ICMJE DISCLOSURE FORM

Date: NOV. 21th, 2021

Your Name: Weiwei Tang

Manuscript Title: 3D multi-modal intelligent intervention system using electromagnetic navigation for real-time positioning and ultrasound images: a prospective randomized controlled trial

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 current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | **X** None                                                                           |
|   | **No time limit for this item.**                                                               |                                                                                     |

|   | Time frame: Since the initial planning of the work                                             |                                                                                     |
| 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 lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony | X None |
| 7 | Support for attending meetings and/or travel | X None |
| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

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ICMJE DISCLOSURE FORM

Date: **NOV. 21**th, 2021

Your Name: Yun Zhou

Manuscript Title: Manuscript Title: 3D multi-modal intelligent intervention system using electromagnetic navigation for real-time positioning and ultrasound images: a prospective randomized controlled trial

Manuscript number (if known): 

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None                                                                         |
|   | **No time limit for this item.**                                                               |                                                                                   |

|   |                                                                                         |                                                                                   |
| **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                                                                         |
|   | Conflict of Interest                                                                 |   |
|---|-------------------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony                                                        | None |
| 7 | Support for attending meetings and/or travel                                        | None |
| 8 | Patents planned, issued or pending                                                  | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                   | None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
|11 | Stock or stock options                                                              | None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services    | None |
|13 | Other financial or non-financial interests                                           | None |

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ICMJE DISCLOSURE FORM

Date: **NOV. 21**th, 2021
Your Name: Hui Zhao
Manuscript Title: Manuscript Title: 3D multi-modal intelligent intervention system using electromagnetic navigation for real-time positioning and ultrasound images: a prospective randomized controlled trial
Manuscript number (if known): ____________________________

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|   | **Time frame: Since the initial planning of the work**                                         |                                                                                  |
| 1 | **All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)** | **X** None                                                                         |
|   | **No time limit for this item.**                                                                |                                                                                  |
|   | **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 lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_None |
| 6 | Payment for expert testimony                                                                | _X_None |
| 7 | Support for attending meetings and/or travel                                                | _X_None |
| 8 | Patents planned, issued or pending                                                          | _X_None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                           | _X_None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_None |
|11 | Stock or stock options                                                                      | _X_None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services            | _X_None |
|13 | Other financial or non-financial interests                                                   | _X_None |

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ICMJE DISCLOSURE FORM

Date: **NOV. 21**, 2021

Your Name: Guangshun Sun

Manuscript Title: 3D multi-modal intelligent intervention system using electromagnetic navigation for real-time positioning and ultrasound images: a prospective randomized controlled trial

Manuscript number (if known): 

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.

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|-----------------------------------------------|
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| Specifications/Comments (e.g., if payments were made to you or to your institution) |
| **No time limit for this item.** |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None |

| Time frame: past 36 months |
|-----------------------------|
| **Grants or contracts from any entity (if not indicated in item #1 above).** |
| Name all entities with whom you have this relationship or indicate none (add rows as needed) |
| Specifications/Comments (e.g., if payments were made to you or to your institution) |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |

| **Royalties or licenses** |
|--------------------------|
| Name all entities with whom you have this relationship or indicate none (add rows as needed) |
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| **Consulting fees** |
|---------------------|
| Name all entities with whom you have this relationship or indicate none (add rows as needed) |
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| 4 | Consulting fees | _X_ None |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
|5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_None |
|6  | Payment for expert testimony                                               | _X_None |
|7  | Support for attending meetings and/or travel                                | _X_None |
|8  | Patents planned, issued or pending                                          | _X_None |
|9  | Participation on a Data Safety Monitoring Board or Advisory Board           | _X_None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_None |
|11 | Stock or stock options                                                      | _X_None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_None |
|13 | Other financial or non-financial interests                                  | _X_None |

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Date: **NOV. 21**\(^{\text{th}}\), 2021

Your Name: Dawei Rong

Manuscript Title: **3D multi-modal intelligent intervention system using electromagnetic navigation for real-time positioning and ultrasound images: a prospective randomized controlled trial**

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.

