

Disclosure Purpose: Weekly disclosures

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No.

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

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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

You are not disclosing any interests to this organization.

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.

Disclosure Purpose: Weekly disclosures

Disclosure Information:

1. **Are you the corresponding author?**
No.
2. **What is the Manuscript Title?**
Automated 3-D Fetal Brain Segmentation using an Optimized Deep Learning Approach
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. **Independent Contractor - Consultant** Shenzhen Dr. Brain Technologies Co., Ltd.
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")**
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
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2. **What is the Manuscript Title?**
Establishment of Age and Gender Specific Normal Cerebral Ventricle Volumes
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** Carina Medical LLC
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.**
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Yes, as disclosed above
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