

ICMJE DISCLOSURE FORM

Date: _____ 2023-4-12 _____

Your Name: _____ LuoDan Qian _____

Manuscript Title: 18F-FDG PET/CT imaging of pediatric neuroblastoma: A multi-omics parameters method to predict MYCN copy number category.

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			
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.	This study was supported by grants from National Natural Science Foundation of China (No: 82272034) and Beijing Municipal Natural Science Foundation (No:7232031).	

Time frame: past 36 months			
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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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Please place an "X" next to the following statement to indicate your agreement:

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Date: _____ 2023-4-12 _____

Your Name: _____ Zi-Ang Zhou _____

Manuscript Title: 18F-FDG PET/CT imaging of pediatric neuroblastoma: A multi-omics parameters method to predict MYCN copy number category

Manuscript number (if known): _____

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Date: _____ 2023-4-12 _____

Your Name: _____ ShuXin Zhang _____

Manuscript Title: 18F-FDG PET/CT imaging of pediatric neuroblastoma: A multi-omics parameters method to predict MYCN copy number category.

Manuscript number (if known): _____

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Date: _____ 2023-4-12 _____

Your Name: _____ Jun Liu _____

Manuscript Title: 18F-FDG PET/CT imaging of pediatric neuroblastoma: A multi-omics parameters method to predict MYCN copy number category

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Date: _____ 2023-4-12 _____

Your Name: _____ Si-Qi Li _____

Manuscript Title: 18F-FDG PET/CT imaging of pediatric neuroblastoma: A multi-omics parameters method to predict MYCN copy number category.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	an employee of GE HealthCare.	

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