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| 4 | Consulting fees | __X__ None |

|   | Time frame: past 36 months |
|---|----------------------------|
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
|---|------------------------------------------------------------------------------------------------|------|
| 6 | Payment for expert testimony | None |
| 7 | Support for attending meetings and/or travel | None |
| 8 | Patents planned, issued or pending | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
| 11 | Stock or stock options | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| 13 | Other financial or non-financial interests | None |

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ICMJE DISCLOSURE FORM

Date: **NOV. 21**

Your Name: Zhitao Li

Manuscript Title: **Manuscript Title: 3D multi-modal intelligent intervention system using electromagnetic navigation for real-time positioning and ultrasound images: a prospective randomized controlled trial**

Manuscript number (if known): ____________________________

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|------|-------------|---------------------------------------------------|----------------------------------------------------------------------------------|
| 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. | __X__ None |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | Time frame: past 36 months | __X__ None |
| 3    | Royalties or licenses | | __X__ None |
| 4    | Consulting fees | | __X__ None |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                | X | None |
| 7 | Support for attending meetings and/or travel                                 | X | None |
| 8 | Patents planned, issued or pending                                          | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X | None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
|11 | Stock or stock options                                                      | X | None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
|13 | Other financial or non-financial interests                                   | X | None |

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Date: **NOV. 21**th, 2021

**Your Name:** Meng Hu

Manuscript Title: **3D multi-modal intelligent intervention system using electromagnetic navigation for real-time positioning and ultrasound images: a prospective randomized controlled trial**

Manuscript number (if known): 

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|---|-------------------------------------------------|--------------------------------------------------------------------------------|
| **Time frame: Since the initial planning of the work** | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | provide the novel 3D ultrasound imedis9000 system for this clinical trial free of charge |
|   | **No time limit for this item.** | |
| **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 |  |
|---|---|
| Payment for Expert Testimony | _X_ None |
| Support for Attending Meetings and/or Travel | _X_ None |
| Patents Planned, Issued or Pending | _X_ None |
| Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| Leadership or Fiduciary Role in Other Board, Society, Committee or Advocacy Group, Paid or Unpaid | _X_ None |
| Stock or Stock Options | ___X_None |
| Receipt of Equipment, Materials, Drugs, Medical Writing, Gifts or Other Services | _X_ None |
| Other Financial or Non-Financial Interests | the president of Beijing Medis Medical Technology Co., Ltd | No financial conflict of interest exists between Beijing Medis Medical Technology Co., Ltd and hospitals. |

Please summarize the above conflict of interest in the following box:

I am the president of Beijing Medis Medical Technology Co., Ltd and provide the novel 3D ultrasound imedis9000 system for this clinical trial free of charge. No financial conflict of interest exists between Beijing Medis Medical Technology Co., Ltd and hospitals.

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Date: **NOV. 21th, 2021**

Your Name: **Liu Han**

Manuscript Title: **3D multi-modal intelligent intervention system using electromagnetic navigation for real-time positioning and ultrasound images: a prospective randomized controlled trial**

Manuscript number (if known): 

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|---|---------------------------------------------------|---------------------------|
| 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. | _X_ None |
| 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 lectures, presentations, speakers bureaus, manuscript writing or educational events | ___X_None |
| 6 | Payment for expert testimony | ___X_None |
| 7 | Support for attending meetings and/or travel | ___X_None |
| 8 | Patents planned, issued or pending | ___X_None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ___X_None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ___X_None |
| 11 | Stock or stock options | ___X_None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___X_None |
| 13 | Other financial or non-financial interests | ___X_None |

