	te:Aug. 27 th , 2023 ur Name:Chunzi Shi pouscript Title:Develo	_	deep learning model for multi-category pneumonia	
	ssification on chest CT: a m			
	anuscript number (if known			
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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
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7	Support for attending	XNone	
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8	Patents planned, issued or	X None	
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9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	XNone	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:
	N		
	None.		

Your Name:Ying Shao Manuscript Title:Development and validation of a deep learning model for multi-category pn classification on chest CT: a multi-center multi-reader study Manuscript number (if leaver):OLMS 33 1007	
classification on chest CT: a multi-center multi-reader study	
	neumonia
Manuscript number (if known):QIMS-23-1097	
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed be related to the content of your manuscript. "Related" means any relation with for-profit or not-for-parties whose interests may be affected by the content of the manuscript. Disclosure represents a 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.	profit third commitment
The following questions apply to the author's relationships/activities/interests as they relate to the manuscript only.	e <u>current</u>
The author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your man to the epidemiology of hypertension, you should declare all relationships with manufacturers of an medication, even if that medication is not mentioned in the manuscript.	
In item #1 below, report all support for the work reported in this manuscript without time limit. For	or all other items,
the time frame for disclosure is the past 36 months.	
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Consulting fees

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5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
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	educational events	V Nana	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11		V None	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	X_140110	
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	services		
13	Other financial or non-	X None	
	financial interests		
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	None.		

Da	ite:Aug. 27 th , 2023	_				
Yo	ur Name:Fei Shan					
Ma	anuscript Title: Develo	pment and validation of a	deep learning model for multi-category pneumonia			
	classification on chest CT: a multi-center multi-reader study					
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5	Payment or honoraria for lectures, presentations,	XNone	
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	educational events	V Nana	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
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	te:Aug. 27 th , 2023	_		
	ur Name:Jie Shen			
			leep learning model for multi-category pneumonia	
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Ma	anuscript number (if known)	:QIMS-23-1097		
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5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
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6	Payment for expert testimony	XNone	
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Da	te:Aug. 27 th , 2023	_				
	ur Name: Xueni Huang					
			leep learning model for multi-category pneumonia			
	classification on chest CT: a multi-center multi-reader study					
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5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events	V Nana	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
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11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
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Da	te:Aug. 27 th , 2023	_	
Yo	ur Name:Chuan Chen		
Μa	anuscript Title:Develo	pment and validation of a	deep learning model for multi-category pneumonia
cla	ssification on chest CT: a mu	ulti-center multi-reader stu	ıdy
	anuscript number (if known)		·
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	ationship/activity/interest,	•	-
	e following questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they relate to the current
to		ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i		d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
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3	Royalties or licenses	X None	
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5	Payment or honoraria for lectures, presentations,	XNone	
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10	Leadership or fiduciary role	XNone	
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	committee or advocacy group, paid or unpaid		
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11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
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	financial interests		
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	None.		

Yo Ma cla	te:Aug. 27", 2023 ur Name:Yang Lu inuscript Title:Develo ssification on chest CT: a mu inuscript number (if known)	- pment and validation of a c ulti-center multi-reader stu		
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	e following questions apply nuscript only.	to the author's relationship	ps/activities/interests as they relate to the <u>current</u>	
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		Time frame: past	36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	X_None		
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4	Consulting fees	XNone		

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V Nana	
6	Payment for expert testimony	XNone	
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7	Support for attending	X None	
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9	Participation on a Data	XNone	
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10	Leadership or fiduciary role	XNone	
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	committee or advocacy group, paid or unpaid		
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	None.		

	te:Aug. 27 th , 2023	_			
	ur Name:Yi Zhan				
	Manuscript Title:Development and validation of a deep learning model for multi-category pneumonia				
	classification on chest CT: a multi-center multi-reader study Manuscript number (if known):QIMS-23-1097				
IVI	anuscript number (if known)):QIIVIS-23-109/			
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" mea e affected by the content o necessarily indicate a bias. it is preferable that you do	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. ps/activities/interests as they relate to the current		
ma	anuscript only.				
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare cation is not mentioned in to poort for the work reported	defined broadly. For example, if your manuscript perta all relationships with manufacturers of antihypertension he manuscript. In this manuscript without time limit. For all other ite	/e	
		Name all entities with	Specifications/Comments		
		whom you have this	(e.g., if payments were made to you or to your		
		relationship or indicate	institution)		
		none (add rows as			
		needed)			
		Time frame: Since the initial	planning of the work		
1	All support for the present	XNone			
	manuscript (e.g., funding,				
	provision of study materials,				
	medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				
		Time frame: past	36 months		
2	Grants or contracts from	XNone			
	any entity (if not indicated				
	in item #1 above).				
3	in item #1 above). Royalties or licenses	XNone			
3	-	XNone			
3	-	XNone XNone			

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V Nana	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
•	meetings and/or travel		
	,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11		V None	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	X_140110	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Dle	ease summarize the above c	anflict of interest in the fol	lowing hov
	.ase sammanze the above to		
	None.		

Da	te:Aug. 27 th , 2023	_			
Your Name:Nannan Shi					
Ma	Manuscript Title:Development and validation of a deep learning model for multi-category pneumonia				
classification on chest CT: a multi-center multi-reader study					
	nuscript number (if known)				
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" mea e affected by the content o necessarily indicate a bias. it is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. ps/activities/interests as they relate to the current		
to me	the epidemiology of hypertodication, even if that medic	ension, you should declare ation is not mentioned in t pport for the work reporte	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other iter	/e	
		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.	XNone			
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2	Crants or contracts from	Time frame: past	36 Months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone			
3	Royalties or licenses	X None			
J	no junios of moenses				
4	Consulting fees	XNone			

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V Nana	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
•	meetings and/or travel		
	,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11		V None	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	X_140110	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Dle	ease summarize the above c	anflict of interest in the fol	lowing hov
	.ase sammanze the above to		
	None.		

