

ICMJE DISCLOSURE FORM

Date: 19th Sep 2022
 Your Name: Dongrong Yang
 Manuscript Title: Deep Learning Attention-Guided Radiomics for COVID-19 Chest Radiograph Classification
 Manuscript number (if known): QIMS-22-531

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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Please summarize the above conflict of interest in the following box:

None

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

 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: 2022/09/19
 Your Name: Ge Ren
 Manuscript Title: Deep Learning Attention-Guided Radiomics for COVID-19 Chest Radiograph Classification
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ICMJE DISCLOSURE FORM

Date: 09/18/2022
 Your Name: Ruiyan Ni
 Manuscript Title: Deep Learning Attention-Guided Radiomics for COVID-19 Chest Radiograph Classification
 Manuscript number (if known): QIMS-22-531

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ICMJE DISCLOSURE FORM

Date: 20 Sep 2022
 Your Name: Yu-Hua Huang
 Manuscript Title: Deep Learning Attention-Guided Radiomics for COVID-19 Chest Radiograph Classification
 Manuscript number (if known): QIMS-22-531

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ICMJE DISCLOSURE FORM

Date: September 19, 2022

Your Name: Ngo Fung Daniel LAM

Manuscript Title: Deep Learning Attention-Guided Radiomics for COVID-19 Chest Radiograph Classification

Manuscript number (if known): QIMS-22-531

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ICMJE DISCLOSURE FORM

Date: 20th september 2022

Your Name: Hongfei Sun

Manuscript Title: Deep Learning Attention-Guided Radiomics for COVID-19 Chest Radiograph Classification

Manuscript number (if known): QIMS-22-531

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ICMJE DISCLOSURE FORM

Date: 09/25/2022

Your Name: Shiu Bun Nelson Wan

Manuscript Title: Deep Learning Attention-Guided Radiomics for COVID-19 Chest Radiograph Classification

Manuscript number (if known): QIMS-22-531

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ICMJE DISCLOSURE FORM

Date: 09/25/2022
 Your Name: Man Fung Esther Wong
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ICMJE DISCLOSURE FORM

Date: 22 Nov., 2022
 Your Name: CHAN, KING KWONG
 Manuscript Title: Deep Learning Attention-Guided Radiomics for COVID-19 Chest Radiograph Classification
 Manuscript number (if known): QIMS-22-531

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Date: 18/9/2022
 Your Name: Tsang Hoi Ching Hailey
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Your Name: Lu XU

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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 summarize the above conflict of interest in the following box:

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: 24/10/2022
 Your Name: Tak Chiu WU
 Manuscript Title: Deep Learning Attention-Guided Radiomics for COVID-19 Chest Radiograph Classification
 Manuscript number (if known): QIMS-22-531

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 current manuscript only.

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.

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			
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.	<u> X </u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> X </u> None	
6	Payment for expert testimony	<u> X </u> None	
7	Support for attending meetings and/or travel	<u> X </u> None	
8	Patents planned, issued or pending	<u> X </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> X </u> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> X </u> None	
13	Other financial or non-financial interests	<u> X </u> None	

Please summarize the above conflict of interest in the following box:

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

 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: 09/19/2022
 Your Name: Feng-Ming (Spring) Kong
 Manuscript Title: Deep Learning Attention-Guided Radiomics for COVID-19 Chest Radiograph Classification
 Manuscript number (if known): QIMS-22-531

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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	

Please summarize the above conflict of interest in the following box:

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: 09/19/2022
 Your Name: Yi Xiang J Wang
 Manuscript Title: Deep Learning Attention-Guided Radiomics for COVID-19 Chest Radiograph Classification
 Manuscript number (if known): QIMS-22-531

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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.

ICMJE DISCLOSURE FORM

Date: 18/09/2022
 Your Name: QIN, Jing
 Manuscript Title: Deep Learning Attention-Guided Radiomics for COVID-19 Chest Radiograph Classification
 Manuscript number (if known): QIMS-22-531

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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None.

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ICMJE DISCLOSURE FORM

Date: 18 September, 2022

Your Name: Dr. Lawrence Wing-Chi CHAN

Manuscript Title: Deep Learning Attention-Guided Radiomics for COVID-19 Chest Radiograph Classification

Manuscript number (if known): QIMS-22-531

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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.

ICMJE DISCLOSURE FORM

Date: 18 September 2022
 Your Name: Michael Ying
 Manuscript Title: Deep Learning Attention-Guided Radiomics for COVID-19 Chest Radiograph Classification
 Manuscript number (if known): QIMS-22-531

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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	

Please summarize the above conflict of interest in the following box:

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: Sep 18th, 2022

Your Name: Jing Cai

Manuscript Title: Deep Learning Attention-Guided Radiomics for COVID-19 Chest Radiograph Classification

Manuscript number (if known): QIMS-22-531

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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.	Health and Medical Research Fund (HMRF COVID190211)	
		Shenzhen-Hong Kong-Macau S&T Program (Category C) (SGDX20201103095002019)	
		Shenzhen Basic Research Program (JCYJ20210324130209023)	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

The author receives grants from Health and Medical Research Fund (HMRF COVID190211), the Food and Health Bureau, The Government of the Hong Kong Special Administrative Region, and Shenzhen-Hong Kong-Macau S&T Program (Category C) (SGDX20201103095002019), Shenzhen Basic Research Program (JCYJ20210324130209023), Shenzhen Science and Technology Innovation Committee.

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