

ICMJE DISCLOSURE FORM

Date: 2/14/2023

Your Name: Tiao Chen

Manuscript Title: Application of AAPM 293 report in estimating absorbed dose of head CT: The use of head circumference for rapid dose estimate

Manuscript number (if known): QIMS-22-983

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

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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: 2/14/2023
 Your Name: Xiangchuang Kong
 Manuscript Title: Application of AAPM 293 report in estimating absorbed dose of head CT: The use of head circumference for rapid dose estimate
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ICMJE DISCLOSURE FORM

Date: 2/14/2023
 Your Name: Wei Peng
 Manuscript Title: Application of AAPM 293 report in estimating absorbed dose of head CT: The use of head circumference for rapid dose estimate
 Manuscript number (if known): QIMS-22-983

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Date: 2/14/2023

Your Name: Tian Liao

Manuscript Title: Application of AAPM 293 report in estimating absorbed dose of head CT: The use of head circumference for rapid dose estimate

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Date: 2/14/2023
 Your Name: Huaifei Hu
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Date: 2/14/2023
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