

## ICMJE DISCLOSURE FORM

**Date:** 10/10/2021

**Your Name:** Yuki Kataoka

**Manuscript Title:** Integrated Model for COVID-19 Diagnosis Based on Computed Tomography AI, and Clinical Features: A Multicenter Cohort Study

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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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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:** 10/14/2021

**Your Name:** Yuya Kimura

**Manuscript Title:** Integrated Model for COVID-19 Diagnosis Based on Computed Tomography AI, and Clinical Features: A Multicenter Cohort Study

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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## ICMJE DISCLOSURE FORM

**Date:** 10/9/2021

**Your Name:** Tatsuyoshi Ikenoue

**Manuscript Title:** Integrated Model for COVID-19 Diagnosis Based on Computed Tomography AI, and Clinical Features: A Multicenter Cohort Study

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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**Date:** 10/14/2021

**Your Name:** Yoshinori Matsuoka

**Manuscript Title:** Integrated Model for COVID-19 Diagnosis Based on Computed Tomography AI, and Clinical Features: A Multicenter Cohort Study

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**Please place an "X" next to the following statement to indicate your agreement:**

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:** 10/16/2021

**Your Name:** Junichi Matsumoto

**Manuscript Title:** Integrated Model for COVID-19 Diagnosis Based on Computed Tomography AI, and Clinical Features: A Multicenter Cohort Study

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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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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:** 10/9/2021

**Your Name:** Junji Kumasawa

**Manuscript Title:** Integrated Model for COVID-19 Diagnosis Based on Computed Tomography AI, and Clinical Features: A Multicenter Cohort Study

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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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## ICMJE DISCLOSURE FORM

**Date:** 10/11/2021

**Your Name:** Kentaro Tochtani

**Manuscript Title:** Integrated Model for COVID-19 Diagnosis Based on Computed Tomography AI, and Clinical Features: A Multicenter Cohort Study

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 10/10/2021

**Your Name:** Hiraku Funakoshi

**Manuscript Title:** Integrated Model for COVID-19 Diagnosis Based on Computed Tomography AI, and Clinical Features: A Multicenter Cohort Study

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 10/14/2021

**Your Name:** Tomohiro Hosoda

**Manuscript Title:** Integrated Model for COVID-19 Diagnosis Based on Computed Tomography AI, and Clinical Features: A Multicenter Cohort Study

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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**Date:** 10/15/2021

**Your Name:** AIKO KUGIMIYA

**Manuscript Title:** Integrated Model for COVID-19 Diagnosis Based on Computed Tomography AI, and Clinical Features: A Multicenter Cohort Study

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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**Date:** 10/13/2021

**Your Name:** Michinori Shirano

**Manuscript Title:** Integrated Model for COVID-19 Diagnosis Based on Computed Tomography AI, and Clinical Features: A Multicenter Cohort Study

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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**Please place an "X" next to the following statement to indicate your agreement:**

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:** 10/16/2021

**Your Name:** Hamabe Fumiko

**Manuscript Title:** Integrated Model for COVID-19 Diagnosis Based on Computed Tomography AI, and Clinical Features: A Multicenter Cohort Study

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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:** 10/10/2021

**Your Name:** Sachiyo Iwata

**Manuscript Title:** Integrated Model for COVID-19 Diagnosis Based on Computed Tomography AI, and Clinical Features: A Multicenter Cohort Study

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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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## ICMJE DISCLOSURE FORM

**Date:** 10/16/2021

**Your Name:** Shingo Fukuma

**Manuscript Title:** Integrated Model for COVID-19 Diagnosis Based on Computed Tomography AI, and Clinical Features: A Multicenter Cohort Study

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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