

ICMJJE DISCLOSURE FORM

Date: 3/18/2022

Your Name: Zekun Jiang

Manuscript Title: Wavelet Transform Can Enhance the CT Texture Features: A Multicenter Radiomics Study for Grade Assessment of COVID-19 Pulmonary Lesions

Manuscript Number (if known): QIMS-22-252

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.

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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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Date: 3/18/2022

Your Name: Jin Yin

Manuscript Title: Wavelet Transform Can Enhance the CT Texture Features: A Multicenter Radiomics Study for Grade Assessment of COVID-19 Pulmonary Lesions

Manuscript Number (if known): QJMS-22-252

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Date: 3/17/2022

Your Name: Peilun Han

Manuscript Title: Wavelet Transform Can Enhance the CT Texture Features: A Multicenter Radiomics Study for Grade Assessment of COVID-19 Pulmonary Lesions

Manuscript Number (if known): QIMS-22-252

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Your Name: Nan Chen

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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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 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: 3/18/2022

Your Name: Yue Qiu

Manuscript Title: Wavelet Transform Can Enhance the CT Texture Features: A Multicenter Radiomics Study for Grade Assessment of COVID-19 Pulmonary Lesions

Manuscript Number (if known): QIMS-22-252

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.

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ICMJE DISCLOSURE FORM

Date: 3/18/2022

Your Name: Yiyue Li

Manuscript Title: Wavelet Transform Can Enhance the CT Texture Features: A Multicenter Radiomics Study for Grade Assessment of COVID-19 Pulmonary Lesions

Manuscript Number (if known): QIMS-22-252

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.

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 296 1507 394"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 537 1507 669"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 762 1507 861"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1100 1507 1199"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1316 1507 1415"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1533 1507 1631"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1749 1507 1848"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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ICMJE DISCLOSURE FORM

Date: 3/18/2022

Your Name: Qicheng Lao

Manuscript Title: Wavelet Transform Can Enhance the CT Texture Features: A Multicenter Radiomics Study for Grade Assessment of COVID-19 Pulmonary Lesions

Manuscript Number (if known): QIMS-22-252

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.

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ICMJE DISCLOSURE FORM

Date: 3/18/2022

Your Name: Miao Sun

Manuscript Title: Wavelet Transform Can Enhance the CT Texture Features: A Multicenter Radiomics Study for Grade Assessment of COVID-19 Pulmonary Lesions

Manuscript Number (if known): QIMS-22-252

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ICMJJE DISCLOSURE FORM

Date: 3/18/2022

Your Name: Dan Yang

Manuscript Title: Wavelet Transform Can Enhance the CT Texture Features: A Multicenter Radiomics Study for Grade Assessment of COVID-19 Pulmonary Lesions

Manuscript Number (if known): QIMS-22-252

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

ICMJJE DISCLOSURE FORM

Date: 3/18/2022

Your Name: Shan Huang

Manuscript Title: Wavelet Transform Can Enhance the CT Texture Features: A Multicenter Radiomics Study for Grade Assessment of COVID-19 Pulmonary Lesions

Manuscript Number (if known): QIMS-22-252

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 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.

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ICMJE DISCLOSURE FORM

Date: 3/18/2022

Your Name: Jiajun Qiu

Manuscript Title: Wavelet Transform Can Enhance the CT Texture Features: A Multicenter Radiomics Study for Grade Assessment of COVID-19 Pulmonary Lesions

Manuscript Number (if known): QIMS-22-252

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.

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ICMJE DISCLOSURE FORM

Date: 3/18/2022

Your Name: Kang Li

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Manuscript Number (if known): QIMS-22-252

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