

## 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.

## 1. Identifying information.

# 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

### Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

# **Intellectual Property.**

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

### Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes **Pending:** The patent has been filed but not issued

**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

Section 1. Identifying Info	rmation	
1. Given Name (First Name) Farzan	2. Surname (Last Name)  Vahedifard	3. Date 4/3/2023
4. Are you the corresponding author?	Yes No	
5. Manuscript Title  Review of Deep Learning as	nd Artificial Intelligence Models in	Fetal Brain Magnetic Resonance Imaging
6. Manuscript Identifying Number (if you 83021	ı know it)	
Did you or your institution <b>at any time</b> re	ling but not limited to grants, data monitoring	government, commercial, private foundation, etc.) for board, study design, manuscript preparation, statistica
If yes, please fill out the appropriate i Excess rows can be removed by press		one entity press the "ADD" button to add a row.
Name of Institution/Company	? ? ?	Comments
McCormick Fund		8410152-03, X No. 1233-161-84
Place a check in the appropriate boxe	•	ve financial relationships (regardless of amount
	report relationships that were <b>present d</b>	or each entity; add as many lines as you need by uring the 36 months prior to publication.
If yes, please fill out the appropriate i	nformation below.	
Name of Entity	? ? ?	Comments
Rush University Medical Center		Work as research assistant
		ADI

Section 4.	Intellectual Prop	erty Patents &	Copyrights			
Do vou have an	y patents, whether pla	nned, pending or is	sued. broadly relev	ant to the work?	OYes ONo	
If yes, please fill		formation below. If			the "ADD" button to a	dd a row.
	? Pend	ding?	?	Licensee?	Comments	
						×
						ADD
Section 5.	51.0					
	Relationships no	t covered above				
	relationships or activit encing, what you wro		•	influenced, or tha	at give the appearance	of
Yes, the follo	owing relationships/co	nditions/circumstar	nces are present (ex	plain below):		
<b>□</b> No other rel	ationships/conditions/	circumstances that	present a potential	conflict of interes	t	
	nanuscript acceptance urnals may ask authors	•			date their disclosure st hips.	catements.
Section 6.	Disclosure Stater	nent				
Based on the al	oove disclosures, this fo	orm will automatica	lly generate a disclo	osure statement, v	which will appear in the	box below.
Generate D	isclosure Statement					

## **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.