

## ICMJE DISCLOSURE FORM

**Date:** 11/2/2023

**Your Name:** Xin Zhang

**Manuscript Title:** Transferring U-Net between low-dose CT denoising tasks: a validation study with varied spatial resolutions

**Manuscript Number (if known):** QIMS-23-768-R3

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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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:** 11/2/2023

**Your Name:** Ting Su

**Manuscript Title:** Transferring U-Net between low-dose CT denoising tasks: a validation study with varied spatial resolutions

**Manuscript Number (if known):** QIMS-23-768-R3

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## ICMJE DISCLOSURE FORM

**Date:** 11/2/2023

**Your Name:** Yunxin Zhang

**Manuscript Title:** Transferring U-Net between low-dose CT denoising tasks: a validation study with varied spatial resolutions

**Manuscript Number (if known):** QIMS-23-768-R3

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**Your Name:** Han Cui

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**Manuscript Number (if known):** QIMS-23-768-R3

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**Your Name:** Yuhang Tan

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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:** 11/2/2023

**Your Name:** Jiongtao Zhu

**Manuscript Title:** Transferring U-Net between low-dose CT denoising tasks: a validation study with varied spatial resolutions

**Manuscript Number (if known):** QIMS-23-768-R3

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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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## ICMJE DISCLOSURE FORM

**Date:** 11/2/2023

**Your Name:** Dongmei Xia

**Manuscript Title:** Transferring U-Net between low-dose CT denoising tasks: a validation study with varied spatial resolutions

**Manuscript Number (if known):** QIMS-23-768-R3

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## ICMJE DISCLOSURE FORM

**Date:** 11/2/2023

**Your Name:** Hairong Zheng

**Manuscript Title:** Transferring U-Net between low-dose CT denoising tasks: a validation study with varied spatial resolutions

**Manuscript Number (if known):** QIMS-23-768-R3

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## ICMJE DISCLOSURE FORM

**Date:** 11/2/2023

**Your Name:** Dong Liang

**Manuscript Title:** Transferring U-Net between low-dose CT denoising tasks: a validation study with varied spatial resolutions

**Manuscript Number (if known):** QIMS-23-768-R3

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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:** 11/2/2023

**Your Name:** Yongshuai Ge

**Manuscript Title:** Transferring U-Net between low-dose CT denoising tasks: a validation study with varied spatial resolutions

**Manuscript Number (if known):** QIMS-23-768-R3

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.

	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								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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