

ICMJE DISCLOSURE FORM

Date: 5/5/2022
 Your Name: Juanjuan Du
 Manuscript Title: Computed tomography characteristics of acute pancreatitis based on different etiologies at different onset times: a retrospective cross-sectional study
 Manuscript number (if known): QIMS-21-1231

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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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)
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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.	<u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
8	Patents planned, issued or pending	<u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
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	

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

Dr. Du had nothing to disclose.

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: 5/5/2022
 Your Name: Ju Zhang
 Manuscript Title: Computed tomography characteristics of acute pancreatitis based on different etiologies at different onset times: a retrospective cross-sectional study
 Manuscript number (if known): QIMS-21-1231

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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:

Dr. Zhang had nothing to disclose.

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

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form.

ICMJE DISCLOSURE FORM

Date: 5/5/2022
 Your Name: Xinyu Zhang
 Manuscript Title: Computed tomography characteristics of acute pancreatitis based on different etiologies at different onset times: a retrospective cross-sectional study
 Manuscript number (if known): QIMS-21-1231

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ICMJE DISCLOSURE FORM

Date: 5/5/2022
 Your Name: Rui Jiang
 Manuscript Title: Computed tomography characteristics of acute pancreatitis based on different etiologies at different onset times: a retrospective cross-sectional study
 Manuscript number (if known): QIMS-21-1231

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ICMJE DISCLOSURE FORM

Date: 5/5/2022
 Your Name: Quanshui Fu
 Manuscript Title: Computed tomography characteristics of acute pancreatitis based on different etiologies at different onset times: a retrospective cross-sectional study
 Manuscript number (if known): QIMS-21-1231

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13	Other financial or non-financial interests	<u> </u> None	

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Dr. Fu had nothing to disclose.

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form.

ICMJE DISCLOSURE FORM

Date: 5/5/2022
 Your Name: Guoqing Yang
 Manuscript Title: Computed tomography characteristics of acute pancreatitis based on different etiologies at different onset times: a retrospective cross-sectional study
 Manuscript number (if known): QIMS-21-1231

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3	Royalties or licenses	None	
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	

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

Dr. Yang had nothing to disclose.

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form.

ICMJE DISCLOSURE FORM

Date: 5/5/2022
 Your Name: Hui Fan
 Manuscript Title: Computed tomography characteristics of acute pancreatitis based on different etiologies at different onset times: a retrospective cross-sectional study
 Manuscript number (if known): QIMS-21-1231

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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:

Dr. Fan had nothing to disclose.

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: 5/5/2022
 Your Name: Mengyue Tang
 Manuscript Title: Computed tomography characteristics of acute pancreatitis based on different etiologies at different onset times: a retrospective cross-sectional study
 Manuscript number (if known): QIMS-21-1231

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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:

Dr. Tang had nothing to disclose.

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: 5/5/2022
 Your Name: Tianwu Chen
 Manuscript Title: Computed tomography characteristics of acute pancreatitis based on different etiologies at different onset times: a retrospective cross-sectional study
 Manuscript number (if known): QIMS-21-1231

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Dr. Chen had nothing to disclose.

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ICMJE DISCLOSURE FORM

Date: 5/5/2022
 Your Name: Xinghui Li
 Manuscript Title: Computed tomography characteristics of acute pancreatitis based on different etiologies at different onset times: a retrospective cross-sectional study
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		Scientific Research Project of Afiliated Hospital of North Sichuan Medical College (No. 2020ZD013 to Xinghui Li)	None

Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
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This work was supported by the Project of Nanchong City School Cooperative Scientific Research (No. 19SXHZ 0287) and the Scientific Research Project of Af6liated Hospital of North Sichuan Medical College (No. 2020ZD013 to Xinghui Li).

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ICMJE DISCLOSURE FORM

Date: 5/5/2022
 Your Name: Xiaoming Zhang
 Manuscript Title: Computed tomography characteristics of acute pancreatitis based on different etiologies at different onset times: a retrospective cross-sectional study
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
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	

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

Dr. Zhang had nothing to disclose.

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.