Was any individual paid to provide professional writing assistance with this manuscript?

No.

8. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?

No.

9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?

No.

10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.

No.

Certification

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

Discloser Identifier: AJNR-23-00735-110996385

Disclosure Purpose: AJNR Disclosures

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
Mayo Clinic	Employment	Yes
Title: Radiologist		

Additional Questions

1. Are you the corresponding author?

No.

2. What is the Manuscript Title?

, Diagnostic Performance of Decubitus Photon-Counting Detector CT Myelography for the Detection of Cerebrospinal Fluid Venous Fistulas

3. What is the Manuscript Identifying Number (if you know it)?

4. Please select which of the following apply to each relationship or activity:

a. **Employment** Mayo Clinic

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived

5. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes

6. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

a. **Employment (If you need to add an interest, return to the previous step and select "Employment")**

Yes, as disclosed above

b. **Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

No, I have no relevant interests of this type

c. **Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

d. **Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")**

No, I have no relevant interests of this type

e. **Payment for service on an advisory board (If you need to add an interest, return to the previous step and select “Independent Contractor,” and choose “Other”)**

No, I have no relevant interests of this type

f. **Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select “Independent Contractor”)**

No, I have no relevant interests of this type

g. **Expert witness testimony (If you need to add an interest, return to the previous step and select “Independent Contractor”)**

No, I have no relevant interests of this type

h. **Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

i. **Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select “Patents”)**

No, I have no relevant interests of this type

j. **Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select “Fiduciary Officer”)**

No, I have no relevant interests of this type

k. **Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

l. **Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select “Travel”)**

No, I have no relevant interests of this type

7. Was any individual paid to provide professional writing assistance with this manuscript?

No.

8. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?

No.

9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?

No.

10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.

No.

Certification

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

Melissa Payne

Discloser Identifier: AJNR-23-00735-110996372

Disclosure Purpose: AJNR Disclosures

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
Mayo Clinic	Employment	Yes
Title: Registered Nurse		

Additional Questions

1. Are you the corresponding author?

No.

2. What is the Manuscript Title?

Diagnostic Performance of Decubitus Photon-Counting Detector CT Myelography for the Detection of Cerebrospinal Fluid Venous Fistulas

3. What is the Manuscript Identifying Number (if you know it)?

4. Please select which of the following apply to each relationship or activity:

a. **Employment** Mayo Clinic

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived

5. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes

6. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

a. **Employment (If you need to add an interest, return to the previous step and select "Employment")**

Yes, as disclosed above

b. **Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

No, I have no relevant interests of this type

c. **Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

d. **Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")**

No, I have no relevant interests of this type

e. **Payment for service on an advisory board (If you need to add an interest, return to the previous step and select “Independent Contractor,” and choose “Other”)**

No, I have no relevant interests of this type

f. **Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select “Independent Contractor”)**

No, I have no relevant interests of this type

g. **Expert witness testimony (If you need to add an interest, return to the previous step and select “Independent Contractor”)**

No, I have no relevant interests of this type

h. **Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

i. **Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select “Patents”)**

No, I have no relevant interests of this type

j. **Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select “Fiduciary Officer”)**

No, I have no relevant interests of this type

k. **Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

l. **Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select “Travel”)**

No, I have no relevant interests of this type

7. Was any individual paid to provide professional writing assistance with this manuscript?

No.

8. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?

No.

9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?

No.

10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.

No.

Certification

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

Discloser Identifier: AJNR-23-00735-51394596

Disclosure Purpose: AJNR Disclosures

Summary of Interests

I do not have any interests to disclose at this time.

Additional Questions

1. Are you the corresponding author?

No.

2. What is the Manuscript Title?

Safety and histopathologic yield

3. What is the Manuscript Identifying Number (if you know it)?

4. Please select which of the following apply to each relationship or activity:

You are not disclosing any interests to this organization.

5. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes

6. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

a. Employment (If you need to add an interest, return to the previous step and select "Employment")

No, I have no relevant interests of this type

b. Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")

No, I have no relevant interests of this type

c. Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")

No, I have no relevant interests of this type

d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")

No, I have no relevant interests of this type

e. Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")

No, I have no relevant interests of this type

f. Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")

No, I have no relevant interests of this type

g. Expert witness testimony (If you need to add an interest, return to the previous step and select “Independent Contractor”)

No, I have no relevant interests of this type

h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)

No, I have no relevant interests of this type

i. Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select “Patents”)

No, I have no relevant interests of this type

j. Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select “Fiduciary Officer”)

No, I have no relevant interests of this type

k. Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)

No, I have no relevant interests of this type

l. Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select “Travel”)

No, I have no relevant interests of this type

7. Was any individual paid to provide professional writing assistance with this manuscript?

No.

8. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?

No.

9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?

No.

10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.

No.

Certification

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

Discloser Identifier: AJNR-23-00735-91611982

Disclosure Purpose: AJNR Disclosures

Summary of Interests

I do not have any interests to disclose at this time.

Additional Questions

1. Are you the corresponding author?

No.

2. What is the Manuscript Title?

Photon-counting-detector CT demonstrates superior visualization of critical anatomic structures at reduced radiation dose

3. What is the Manuscript Identifying Number (if you know it)?

Photon-counting-detector CT demonstrates superior visualization of critical anatomic structures at reduced radiation dose

4. Please select which of the following apply to each relationship or activity:

You are not disclosing any interests to this organization.

5. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes

6. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

a. Employment (If you need to add an interest, return to the previous step and select "Employment")

No, I have no relevant interests of this type

b. Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")

No, I have no relevant interests of this type

c. Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")

No, I have no relevant interests of this type

d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")

No, I have no relevant interests of this type

e. Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")

No, I have no relevant interests of this type

f. Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")

No, I have no relevant interests of this type

g. Expert witness testimony (If you need to add an interest, return to the previous step and select “Independent Contractor”)

No, I have no relevant interests of this type

h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)

No, I have no relevant interests of this type

i. Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select “Patents”)

No, I have no relevant interests of this type

j. Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select “Fiduciary Officer”)

No, I have no relevant interests of this type

k. Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)

No, I have no relevant interests of this type

l. Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select “Travel”)

No, I have no relevant interests of this type

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No.

9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?

No.

10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.

No.

Certification

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

Discloser Identifier: AJNR-23-00735-66685355

Disclosure Purpose: AJNR Disclosures

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
American Society of Spine Radiology	Grant / Contract	Yes
Foundation of the American Society of Neuroradiology	Grant / Contract	

Additional Questions

1. Are you the corresponding author?

No.

2. What is the Manuscript Title?

Diagnostic Performance of Decubitus Photon-Counting Detector CT Myelography for the Detection of Cerebrospinal Fluid Venous Fistulas

3. What is the Manuscript Identifying Number (if you know it)?

4. Please select which of the following apply to each relationship or activity:

a. **Grant / Contract** American Society of Spine Radiology

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

b. **Grant / Contract** Foundation of the American Society of Neuroradiology

Neither

5. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes

6. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

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No, I have no relevant interests of this type

b. **Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

Yes, as disclosed above

c. **Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

d. **Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")**

No, I have no relevant interests of this type

- e. **Payment for service on an advisory board (If you need to add an interest, return to the previous step and select “Independent Contractor,” and choose “Other”)**

No, I have no relevant interests of this type

- f. **Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select “Independent Contractor”)**

No, I have no relevant interests of this type

- g. **Expert witness testimony (If you need to add an interest, return to the previous step and select “Independent Contractor”)**

No, I have no relevant interests of this type

- h. **Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

- i. **Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select “Patents”)**

No, I have no relevant interests of this type

- j. **Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select “Fiduciary Officer”)**

No, I have no relevant interests of this type

- k. **Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

- l. **Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select “Travel”)**

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9. **In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?**

No.

10. **Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.**

No.

