

ICMJE DISCLOSURE FORM

Date: December 12th, 2023

Your Name: Zhuowei Shi

Manuscript Title: Radiomics derived from T2-FLAIR: the value of 2- and 3- classification tasks for different lesions in multiple sclerosis

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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Time frame: past 36 months			
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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

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Date: December 12th, 2023

Your Name: Yuqi Ma

Manuscript Title: Radiomics derived from T2-FLAIR: the value of 2- and 3- classification tasks for different lesions in multiple sclerosis

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Date: December 12th, 2023

Your Name: Shuang Ding

Manuscript Title: Radiomics derived from T2-FLAIR: the value of 2- and 3- classification tasks for different lesions in multiple sclerosis

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Date: December 12th, 2023

Your Name: Zichun Yan

Manuscript Title: Radiomics derived from T2-FLAIR: the value of 2- and 3- classification tasks for different lesions in multiple sclerosis

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Date: December 12th, 2023

Your Name: Qiyuan Zhu

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Date: December 12th, 2023

Your Name: Hailing Xiong

Manuscript Title: Radiomics derived from T2-FLAIR: the value of 2- and 3- classification tasks for different lesions in multiple sclerosis

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Your Name: Yuhui Xu

Manuscript Title: Radiomics derived from T2-FLAIR: the value of 2- and 3- classification tasks for different lesions in multiple sclerosis

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Your Name: Zeyun Tan

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Your Name: Shanxiong Chen

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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 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: December 12th, 2023

Your Name: Yongmei Li

Manuscript Title: Radiomics derived from T2-FLAIR: the value of 2- and 3- classification tasks for different lesions in multiple sclerosis

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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