Date:_____Sep. 26th, 2024___ Your Name:_____Guozhi Tang_ Manuscript Title:_Multi-type classification of lung nodules based on CT radiomics and ensemble learning for diversity weighting_ Manuscript number (if known):____QIMS-24-1315_

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		Time frame: Since the initial	planning of the work
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	provision of study materials,		
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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
_			
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V. Nove	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.

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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.

Date:____Sep. 26th, 2024__ Your Name:____Lingyan Du_ Manuscript Title:_Multi-type classification of lung nodules based on CT radiomics and ensemble learning for diversity weighting_ Manuscript number (if known):____QIMS-24-1315_

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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
_			
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V. Nove	
10	Leadership or fiduciary role in other board, society,	X_None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

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Date:____Sep. 26th, 2024___

Your Name:____Shihai Ling_

Manuscript Title:_Multi-type classification of lung nodules based on CT radiomics and ensemble learning for diversity weighting_

Manuscript number (if known):____QIMS-24-1315_

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		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)
	Ti	me frame: Since the initia	I 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.	X_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	X_None	

	in item #1 above).		
3	Royalties or licenses	X_None	
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	XNone	
	meetings and/or travel		
8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board		
10	or Advisory Board	Y Naza	
10	Leadership or fiduciary role in other board,	X_None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	XNone	
13	financial interests		

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Date:____Sep. 26th, 2024__

Your Name: Yue Che

Manuscript Title:_Multi-type classification of lung nodules based on CT radiomics and ensemble learning for diversity weighting_

Manuscript number (if known):____QIMS-24-1315_

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		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
		needed)	
	Ti	me frame: Since the initia	I planning of the work
1	All support for the	X_None	
	present manuscript (e.g.,		
	funding, provision of		
	study materials, medical		
	writing, article processing		
	charges, etc.)		
	No time limit for this		
	item.		
		Time frame: past	36 months
2	Grants or contracts from	X_None	
	any entity (if not indicated		

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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
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6	Payment for expert	X_None	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board		
10	or Advisory Board	Y Naza	
10	Leadership or fiduciary role in other board,	X_None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	XNone	
13	financial interests		

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form.

Date:____Sep. 26th, 2024__

Your Name: _____Xin Chen__

Manuscript Title:_Multi-type classification of lung nodules based on CT radiomics and ensemble learning for diversity weighting_

Manuscript number (if known):____QIMS-24-1315_

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	X_None	
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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
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