Yo Ma cla	te:Aug. 27", 2023 ur Name:Jili Wu nnuscript Title:Develo ssification on chest CT: a mu nnuscript number (if known)	- pment and validation of a c ulti-center multi-reader stu		
rel par to	ated to the content of your rties whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
	e following questions apply inuscript only.	to the author's relationship	os/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hyperto edication, even if that medic	ension, you should declare ation is not mentioned in toport for the work reported	defined broadly. For example, if your manuscript perta all relationships with manufacturers of antihypertensi he manuscript. d in this manuscript without time limit. For all other it	ive
		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.	XNone		
		Time frame: past	36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	XNone X None		
4	Consulting fees	XNone		

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V Nana	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
•	meetings and/or travel		
	,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11		V None	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	X_140110	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Dle	ease summarize the above c	anflict of interest in the fol	lowing hov
	.ase sammanze the above to		
	None.		

	te:Aug. 27 th , 2023		
	ur Name:Keying Wang		deep learning model for multi-category pneumonia
	ssification on chest CT: a mu		
	nuscript number (if known)		• ———
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rel par to rel	ated to the content of your ries whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" mea e affected by the content o necessarily indicate a bias. it is preferable that you do	
	nuscript only.	to the author's relationship	ps/activities/interests as they relate to the <u>current</u>
to me	the epidemiology of hypertedication, even if that medic	ension, you should declare ation is not mentioned in toport for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other items
		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	X None	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V Nana	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
•	meetings and/or travel		
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11		V None	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	X_140110	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
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	None.		

	te:Aug. 27 th , 2023	_				
Your Name:Fengxiang Song						
	Manuscript Title:Development and validation of a deep learning model for multi-category pneumonia					
	classification on chest CT: a multi-center multi-reader study					
Ma	Manuscript number (if known):QIMS-23-1097					
rela par to rela	ated to the content of your ries whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" mea e affected by the content o necessarily indicate a bias. it is preferable that you do	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. ps/activities/interests as they relate to the current			
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		Name all entities with	Specifications/Comments			
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1	All support for the present	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)			
1	manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)			
1	manuscript (e.g., funding, provision of study materials,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)			
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)			
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)			
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1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial XNone	(e.g., if payments were made to you or to your institution) planning of the work			
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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V Nana	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
•	meetings and/or travel		
	,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11		V None	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	X_140110	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Dle	ease summarize the above c	anflict of interest in the fol	lowing hov
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	None.		

Da	te:Aug. 27 th , 2023	_		
	ur Name: Yaozong Gao	_		
			leep learning model for multi-category pneumonia	
	ssification on chest CT: a mu	-		
Ma	nuscript number (if known)):QIMS-23-1097		
rel par to rel	ated to the content of your ries whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" mea e affected by the content o necessarily indicate a bias. it is preferable that you do	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third if the manuscript. Disclosure represents a commitment of the manuscript about whether to list a so. ps/activities/interests as they relate to the current	
to me	the epidemiology of hypertodication, even if that medic	ension, you should declare cation is not mentioned in to poort for the work reported	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive he manuscript. d in this manuscript without time limit. For all other iten	9
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
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		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
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1	All support for the present	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial XNone	(e.g., if payments were made to you or to your institution) planning of the work	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial XNone Time frame: past	(e.g., if payments were made to you or to your institution) planning of the work	
1 2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial XNone	(e.g., if payments were made to you or to your institution) planning of the work	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial XNone Time frame: past	(e.g., if payments were made to you or to your institution) planning of the work	
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial XNone Time frame: pastXNone	(e.g., if payments were made to you or to your institution) planning of the work	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial XNone Time frame: past	(e.g., if payments were made to you or to your institution) planning of the work	
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial XNone Time frame: pastXNone	(e.g., if payments were made to you or to your institution) planning of the work	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	manuscript writing or		
	educational events	V Nana	
6	Payment for expert testimony	XNone	
7	Support for attending	X None	
•	meetings and/or travel		
	,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11		V None	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	X_140110	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	
Dle	ease summarize the above o	anflict of interest in the fol	lowing hov
	.ase sammanze the above to		
	None.		

Da	te:Aug. 27 th , 2023	_	
Yo	ur Name:Yuxin Shi		
Μá	anuscript Title:Develo	pment and validation of a	deep learning model for multi-category pneumonia
cla	ssification on chest CT: a mu	ulti-center multi-reader stu	udy
Μa	anuscript number (if known)	:QIMS-23-1097	
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so.
	e following questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare ation is not mentioned in a pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. In this manuscript without time limit. For all other items,
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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 initia	l planning of the work
1	All support for the present	X None	
_	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
,	in item #1 above).	V None	
3	Royalties or licenses	XNone	
1	Consulting fees	X None	

4

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
6	educational events	V. None	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	X None	
•			
	5 .		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid	V N	
11	Stock or stock options	XNone	
12	Possint of aguinment	V None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X_None	
	services		
13	Other financial or non-	X None	
13	financial interests		
Ple	ase summarize the above of	onflict of interest in the fol	lowing box:
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	None.		
	None.		