

ICMJE DISCLOSURE FORM

Date: October 1th,2021

Your Name: Rui Liu

Manuscript Title: Application of a feature extraction and normalization method to improve research evaluation across clinical disciplines

Manuscript number (if known): ATM-21-5046

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

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ICMJE DISCLOSURE FORM

Date: October 1th,2021

Your Name: Qian Liu

Manuscript Title: Application of a feature extraction and normalization method to improve research evaluation across clinical disciplines

Manuscript number (if known): ATM-21-5046

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Date: October 1th,2021

Your Name: Jianwei Shi

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Date: October 1th,2021

Your Name: Wenya Yu

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Your Name: Xin Gong

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Date: October 1th,2021

Your Name: Ning Chen

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Your Name: Jiaoling Huang

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Your Name: Zhaoxin Wang

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