

ICMJE DISCLOSURE FORM

Date: _____ May. 11th, 2023 _____
 Your Name: _____ Lianghua Li _____
 Manuscript Title: Improved [⁶⁸Ga]Ga-PSMA-11 Image Qualities Reconstructed by Total Variation Regularized Expectation Maximization on Total-body PET/CT _____
 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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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.

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Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input 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:

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ICMJE DISCLOSURE FORM

Date: _____ May. 11th, 2023 _____
 Your Name: _____ Ruohua Chen _____
 Manuscript Title: Improved [⁶⁸Ga]Ga-PSMA-11 Image Qualities Reconstructed by Total Variation Regularized Expectation Maximization on Total-body PET/CT _____
 Manuscript number (if known): _____

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Date: _____ May. 11th, 2023 _____
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Date: _____ May. 11th, 2023 _____
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 Manuscript Title: Improved [⁶⁸Ga]Ga-PSMA-11 Image Qualities Reconstructed by Total Variation Regularized Expectation Maximization on Total-body PET/CT _____
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Date: _____ May. 11th, 2023 _____

Your Name: _____ Debin Hu _____

Manuscript Title: Improved [⁶⁸Ga]Ga-PSMA-11 Image Qualities Reconstructed by Total Variation Regularized Expectation Maximization on Total-body PET/CT _____

Manuscript number (if known): _____

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Date: _____ May. 11th, 2023 _____
 Your Name: _____ Hongyan Sun _____
 Manuscript Title: Improved [⁶⁸Ga]Ga-PSMA-11 Image Qualities Reconstructed by Total Variation Regularized Expectation Maximization on Total-body PET/CT _____
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Date: _____ May. 11th, 2023 _____
 Your Name: _____ Yee Ling Ng _____
 Manuscript Title: Improved [⁶⁸Ga]Ga-PSMA-11 Image Qualities Reconstructed by Total Variation Regularized Expectation Maximization on Total-body PET/CT _____
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Date: _____ May. 11th, 2023 _____

Your Name: _____ Yun Zhou _____

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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)
Time frame: Since the initial planning of the work			
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.	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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3	Royalties or licenses	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input 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.

ICMJE DISCLOSURE FORM

Date: _____ May. 11th, 2023 _____
 Your Name: _____ Yumei Chen _____
 Manuscript Title: Improved [⁶⁸Ga]Ga-PSMA-11 Image Qualities Reconstructed by Total Variation Regularized Expectation Maximization on Total-body PET/CT _____
 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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Date: _____ May. 11th, 2023 _____

Your Name: _____ Weijun Wei _____

Manuscript Title: Improved [⁶⁸Ga]Ga-PSMA-11 Image Qualities Reconstructed by Total Variation Regularized Expectation Maximization on Total-body PET/CT _____

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ICMJE DISCLOSURE FORM

Date: _____ May. 11th, 2023 _____
 Your Name: _____ Jianjun Liu _____
 Manuscript Title: Improved [⁶⁸Ga]Ga-PSMA-11 Image Qualities Reconstructed by Total Variation Regularized Expectation Maximization on Total-body PET/CT _____
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