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

Date: **NOV. 21\textsuperscript{th}, 2021**

Your Name: Xu He

Manuscript Title: **3D multi-modal intelligent intervention system using electromagnetic navigation for real-time positioning and ultrasound images: a prospective randomized controlled trial**

Manuscript number (if known): 

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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                                                                         |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
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| 6 | Payment for expert testimony                                                | X | None |
| 7 | Support for attending meetings and/or travel                                | X | None |
| 8 | Patents planned, issued or pending                                          | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                      | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                  | X | None |

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ICMJE DISCLOSURE FORM

Date: **NOV. 21**th, 2021

Your Name: Suming Zhao

Manuscript Title: **3D multi-modal intelligent intervention system using electromagnetic navigation for real-time positioning and ultrasound images: a prospective randomized controlled trial**

Manuscript number (if known): 

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|   | **No time limit for this item.**                                                             |                                                                                  |

**Time frame: Since the initial planning of the work**

|   |                                                                 |                                                                                   |
|---|-----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | **X** None                                                                         |

**Time frame: past 36 months**

|   |                                                                 |                                                                                   |
|---|-----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 3 | Royalties or licenses                                          | **X** None                                                                         |

|   |                                                                 |                                                                                   |
|---|-----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 4 | Consulting fees                                                | **X** None                                                                         |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ____X_None |
|---|-------------------------------------------------------------------------------------------------|-----------|
| 5 | Payment for expert testimony                                                                 | ____X_None |
| 6 | Support for attending meetings and/or travel                                                   | ____X_None |
| 7 | Patents planned, issued or pending                                                             | ____X_None |
| 8 | Participation on a Data Safety Monitoring Board or Advisory Board                             | ____X_None |
| 9 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ____X_None |
| 10| Stock or stock options                                                                          | ____X_None |
| 11| Receipt of equipment, materials, drugs, medical writing, gifts or other services               | ____X_None |
| 12| Other financial or non-financial interests                                                      | ____X_None |
| 13|                                                                                                 |           |

Please summarize the above conflict of interest in the following box:

I have no employment relationship with Beijing Medis Medical Technology Co., Ltd. and I have no interest in the company.

Please place an “X” next to the following statement to indicate your agreement:

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

Date: **NOV. 21th**, 2021

Your Name: Xiaoyang Chen

Manuscript Title: 3D multi-modal intelligent intervention system using electromagnetic navigation for real-time positioning and ultrasound images: a prospective randomized controlled trial

Manuscript number (if known): 

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.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **Time frame: Since the initial planning of the work** |                                                                                   |                                                                                  |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None                                                                         |
|   | **No time limit for this item.**                                                          |                                                                                  |
| 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                                                                         |

| **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                                                                         |
|   | Description                                                                 | Answer |
|---|------------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,         | _X_   |
|   | manuscript writing or educational events                                    | None   |
| 6 | Payment for expert testimony                                                 | _X_   |
|   |                                                                              | None   |
| 7 | Support for attending meetings and/or travel                                 | _X_   |
|   |                                                                              | None   |
| 8 | Patents planned, issued or pending                                           | _X_   |
|   |                                                                              | None   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | _X_   |
|   |                                                                              | None   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy  | _X_   |
|   | group, paid or unpaid                                                        | None   |
| 11| Stock or stock options                                                       | _X_   |
|   |                                                                              | None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other      | _X_   |
|   | services                                                                     | None   |
| 13| Other financial or non-financial interests                                   | _X_   |
|   |                                                                              | None   |

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Please place an “X” next to the following statement to indicate your agreement:

_ X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: **NOV. 21**th, 2021

Your Name: Zhongming Li

Manuscript Title: 3D multi-modal intelligent intervention system using electromagnetic navigation for real-time positioning and ultrasound images: a prospective randomized controlled trial

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.

