ICMJE DISCLOSURE FORM

Date:29/03/2022	
Your Name:Xueli Zhang	
Manuscript Title:Using IPDmada to perfor	m statistical analyses of diagnostic accuracy in primary studies: Explanation
and elaboration with a case study	
Manuscript number (if known):JLPM-22-13	3

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)
		Time frame: Since the initial	planning of the work
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		Time frame: past	36 months
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or educational events		
6	Payment for expert testimony	None	
	•		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
0	Darticination on a Data	None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	NI	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
42	services	A.I	
13	Other financial or non- financial interests	None	
	illianciai interests		
Please summarize the above conflict of interest in the following box:			

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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:30/03/2022	
Your Name:Junfeng Wai	ıg
Manuscript Title:Using I	PDmada to perform statistical analyses of diagnostic accuracy in primary studies: Explanation
and elaboration with a d	ase study
Manuscript number (if k	nown):JLPM-22-13

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