Certification

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

Cynthia McCollough

Discloser Identifier: AJNR-23-00735-19702543

Disclosure Purpose: AJNR Disclosures

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
International Society of Computed Tomography	Fiduciary Officer	Yes
Official Title: Member, Board of Directors		
Mayo Clinic	Employment	Yes
Title: Brooks-Hollern Professor of Medical Physics and Biomedical Engineering		
Siemens Healthcare GmbH	Grant / Contract	Yes

Intellectual Property

Type	Is Licensed	Relevant to this Disclosure						
Patent - Mayo Clinic owns intellectual property rights rel	Yes	Yes						
Description: Mayo Clinic owns intellectual property rights related to CT imaging Patent Holder: Current Institution Patent Status: Issued Licensees: <table border="1" data-bbox="105 1144 1515 1255"> <thead> <tr> <th>Licensee</th> <th>Title</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Siemens Healthcare GmbH</td> <td></td> <td></td> </tr> </tbody> </table>			Licensee	Title	Date	Siemens Healthcare GmbH		
Licensee	Title	Date						
Siemens Healthcare GmbH								
Patent - Mayo Clinic owns intellectual property rights rel	No	Yes						
Description: Mayo Clinic owns intellectual property rights related to CT imaging Patent Holder: Current Institution Patent Status: Provisional Licensees:								

Additional Questions

1. **Are you the corresponding author?**

No.

2. **What is the Manuscript Title?**

Diagnostic Performance of Decubitus Photon-Counting Detector CT Myelography for the Detection of Cerebrospinal Fluid Venous Fistulas

3. **What is the Manuscript Identifying Number (if you know it)?**

4. **Please select which of the following apply to each relationship or activity:**

a. **Employment** Mayo Clinic

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived

b. **Fiduciary Officer** International Society of Computed Tomography

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

c. **Grant / Contract** Siemens Healthcare GmbH

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived

d. **Patent** Mayo Clinic owns intellectual property rights related to CT imaging

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

e. **Patent** Mayo Clinic owns intellectual property rights related to CT imaging

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

5. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes

6. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

a. **Employment (If you need to add an interest, return to the previous step and select "Employment")**

Yes, as disclosed above

b. **Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

Yes, as disclosed above

c. **Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

d. **Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")**

No, I have no relevant interests of this type

e. **Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")**

No, I have no relevant interests of this type

f. **Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

g. **Expert witness testimony (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

h. **Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)**

Yes, as disclosed above

i. **Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select "Patents")**

Yes, as disclosed above

j. **Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select "Fiduciary Officer")**

Yes, as disclosed above

k. **Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

l. **Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select "Travel")**

Yes, as disclosed above

7. **Was any individual paid to provide professional writing assistance with this manuscript?**

No.

8. **Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?**

Yes.

a. **Please describe below.**

CT system used in this work was loaned to Mayo Clinic by Siemens Healthcare, GmbH

9. **In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?**

Yes.

a. **Please describe below.**

A CT system related to this work is currently on loan to Mayo Clinic from Siemens Healthcare, GmbH

10. **Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.**

No.

Certification

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

Discloser Identifier: AJNR-23-00735-101527408

Disclosure Purpose: AJNR Disclosures

Summary of Interests

I do not have any interests to disclose at this time.

Additional Questions

1. Are you the corresponding author?

No.

2. What is the Manuscript Title?

Diagnostic Performance of Decubitus Photon-Counting Detector CT Myelography for the Detection of Cerebrospinal Fluid Venous Fistulas

3. What is the Manuscript Identifying Number (if you know it)?

4. Please select which of the following apply to each relationship or activity:

You are not disclosing any interests to this organization.

5. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes

6. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

a. Employment (If you need to add an interest, return to the previous step and select "Employment")

No, I have no relevant interests of this type

b. Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")

No, I have no relevant interests of this type

c. Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")

No, I have no relevant interests of this type

d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")

No, I have no relevant interests of this type

e. Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")

No, I have no relevant interests of this type

f. Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")

No, I have no relevant interests of this type

g. Expert witness testimony (If you need to add an interest, return to the previous step and select “Independent Contractor”)

No, I have no relevant interests of this type

h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)

No, I have no relevant interests of this type

i. Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select “Patents”)

No, I have no relevant interests of this type

j. Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select “Fiduciary Officer”)

No, I have no relevant interests of this type

k. Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)

No, I have no relevant interests of this type

l. Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select “Travel”)

No, I have no relevant interests of this type

7. Was any individual paid to provide professional writing assistance with this manuscript?

No.

8. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?

No.

9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?

No.

10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.

No.

Certification

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

Discloser Identifier: AJNR-23-00735-13390106

Disclosure Purpose: AJNR Disclosures

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
Johnson & Johnson Medical Devices & Diagnostics Group - Latin America, L.L.C.	Consultant	
Category: Consultant		
Johnson and Johnson	Consultant	
Category: Consultant		
Marblehead Medical LLC	Stock	
Mayo Clinic College of Medicine & Science	Employment	
Title: Physician		
Medtronic USA, Inc.	Consultant	
Category: Consultant		
Medtronic Vascular, Inc.	Consultant	
Category: Consultant		
MicroVention, Inc.	Consultant	
Category: Consultant		
MicroVention, Inc.	Consultant	
Category: Consultant		
MIVI Neurovascular	Data And Safety Monitoring	
Category: Data And Safety Monitoring		
Stryker	Consultant	
Category: Consultant		
Stryker Corporation	Consultant	
Category: Consultant		

Additional Questions

1. Are you the corresponding author?

No.

2. What is the Manuscript Title?

CTP and lesion symptomatology

3. What is the Manuscript Identifying Number (if you know it)?

4. Please select which of the following apply to each relationship or activity:

a. **Other Professional Activities - Consultant** Johnson & Johnson Medical Devices & Diagnostics Group - Latin America, L.L.C.

Neither

b. **Other Professional Activities - Consultant** Johnson and Johnson

Neither

c. **Other Professional Activities - Consultant** Medtronic USA, Inc.

Neither

d. **Other Professional Activities - Consultant** Medtronic Vascular, Inc.

Neither

e. **Other Professional Activities - Consultant** MicroVention, Inc.

Neither

f. **Other Professional Activities - Consultant** MicroVention, Inc.

Neither

g. **Other Professional Activities - Data And Safety Monitoring** MIVI Neurovascular

Neither

h. **Other Professional Activities - Consultant** Stryker

Neither

i. **Other Professional Activities - Consultant** Stryker Corporation

Neither

j. **Employment** Mayo Clinic College of Medicine & Science

Neither

k. **Stock** Marblehead Medical LLC

Neither

5. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes

6. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

a. **Employment (If you need to add an interest, return to the previous step and select "Employment")**

No, I have no relevant interests of this type

b. **Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

No, I have no relevant interests of this type

c. Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")

Yes, as disclosed above

d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")

No, I have no relevant interests of this type

e. Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")

Yes, as disclosed above

f. Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")

Yes, as disclosed above

g. Expert witness testimony (If you need to add an interest, return to the previous step and select "Independent Contractor")

No, I have no relevant interests of this type

h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)

No, I have no relevant interests of this type

i. Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select "Patents")

Yes, as disclosed above

j. Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select "Fiduciary Officer")

No, I have no relevant interests of this type

k. Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)

No, I have no relevant interests of this type

l. Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select "Travel")

No, I have no relevant interests of this type

7. Was any individual paid to provide professional writing assistance with this manuscript?

No.

8. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?

No.

9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?

No.

10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.

No.

Certification

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



Discloser Identifier: AJNR-23-00735-82319347

Disclosure Purpose: AJNR Disclosures

Summary of Interests

I do not have any interests to disclose at this time.

Additional Questions

1. Are you the corresponding author?

No.

