

## ICMJE DISCLOSURE FORM

Date: March 7, 2024

Your Name: Yanhui Yang

Manuscript Title: Correlation between vertebral bone mineral density and multi-level virtual non-calcium imaging parameter from dual-layer spectral detector computed tomography

Manuscript number (if known): QIMS-23-1543

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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)
<b>Time frame: Since the initial planning of the work</b>			
1	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"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated)	<input checked="" type="checkbox"/> None	

	in item #1 above).		
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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:**

The author has no conflicts of interest to declare.

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: March 7, 2024

Your Name: Jing Hou

Manuscript Title: Correlation between vertebral bone mineral density and multi-level virtual non-calcium imaging parameter from dual-layer spectral detector computed tomography

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### ICMJE DISCLOSURE FORM

Date: March 7, 2024

Your Name: Yue Niu

Manuscript Title: Correlation between vertebral bone mineral density and multi-level virtual non-calcium imaging parameter from dual-layer spectral detector computed tomography

Manuscript number (if known): QIMS-23-1543

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment,	<input checked="" type="checkbox"/> None	

	materials, drugs, medical writing, gifts or other services		
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### ICMJE DISCLOSURE FORM

Date: March 7, 2024

Your Name: Yi Zhang

Manuscript Title: Correlation between vertebral bone mineral density and multi-level virtual non-calcium imaging parameter from dual-layer spectral detector computed tomography

Manuscript number (if known): QIMS-23-1543

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10	Leadership or fiduciary	<input checked="" type="checkbox"/> None	



	role in other board, society, committee or advocacy group, paid or unpaid		
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	
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### ICMJE DISCLOSURE FORM

**Date:** March 7, 2024

**Your Name:** Tao Luo

**Manuscript Title:** Correlation between vertebral bone mineral density and multi-level virtual non-calcium imaging parameter from dual-layer spectral detector computed tomography

**Manuscript number (if known):** QIMS-23-1543

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	

8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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**ICMJE DISCLOSURE FORM**

**Date:** March 7, 2024

**Your Name:** Qiang Lu

**Manuscript Title:** Correlation between vertebral bone mineral density and multi-level virtual non-calcium imaging parameter from dual-layer spectral detector computed tomography

**Manuscript number (if known):** QIMS-23-1543

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6	Payment for expert	<input checked="" type="checkbox"/> None	

	testimony		
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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**ICMJE DISCLOSURE FORM**

Date: March 7, 2024

Your Name: Yi Fu

Manuscript Title: Correlation between vertebral bone mineral density and multi-level virtual non-calcium imaging parameter from dual-layer spectral detector computed tomography

Manuscript number (if known): QIMS-23-1543

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

Date: March 8, 2024

Your Name: Yu Wang

Manuscript Title: Correlation between vertebral bone mineral density and multi-level virtual non-calcium imaging parameter from dual-layer spectral detector computed tomography

Manuscript number (if known): QIMS-23-1543

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2	Grants or contracts from	__x__None	



	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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 Author Yu Wang was employed by company Philips Healthcare.	
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	

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### ICMJE DISCLOSURE FORM

Date: March 7, 2024

Your Name: Xiaoping Yu

Manuscript Title: Correlation between vertebral bone mineral density and multi-level virtual non-calcium imaging parameter from dual-layer spectral detector computed tomography

Manuscript number (if known): QIMS-23-1543

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