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|---|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **1** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None |
|   | **No time limit for this item.** | |
| **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 |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__ None |
| 6 | Payment for expert testimony | __X__ None |
| 7 | Support for attending meetings and/or travel | __X__ None |
| 8 | Patents planned, issued or pending | __X__ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | __X__ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__ None |
| 11 | Stock or stock options | __X__ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__ None |
| 13 | Other financial or non-financial interests | __X__ None |

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Please place an “X” next to the following statement to indicate your agreement:

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

Date: **NOV. 21**, 2021

Your Name: **Hongxin Yuan**

Manuscript Title: **3D multi-modal intelligent intervention system using electromagnetic navigation for real-time positioning and ultrasound images: a prospective randomized controlled trial**

Manuscript number (if known): 

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.

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|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| **Time frame: Since the initial planning of the work** |                                                                                   |                                                                                   |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | **__X__None**                                                                      |
|   | **No time limit for this item.**                                                                |                                                                                   |
| **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**                                                                      |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X_None |
|---|-------------------------------------------------------------------------------------------------|----------|
| 6 | Payment for expert testimony                                                                   | __X_None |
| 7 | Support for attending meetings and/or travel                                                    | __X_None |
| 8 | Patents planned, issued or pending                                                              | __X_None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                               | __X_None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X_None |
| 11| Stock or stock options                                                                          | __X_None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                | __X_None |
| 13| Other financial or non-financial interests                                                       | __X_None |

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Date: **NOV. 21**th, 2021

Your Name: **Songwang Chen**

Manuscript Title: **3D multi-modal intelligent intervention system using electromagnetic navigation for real-time positioning and ultrasound images: a prospective randomized controlled trial**

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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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.** |
|   | **X** None                                                                                     |                                                                                  |
|   |                                                                                                 |                                                                                  |
|   |                                                                                                 |                                                                                  |
|   |                                                                                                 |                                                                                  |

**Time frame: Since the initial planning of the work**

|   |   |   |
|---|---|---|
| 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 |
|   |                                                                             |                                                      |

**Time frame: past 36 months**
|   |                                                                 |   |
|---|-----------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations,              | ___X_None |
|   | speakers bureaus, manuscript writing or educational events     |   |
| 6 | Payment for expert testimony                                   | ___X_None |
| 7 | Support for attending meetings and/or travel                    | ___X_None |
| 8 | Patents planned, issued or pending                              | ___X_None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ___X_None |
| 10| Leadership or fiduciary role in other board, society,          | ___X_None |
|   | committee or advocacy group, paid or unpaid                     |   |
| 11| Stock or stock options                                          | ___X_None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts  | ___X_None |
|   | or other services                                               |   |
| 13| Other financial or non-financial interests                      | ___X_None |

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ICMJE DISCLOSURE FORM

Date: **NOV. 21\(^{th}\), 2021**

Your Name: Qian Wang

Manuscript Title: **Manuscript Title: 3D multi-modal intelligent intervention system using electromagnetic navigation for real-time positioning and ultrasound images: a prospective randomized controlled trial**

Manuscript number (if known): 

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.

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|---|---|---|
| **Time frame: Since the initial 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.** | __X__ None |
| **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 |
|   | Description                                                                 | Answer |
|---|------------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ___ X__ None |
| 6 | Payment for expert testimony                                                 | ___ X__ None |
| 7 | Support for attending meetings and/or travel                                  | ___ X__ None |
| 8 | Patents planned, issued or pending                                           | ___ X__ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | ___ X__ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ___ X__ None |
| 11| Stock or stock options                                                        | ___ X__ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___ X__ None |
| 13| Other financial or non-financial interests                                    | ___ X__ None |

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Date: **NOV. 21**\(^{\text{th}}\), 2021

Your Name: Zhouxiao Li

Manuscript Title: 3D multi-modal intelligent intervention system using electromagnetic navigation for real-time positioning and ultrasound images: a prospective randomized controlled trial