2. What is the Manuscript Title?

Diagnostic Performance of Decubitus Photon-Counting Detector CT Myelography for the Detection of Cerebrospinal Fluid Venous Fistulas

3. What is the Manuscript Identifying Number (if you know it)?

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4. Please select which of the following apply to each relationship or activity:

You are not disclosing any interests to this organization.

5. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes

6. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

a. Employment (If you need to add an interest, return to the previous step and select "Employment")

No, I have no relevant interests of this type

b. Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")

No, I have no relevant interests of this type

c. Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")

No, I have no relevant interests of this type

d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")

No, I have no relevant interests of this type

e. Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")

No, I have no relevant interests of this type

f. Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")

No, I have no relevant interests of this type

g. Expert witness testimony (If you need to add an interest, return to the previous step and select “Independent Contractor”)

No, I have no relevant interests of this type

h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)

No, I have no relevant interests of this type

i. Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select “Patents”)

No, I have no relevant interests of this type

j. Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select “Fiduciary Officer”)

No, I have no relevant interests of this type

k. Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)

No, I have no relevant interests of this type

l. Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select “Travel”)

No, I have no relevant interests of this type

7. Was any individual paid to provide professional writing assistance with this manuscript?

No.

8. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?

No.

9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?

No.

10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.

No.

Certification

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

Discloser Identifier: AJNR-23-00735-22345750

Disclosure Purpose: AJNR Disclosures

Summary of Interests

I do not have any interests to disclose at this time.

Additional Questions

1. Are you the corresponding author?

No.

2. What is the Manuscript Title?

Diagnostic Performance of Decubitus Photon-Counting Detector CT Myelography for the Detection of Cerebrospinal Fluid Venous Fistulas

3. What is the Manuscript Identifying Number (if you know it)?

4. Please select which of the following apply to each relationship or activity:

You are not disclosing any interests to this organization.

5. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes

6. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

a. Employment (If you need to add an interest, return to the previous step and select "Employment")

No, I have no relevant interests of this type

b. Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")

No, I have no relevant interests of this type

c. Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")

No, I have no relevant interests of this type

d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")

No, I have no relevant interests of this type

e. Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")

No, I have no relevant interests of this type

f. Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")

No, I have no relevant interests of this type

g. Expert witness testimony (If you need to add an interest, return to the previous step and select “Independent Contractor”)

No, I have no relevant interests of this type

h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)

No, I have no relevant interests of this type

i. Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select “Patents”)

No, I have no relevant interests of this type

j. Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select “Fiduciary Officer”)

No, I have no relevant interests of this type

k. Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)

No, I have no relevant interests of this type

l. Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select “Travel”)

No, I have no relevant interests of this type

7. Was any individual paid to provide professional writing assistance with this manuscript?

No.

8. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?

No.

9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?

No.

10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.

No.

Certification

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

Discloser Identifier: AJNR-23-00735-19702473

Disclosure Purpose: AJNR Disclosures

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
Siemens	Travel	

Additional Questions

1. Are you the corresponding author?

No.

2. What is the Manuscript Title?

Diagnostic Performance of Decubitus Photon-Counting Detector CT Myelography for the Detection of Cerebrospinal Fluid Venous Fistulas

3. What is the Manuscript Identifying Number (if you know it)?

4. Please select which of the following apply to each relationship or activity:

a. **Travel** Siemens

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

5. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes

6. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

a. **Employment (If you need to add an interest, return to the previous step and select "Employment")**

No, I have no relevant interests of this type

b. **Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

No, I have no relevant interests of this type

c. **Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

d. **Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")**

No, I have no relevant interests of this type

e. **Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")**

No, I have no relevant interests of this type

f. Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select “Independent Contractor”)

No, I have no relevant interests of this type

g. Expert witness testimony (If you need to add an interest, return to the previous step and select “Independent Contractor”)

No, I have no relevant interests of this type

h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)

No, I have no relevant interests of this type

i. Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select “Patents”)

No, I have no relevant interests of this type

j. Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select “Fiduciary Officer”)

No, I have no relevant interests of this type

k. Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)

No, I have no relevant interests of this type

l. Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select “Travel”)

No, I have no relevant interests of this type

7. Was any individual paid to provide professional writing assistance with this manuscript?

No.

8. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?

No.

9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?

No.

10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.

No.

Certification

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

Discloser Identifier: AJNR-23-00735-37007602

Disclosure Purpose: AJNR Disclosures

Summary of Interests

Company or Organization

Entity	Type	Relevant to this Disclosure
Siemens Medical Solutions USA, Inc.	Grant / Contract	Yes

Additional Questions

1. Are you the corresponding author?

No.

2. What is the Manuscript Title?

A new frontier in temporal bone imaging: Photon-counting-detector CT demonstrates superior visualization of critical anatomic structures at reduced radiation dose

3. What is the Manuscript Identifying Number (if you know it)?

Not known

4. Please select which of the following apply to each relationship or activity:

- a. **Grant / Contract** Siemens Medical Solutions USA, Inc.

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

5. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes

6. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

- a. **Employment (If you need to add an interest, return to the previous step and select "Employment")**

No, I have no relevant interests of this type

- b. **Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

Yes, as disclosed above

- c. **Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

- d. **Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")**

No, I have no relevant interests of this type

e. **Payment for service on an advisory board (If you need to add an interest, return to the previous step and select “Independent Contractor,” and choose “Other”)**

No, I have no relevant interests of this type

f. **Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select “Independent Contractor”)**

No, I have no relevant interests of this type

g. **Expert witness testimony (If you need to add an interest, return to the previous step and select “Independent Contractor”)**

No, I have no relevant interests of this type

h. **Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

i. **Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select “Patents”)**

No, I have no relevant interests of this type

j. **Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select “Fiduciary Officer”)**

No, I have no relevant interests of this type

k. **Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

l. **Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select “Travel”)**

No, I have no relevant interests of this type

7. Was any individual paid to provide professional writing assistance with this manuscript?

No.

8. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?

No.

9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?

No.

10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.

No.

Certification

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

John Benson

Discloser Identifier: AJNR-23-00735-36622740

Disclosure Purpose: AJNR Disclosures

Summary of Interests

I do not have any interests to disclose at this time.

Additional Questions

1. Are you the corresponding author?

No.

2. What is the Manuscript Title?

Diagnostic Performance of Decubitus Photon-Counting Detector CT Myelography for the Detection of Cerebrospinal Fluid Venous Fistulas

3. What is the Manuscript Identifying Number (if you know it)?

I don't know it

4. Please select which of the following apply to each relationship or activity:

You are not disclosing any interests to this organization.

5. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.

Yes

6. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.

a. Employment (If you need to add an interest, return to the previous step and select "Employment")

No, I have no relevant interests of this type

b. Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")

No, I have no relevant interests of this type

c. Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")

No, I have no relevant interests of this type

d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")

No, I have no relevant interests of this type

e. Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")

No, I have no relevant interests of this type

f. Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")

No, I have no relevant interests of this type

g. Expert witness testimony (If you need to add an interest, return to the previous step and select “Independent Contractor”)

No, I have no relevant interests of this type

h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)

No, I have no relevant interests of this type

i. Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select “Patents”)

No, I have no relevant interests of this type

j. Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select “Fiduciary Officer”)

No, I have no relevant interests of this type

k. Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)

No, I have no relevant interests of this type

l. Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select “Travel”)

No, I have no relevant interests of this type

7. Was any individual paid to provide professional writing assistance with this manuscript?

No.

8. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?

No.

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Certification

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

Discloser Identifier: AJNR-23-00735-69917547

Disclosure Purpose: AJNR Disclosures

Summary of Interests

I do not have any interests to disclose at this time.

Additional Questions

1. Are you the corresponding author?

Yes.

2. What is the Manuscript Title?

Diagnostic Performance of Decubitus Photon-Counting Detector CT Myelography for the Detection of Cerebrospinal Fluid Venous Fistulas

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No.

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No.

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