

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Jae Min

2. Surname (Last Name)

Shin

3. Date

07-July-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Chul Hwan Park

5. Manuscript Title

Coronary artery calcium scoring on non-gated, non-contrast chest CT using wide-detector, high-pitch and fast gantry rotation: Comparison with dedicated calcium scoring CT

6. Manuscript Identifying Number (if you know it)

JTD-20-1371-R1

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Are there any relevant conflicts of interest?

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Dr. Shin has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Tae Hoon	2. Surname (Last Name) Kim	3. Date 07-July-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Chul Hwan Park
5. Manuscript Title Coronary artery calcium scoring on non-gated, non-contrast chest CT using wide-detector, high-pitch and fast gantry rotation: Comparison with dedicated calcium scoring CT		
6. Manuscript Identifying Number (if you know it) JTD-20-1371-R1		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Kim has nothing to disclose.

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Ji Young

2. Surname (Last Name)

Kim

3. Date

07-July-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Chul Hwan Park

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1. Given Name (First Name)
Chul Hwan

2. Surname (Last Name)
Park

3. Date
07-July-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
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