

ICMJE DISCLOSURE FORM

Date: Sep. 18th, 2022

Your Name: Kaifang Liu

Manuscript Title: Value of spectral CT derivative quantitative parameters based on full volume analysis in the diagnosis of benign/malignant and pathological subtypes of solitary pulmonary nodules

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.

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		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)									
Time frame: Since the initial planning of the work												
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 15px;"> </td></tr> <tr><td style="height: 15px;"> </td></tr> <tr><td style="height: 15px;"> </td></tr> </table>										
3	Royalties or licenses	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 15px;"> </td></tr> <tr><td style="height: 15px;"> </td></tr> <tr><td style="height: 15px;"> </td></tr> </table>										
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 15px;"> </td></tr> <tr><td style="height: 15px;"> </td></tr> </table>										

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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:

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: Sep. 18th, 2022

Your Name: Meiqin Wang

Manuscript Title: Value of spectral CT derivative quantitative parameters based on full volume analysis in the diagnosis of benign/malignant and pathological subtypes of solitary pulmonary nodules

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: ___ Sep. 18th, 2022 ___

Your Name: ___ Qing Chen ___

Manuscript Title: ___ Value of spectral CT derivative quantitative parameters based on full volume analysis in the diagnosis of benign/malignant and pathological subtypes of solitary pulmonary nodules ___

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Sep. 18th, 2022

Your Name: Lei Zhang

Manuscript Title: Value of spectral CT derivative quantitative parameters based on full volume analysis in the diagnosis of benign/malignant and pathological subtypes of solitary pulmonary nodules

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Date: Sep. 18th, 2022

Your Name: Xiaodong Xie

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