ICMJE DISCLOSURE FORM

Date: 1/23/2022
Your Name: Jie Liu
Manuscript Title: A deep learning method and device for bone marrow imaging cell detection
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.

The following questions apply to the author's relationships/activities/interestsas they relate to the <u>current manuscript only</u>.

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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.) **No time limit for this item.**	__None	
Time frame: past 36 months			
2	Grants or contracts from any entity(if not indicated in item #1 above).	___None	
3	Royalties or licenses	__None	
4	Consulting fees	__None	
5	Payment or honoraria for	__None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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	

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

The author has no conflicts of interest to declare.

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: 1/23/2022
Your Name: RuiZe Yuan
Manuscript Title: A deep learning method and device for bone marrow imaging cell detection
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	
5	Payment or honoraria for	__X __None	

	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 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:1/23/2022
Your Name: Yinhao Li
Manuscript Title: A deep learning method and device for bone marrow imaging cell detection
Manuscript number (if known):

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colspan4 **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	
5	Payment or honoraria for	__X __None	

	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 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:_____2021/1/24_____
Your Name:_____Lin Zhou____
Manuscript Title:____A deep learning method and device for bone marrow imaging cell detection_
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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3	Royalties or licenses	____None	
4	Consulting fees	____None	
5	Payment or honoraria for	____None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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: 1/23/2022
YourName: Zhiqiang Zhang
Manuscript Title: A deep learning method and device for bone marrow imaging cell detection
Manuscript number (if known):

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colspan="4"	**Time frame: Since the initial planning of the work**
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3	Royalties or licenses	__X __None	
4	Consulting fees	_X ___None	
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	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 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	Hanyuan Pharmaceutical Co., Ltd.	

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

The author is from Hanyuan Pharmaceutical Co., Ltd.

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

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ICMJE DISCLOSURE FORM

Date: 1/23/2022
YourName: Jidong Yang
Manuscript Title: A deep learning method and device for bone marrow imaging cell detection
Manuscript number (if known):

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4	Consulting fees	_X ___None	
5	Payment or honoraria for	__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	Hanyuan Pharmaceutical Co., Ltd.	

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ICMJE DISCLOSURE FORM

Date:<u>1/23/2022</u>
Your Name: <u>Li Xiao</u>
Manuscript Title: <u>A deep learning method and device for bone marrow imaging cell detection</u>
Manuscript number (if known):

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5	Payment or honoraria for	__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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