

## ICMJE DISCLOSURE FORM

**Date:** [11/1/2022 ]

**Your Name:** [Fangqi Guo ]

**Manuscript Title:** [Assessment of statistical optimization strategies and clinical evaluation of an artificial intelligence automatic diagnosis system for thyroid nodule screening ]

**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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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:** [11/1/2022 ]

**Your Name:** [Wanru Chang ]

**Manuscript Title:** [Assessment of statistical optimization strategies and clinical evaluation of an artificial intelligence automatic diagnosis system for thyroid nodule screening ]

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

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## ICMJE DISCLOSURE FORM

**Date:** [11/1/2022 ]

**Your Name:** [Jiaqi Zhao ]

**Manuscript Title:** [Assessment of statistical optimization strategies and clinical evaluation of an artificial intelligence automatic diagnosis system for thyroid nodule screening ]

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

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## ICMJE DISCLOSURE FORM

**Date:** [11/1/2022 ]

**Your Name:** [Lei Xu ]

**Manuscript Title:** [Assessment of statistical optimization strategies and clinical evaluation of an artificial intelligence automatic diagnosis system for thyroid nodule screening ]

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

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**Date:** [11/1/2022 ]

**Your Name:** [Xuan Zheng ]

**Manuscript Title:** [Assessment of statistical optimization strategies and clinical evaluation of an artificial intelligence automatic diagnosis system for thyroid nodule screening ]

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