

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Zhen

2. Surname (Last Name)

Zhou

3. Date

19-September-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Zhonghua Sun and Lei Xu

5. Manuscript Title

Myocardial extracellular volume fraction analysis in Doxorubicin-induced beagle models: Comparison of dual-energy CT with equilibrium contrast-enhanced single-energy CT

6. Manuscript Identifying Number (if you know it)

CDT-20-798

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Dr. Zhou has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Yifeng	2. Surname (Last Name) Gao	3. Date 19-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhonghua Sun and Lei Xu
5. Manuscript Title Myocardial extracellular volume fraction analysis in Doxorubicin-induced beagle models: Comparison of dual-energy CT with equilibrium contrast-enhanced single-energy CT		
6. Manuscript Identifying Number (if you know it) CDT-20-798		

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1. Given Name (First Name) Hongwei	2. Surname (Last Name) Wang	3. Date 19-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhonghua Sun and Lei Xu
5. Manuscript Title Myocardial extracellular volume fraction analysis in Doxorubicin-induced beagle models: Comparison of dual-energy CT with equilibrium contrast-enhanced single-energy CT		
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Wenjing

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Wang

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19-September-2020

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Corresponding Author's Name

Zhonghua Sun and Lei Xu

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Hongkai

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Zhang

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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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) Sicong	2. Surname (Last Name) Wang	3. Date 19-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhonghua Sun and Lei Xu
5. Manuscript Title Myocardial extracellular volume fraction analysis in Doxorubicin-induced beagle models: Comparison of dual-energy CT with equilibrium contrast-enhanced single-energy CT		
6. Manuscript Identifying Number (if you know it) CDT-20-798		

### 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.)?

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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 No other relationships/conditions/circumstances that present a potential conflict of interest

Sicong Wang disclosed the personal employment relationship with GE Healthcare Chin

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Dr. Wang reports the personal employment relationship with GE Healthcare Chin.

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Zhonghua	2. Surname (Last Name) Sun	3. Date 19-March-2020
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Myocardial extracellular volume fraction analysis in Doxorubicin-induced beagle models: Comparison of dual-energy CT with equilibrium contrast-enhanced single-energy CT		
6. Manuscript Identifying Number (if you know it) CDT20-798		

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Dr. Sun has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Lei

2. Surname (Last Name)

Xu

3. Date

19-September-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Myocardial extracellular volume fraction analysis in Doxorubicin-induced beagle models: Comparison of dual-energy CT with equilibrium contrast-enhanced single-energy CT

6. Manuscript Identifying Number (if you know it)

CDT-20-798

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Dr. Xu has nothing to disclose.

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