ICMJE DISCLOSURE FORM

Date: 1/23/2022
Your Name: Jie Liu
Manuscript Title: A deep learning method and device for bone marrow imaging cell detection
Manuscript number (if known):

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) |
|---|-----------------------------------------------------------------|----------------------------------------------------------------------------------|
| **1** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | **None** |
| | **No time limit for this item.** | |

**Time frame: Since the initial planning of the work**

|   |   |   |
|---|---|---|
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | **None** |
| **3** | Royalties or licenses | **None** |
| **4** | Consulting fees | **None** |
| **5** | Payment or honoraria for | **None** |

**Time frame: past 36 months**
|   |   |   |
|---|---|---|
| **6** | Payment for expert testimony | ___None |
| **7** | Support for attending meetings and/or travel | ___None |
| **8** | Patents planned, issued or pending | ___None |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | ___None |
| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ___None |
| **11** | Stock or stock options | ___None |
| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___None |
| **13** | Other financial or non-financial interests | ___None |

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

The author has no conflicts of interest to declare.

**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.
Date: 1/23/2022  
Your Name: RuiZe Yuan  
Manuscript Title: A deep learning method and device for bone marrow imaging cell detection  
Manuscript number (if known):  

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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.* | **Time frame: Since the initial planning of the work**  
_*X*_ None |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None  
| **3** | Royalties or licenses | _X_ None  
| **4** | Consulting fees | _X_ None  
| **5** | Payment or honoraria for | _X_ None  

*Time frame: past 36 months*
| Question                                                                 | Response |
|-------------------------------------------------------------------------|----------|
| lectures, presentations, speakers bureaus, manuscript writing or educational events | None     |
| Payment for expert testimony                                            | X None   |
| Support for attending meetings and/or travel                            | X None   |
| Patents planned, issued or pending                                      | X None   |
| Participation on a Data Safety Monitoring Board or Advisory Board       | X None   |
| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None   |
| Stock or stock options                                                  | X None   |
| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None   |
| Other financial or non-financial interests                               | X None   |

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Date: 1/23/2022
Your Name: Yinhao Li
Manuscript Title: A deep learning method and device for bone marrow imaging cell detection
Manuscript number (if known):

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None |
|   | **Time frame: Since the initial planning of the work**                                         |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | X None |
| 3 | Royalties or licenses                                                                         | X None |
| 4 | Consulting fees                                                                              | X None |
| 5 | Payment or honoraria for                                                                       | X None |
|   | **Time frame: past 36 months**                                                                |                                                                                   |
The author has no conflicts of interest to declare.

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.
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Date:_______2021/1/24_______
Your Name:_____Lin Zhou____
Manuscript Title:____A deep learning method and device for bone marrow imaging cell detection____
Manuscript number (if known):_____

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|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
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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. | None                                                                               |
|   | Time frame: past 36 months                                                                      |                                                                                   |
| 2 | Grants or contracts from any entity(if not indicated in item #1 above).                         | None                                                                               |
| 3 | Royalties or licenses                                                                             | None                                                                               |
| 4 | Consulting fees                                                                                  | None                                                                               |
| 5 | Payment or honoraria for                                                                          | None                                                                               |
Please summarize the above conflict of interest in the following box:

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Date: 1/23/2022  
Your Name: Zhiqiang Zhang  
Manuscript Title: A deep learning method and device for bone marrow imaging cell detection  
Manuscript number (if known):  

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No time limit for this item.  |
| 2    | Grants or contracts from any entity(if not indicated in item #1 above). | 
X None |
| 3    | Royalties or licenses | 
X None |
| 4    | Consulting fees | 
X None |
| 5    | Payment or honoraria for | 
X None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
| Item                                                                 | Response |
|----------------------------------------------------------------------|----------|
| lectures, presentations, speakers bureaus, manuscript writing or educational events | None     |
| Payment for expert testimony                                        | X None   |
| Support for attending meetings and/or travel                         | X None   |
| Patents planned, issued or pending                                   | X None   |
| Participation on a Data Safety Monitoring Board or Advisory Board    | None     |
| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None   |
| Stock or stock options                                               | X None   |
| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None   |
| Other financial or non-financial interests                           | Hanyuan Pharmaceutical Co., Ltd. |

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

The author is from Hanyuan Pharmaceutical Co., Ltd.

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.
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Date: 1/23/2022
Your Name: Jidong Yang
Manuscript Title: A deep learning method and device for bone marrow imaging cell detection
Manuscript number (if known):

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

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Date: 1/23/2022  
Your Name: Li Xiao  
Manuscript Title: A deep learning method and device for bone marrow imaging cell detection  
Manuscript number (if known):

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| 2    | Grants or contracts from any entity (if not indicated in item #1 above) | Past 36 months | _X_ None |
| 3    | Royalties or licenses | _X_ None |
| 4    | Consulting fees | _X_ None |
| 5    | Payment or honoraria for | __X__ None |
| Question                                                                 | Answer |
|-------------------------------------------------------------------------|--------|
| lectures, presentations, speakers bureaus, manuscript writing or       |        |
| educational events                                                     |        |
| 6 Payment for expert testimony                                          | X      |
| __X_ None                                                               |        |
| 7 Support for attending meetings and/or travel                          | X      |
| __X_ None                                                               |        |
| 8 Patents planned, issued or pending                                    | X      |
| __X_ None                                                               |        |
| 9 Participation on a Data Safety Monitoring Board or Advisory Board     | X      |
| ___X_ None                                                             |        |
| 10 Leadership or fiduciary role in other board, society, committee or  | X      |
| advocacy group, paid or unpaid                                          | ___X_ None     |
| 11 Stock or stock options                                               | X      |
| __X_ None                                                               |        |
| 12 Receipt of equipment, materials, drugs, medical writing, gifts or   | X      |
| other services                                                         | __X_ None     |
| 13 Other financial or non-financial interests                           | X      |
| __X_ None                                                               |        |

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