

ICMJE DISCLOSURE FORM

Date: December

3(th), 2022 _____

Your Name: Yanmei Zhao

Manuscript Title: Study on the early prediction of acute pancreatitis severity based on changes in pancreatic and peripancreatic CT radiomics nomogram

Manuscript number (if known): 2204

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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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	
		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	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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 summarize the above conflict of interest in the following box:

None.

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.

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Your Name: Jiayi Wei _____

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Date: December

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Your Name: Bo Xiao

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Date: December 3(th), 2022 _____

Your Name: Liu Wang _____

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Your Name: Xian Jiang _____

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Your Name: Yuanzhong Zhu _____

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		Funding :Bureau of Science & Technology Nanchong City	
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This study was funded by the Bureau of Science & Technology Nanchong City (No. 20SXQT0315).

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