ICMJE DISCLOSURE FORM

Date:_____Feb. 14th,2023_____
Your Name:_____Chun Yang_____
Manuscript Title:_ Influence of deep learning image reconstruction algorithm in low-dose abdominal CT：image quality and lesion diagnostic confidence_____
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/interests as 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)
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		Time frame: past 36 months	
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3	Royalties or licenses	__ X___None	
4	Consulting fees	__ X__None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__X___None	
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:_____ Feb. 14th**,2023____**
Your Name:_____ Wenzhe Wang _____
Manuscript Title:_ Influence of deep learning image reconstruction algorithm in low-dose abdominal CT：image quality and lesion diagnostic confidence_____
Manuscript number (if known):_____

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3	Royalties or licenses	__ X___None	
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ICMJE DISCLOSURE FORM

Date:_____Feb. 14ᵗʰ,2023____
Your Name:_____ Dingye Cui _____
Manuscript Title:_ Influence of deep learning image reconstruction algorithm in low-dose abdominal CT：image quality and lesion diagnostic confidence_____
Manuscript number (if known):_____

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ICMJE DISCLOSURE FORM

Date:_____Feb. 14th,2023____
Your Name:_____ Jinliang Zhang _____
Manuscript Title:_ Influence of deep learning image reconstruction algorithm in low-dose abdominal CT：image quality and lesion diagnostic confidence_____
Manuscript number (if known):_____

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Date:_____Feb. 14ᵗʰ,2023____
Your Name:_____ ling Liu _____
Manuscript Title:_ Influence of deep learning image reconstruction algorithm in low-dose abdominal CT：image quality and lesion diagnostic confidence_____
Manuscript number (if known):_____

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Date:_____ Feb. 14th,**2023____**
Your Name:_____ Yuxin Wang _____
Manuscript Title:_ Influence of deep learning image reconstruction algorithm in low-dose abdominal CT：image quality and lesion diagnostic confidence_____
Manuscript number (if known):_____

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Date:_____ Feb. 14th**,2023____**
Your Name:_____ Wei Li _____
Manuscript Title:_ Influence of deep learning image reconstruction algorithm in low-dose abdominal CT：image quality and lesion diagnostic confidence_____
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