ICMJE DISCLOSURE FORM

Date:	2023/1/6
Your Name:	Xiaolong Gu
Manuscript Title:	$_$ Identification of gastric schwannoma and non-metastatic gastric stromal tumor by CT
_	retrospective review
Manuscript number	(if known):
related to the conterparties whose interes to transparency and	nsparency, we ask you to disclose all relationships/activities/interests listed below that are not of your manuscript. "Related" means any relation with for-profit or not-for-profit third sts may be affected by the content of the manuscript. Disclosure represents a commitment does not necessarily indicate a bias. If you are in doubt about whether to list a /interest, it is preferable that you do so.
The following questi manuscript only.	ons apply to the author's relationships/activities/interests as they relate to the <u>current</u>
to the epidemiology	iships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains of hypertension, you should declare all relationships with manufacturers of antihypertensive hat medication is not mentioned in the manuscript.
	port all support for the work reported in this manuscript without time limit. For all other items, isclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

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

None

 \underline{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:	2023/1/6	
Your Name:	Yang Li	
Manuscript Title:	Identification of gastric schwannoma and non-metastatic gastric stromal tumor b	y CT
a single-institutio	n retrospective review	
Manuscript numbe	r (if known):	
related to the conto parties whose inter to transparency and	ansparency, we ask you to disclose all relationships/activities/interests listed below that are ent of your manuscript. "Related" means any relation with for-profit or not-for-profit third ests may be affected by the content of the manuscript. Disclosure represents a commitment d does not necessarily indicate a bias. If you are in doubt about whether to list a y/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>.

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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)
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	g. v. 1, v. v. v.		
8	Patents planned, issued or	XNone	
	pending		
9	Dartisination on a Data	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	
	illiancial illierests		
Plea	ase summarize the above co	nflict of interest in the foll	owing box:

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ICMJE DISCLOSURE FORM

Date:	2023/1/6
Your Name:	Gaofeng Shi
Manuscript Title:	Identification of gastric schwannoma and non-metastatic gastric stromal tumor by CT
a single-institution	n retrospective review
Manuscript number	r (if known):
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