ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Alessandro

2. Surname (Last Name)  
   Murgia

3. Date  
   14-April-2020

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

   Corresponding Author’s Name  
   Luca Saba

5. Manuscript Title  
   CT Imaging Features of Carotid Artery Plaque Vulnerability

6. Manuscript Identifying Number (if you know it)  
   ATM-2020-CASS-13

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Dr. Murgia has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Marco
2. Surname (Last Name) Erta
3. Date 14-April-2020

4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
Luca Saba

5. Manuscript Title
CT Imaging Features of Carotid Artery Plaque Vulnerability

6. Manuscript Identifying Number (if you know it)
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**Section 1. Identifying Information**

1. Given Name (First Name)  
Jasjit

2. Surname (Last Name)  
Suri

3. Date  
14-April-2020

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

Corresponding Author’s Name  
Luca Saba

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Suri has nothing to disclose.

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## Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date               |
|----------------------------|------------------------|-----------------------|
| Ajay                       | Gupta                  | 14-April-2020         |

4. Are you the corresponding author? [ ] Yes  [x] No

Corresponding Author’s Name: Luca Saba

5. Manuscript Title
CT Imaging Features of Carotid Artery Plaque Vulnerability

6. Manuscript Identifying Number (if you know it)
ATM-2020-CASS-13

## Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)  Max
2. Surname (Last Name)  Wintermark
3. Date  14-April-2020
4. Are you the corresponding author?  No
5. Manuscript Title  CT Imaging Features of Carotid Artery Plaque Vulnerability
6. Manuscript Identifying Number (if you know it)  ATM-2020-CASS-13

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Grant: A grant from an entity, generally (but not always) paid to your organization

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

## Section 1. Identifying Information

1. Given Name (First Name)  
   Luca

2. Surname (Last Name)  
   Saba

3. Date  
   14-April-2020

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

5. Manuscript Title  
   CT Imaging Features of Carotid Artery Plaque Vulnerability

6. Manuscript Identifying Number (if you know it)  
   ATM-2020-CASS-13

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
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Dr. Saba has nothing to disclose.

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