

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Ying	2. Surname (Last Name) Zhang	3. Date 27-May-2022
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Weibing Miao and Wentao Zhu
5. Manuscript Title Clinical evaluation of a novel atlas-based PET/CT brain image segmentation and quantification method for epilepsy patients		
6. Manuscript Identifying Number (if you know it) QIMS-21-1005		

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Zhaofeng

2. Surname (Last Name)

Chen

3. Date

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Yes No

Corresponding Author's Name

Weibing Miao and Wentao Zhu

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name)
Wentao

2. Surname (Last Name)
Zhu

3. Date
27-May-2022

4. Are you the corresponding author? Yes No

5. Manuscript Title
Clinical evaluation of a novel atlas-based PET/CT brain image segmentation and quantification method for epilepsy patients

6. Manuscript Identifying Number (if you know it)
QIMS-21-1005

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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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Zhu has nothing to disclose.

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