Manuscript number (if known): ________________________________

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| Item | Nature of Relationship | Time frame: Since the initial planning of the work | Time frame: past 36 months |
|------|------------------------|---------------------------------------------------|---------------------------|
| 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. |  |
|      | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None | |
| 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 |
|   |                                                                                   | __X__None |
|---|-----------------------------------------------------------------------------------|-----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__None |
| 6 | Payment for expert testimony                                                      | __X__None |
| 7 | Support for attending meetings and/or travel                                       | __X__None |
| 8 | Patents planned, issued or pending                                                | __X__None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                 | __X__None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__None |
|11 | Stock or stock options                                                            | __X__None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services  | __X__None |
|13 | Other financial or non-financial interests                                          | __X__None |

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__X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
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Date: **NOV. 21**th, 2021

Your Name: Jianping Gu

Manuscript Title: **Manuscript Title: 3D multi-modal intelligent intervention system using electromagnetic navigation for real-time positioning and ultrasound images: a prospective randomized controlled trial**

Manuscript number (if known): ________________________________

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.

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|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **Time frame: Since the initial planning of the work** |                                                                                   |                                                                                  |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None                                                                         |
|   | **No time limit for this item.**                                                             |                                                                                  |
| **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                                                                         |
|   | **Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events** |  
|---|---|
| 5 | **X** None |

|   | **Payment for expert testimony** |
|---|---|
| 6 | **X** None |

|   | **Support for attending meetings and/or travel** |
|---|---|
| 7 | **X** None |

|   | **Patents planned, issued or pending** |
|---|---|
| 8 | **X** None |

|   | **Participation on a Data Safety Monitoring Board or Advisory Board** |
|---|---|
| 9 | **X** None |

|   | **Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid** |
|---|---|
| 10 | **X** None |

|   | **Stock or stock options** |
|---|---|
| 11 | **X** None |

|   | **Receipt of equipment, materials, drugs, medical writing, gifts or other services** |
|---|---|
| 12 | **X** None |

|   | **Other financial or non-financial interests** |
|---|---|
| 13 | **X** None |

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

Date: **NOV. 21**th, 2021

Your Name: Xuehao Wang

Manuscript Title: Manuscript Title: 3D multi-modal intelligent intervention system using electromagnetic navigation for real-time positioning and ultrasound images: a prospective randomized controlled trial

Manuscript number (if known): 

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.

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| Item | Description | Time frame | Details |
|------|-------------|------------|---------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Since the initial planning of the work | X None |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | Past 36 months | X None |
| 3    | Royalties or licenses | | X None |
| 4    | Consulting fees | | X None |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__ None |
| 6 | Payment for expert testimony | __X__ None |
| 7 | Support for attending meetings and/or travel | __X__ None |
| 8 | Patents planned, issued or pending | __X__ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | __X__ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__ None |
| 11 | Stock or stock options | __X__ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__ None |
| 13 | Other financial or non-financial interests | __X__ None |

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ICMJE DISCLOSURE FORM

Date: **NOV. 21**th, 2021

Your Name: Jinhua Song

Manuscript Title: **Manuscript Title:** 3D multi-modal intelligent intervention system using electromagnetic navigation for real-time positioning and ultrasound images: a prospective randomized controlled trial

Manuscript number (if known): 

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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **Time frame: Since the initial 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.** | __X__ None                                                                            |
| **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                                                                            |
|   | Description                                                                 | __X__None |
|---|-----------------------------------------------------------------------------|-----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,          |           |
|   | manuscript writing or educational events                                    |           |
| 6 | Payment for expert testimony                                                | __X__None |
| 7 | Support for attending meetings and/or travel                                 | __X__None |
| 8 | Patents planned, issued or pending                                          | __X__None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | __X__None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy  | __X__None |
|   | group, paid or unpaid                                                        |           |
| 11| Stock or stock options                                                       | __X__None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other      | __X__None |
|   | services                                                                     |           |
| 13| Other financial or non-financial interests                                   | __X__None |

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