

ICMJE DISCLOSURE FORM

Date: 18/03/2021

YourName: Baptiste DUBIEF

Manuscript Title: Optimization of Dual Energy Computed Tomography post-processing to reduce lower limb artifacts in gout.

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.

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)
Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
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	

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:

 X 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: 19/03/2021

Your Name: J.AVRIL

Manuscript Title: Optimization of Dual Energy Computed Tomography post-processing to reduce lower limb artifacts in gout.

Manuscript number (if known): _____

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4	Consulting fees	None	

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11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	<u> </u> None	

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None.

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

 X 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: _____

Your Name: Tristan Pascart

Manuscript Title: Optimization of Dual Energy Computed Tomography post-processing to reduce lower limb artifacts in gout.

Manuscript number (if known): _____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Horizon Pharmaceuticals	Payment to institution
3	Royalties or licenses	None	
4	Consulting fees	Novartis	Payment to me

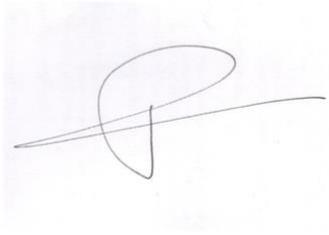
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> Novartis	Payment to me
6	Payment for expert testimony	<u> </u> None	
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13	Other financial or non-financial interests	<u> </u> None	

Please summarize the above conflict of interest in the following box:

TP received research grants from Horizon Pharmaceuticals and personal fees for consulting and lectures by Novartis

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

A handwritten signature in black ink, consisting of a large, stylized letter 'P' with a horizontal line extending to the right from its base.

ICMJE DISCLOSURE FORM

Date: 19/03/2021

Your Name: M.SCHMITT

Manuscript Title: Optimization of Dual Energy Computed Tomography post-processing to reduce lower limb artifacts in gout.

Manuscript number (if known): _____

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None.

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

 X 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 17, 2021

Your Name: Romaric Loffroy

Manuscript Title: Optimization of Dual Energy Computed Tomography post-processing to reduce lower limb artifacts in gout.

Manuscript number (if known): _____

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11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	<u> </u> YES	I serve as a Deputy Editor for QIMS

Please summarize the above conflict of interest in the following box:

RL serve as deputy editor for QIMS.

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

 X_ 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: 19 03 2021

YourName: MAILLEFERT Jean

Francis _____

Manuscript

Title: Optimization of Dual Energy Computed Tomography post-processing to reduce lower limb artifacts in gout.

Manuscript number (if known): _____

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Please summarize the above conflict of interest in the following box:

I have no conflict of interest to declare

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

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ICMJE DISCLOSURE FORM

Date: 19/03/2021

Your Name: P.Ornetti

Manuscript Title: Optimization of Dual Energy Computed Tomography post-processing to reduce lower limb artifacts in gout.

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 19/03/2021

Your Name: A.RAMON

Manuscript Title: Optimization of Dual Energy Computed Tomography post-processing to reduce lower limb artifacts in gout.

Manuscript number (if known): _____

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