

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Ji Young	2. Surname (Last Name) Ha	3. Date 29-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hye Jin Baek
5. Manuscript Title Feasibility Study of Ultralow-dose Dedicated Maxillofacial Computed Tomography with Filter-based Spectral Shaping in Patients with Craniofacial Trauma by Image Quality Assessment		
6. Manuscript Identifying Number (if you know it) QIMS-20-800		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Dr. Ha has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Hye Jin

2. Surname (Last Name)

Baek

3. Date

29-September-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Feasibility Study of Ultralow-dose Dedicated Maxillofacial Computed Tomography with Filter-based Spectral Shaping in Patients with Craniofacial Trauma by Image Quality Assessment

6. Manuscript Identifying Number (if you know it)

QIMS-20-800

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Dr. Baek has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Kyeong Hwa	2. Surname (Last Name) Ryu	3. Date 29-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hye Jin Baek
5. Manuscript Title Feasibility Study of Ultralow-dose Dedicated Maxillofacial Computed Tomography with Filter-based Spectral Shaping in Patients with Craniofacial Trauma by Image Quality Assessment		
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1. Given Name (First Name) EUN	2. Surname (Last Name) CHO	3. Date 29-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hye Jin Baek
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