ICMJE DISCLOSURE FORM

Date: October 1th, 2021
Your Name: Rui Liu
Manuscript Title: Application of a feature extraction and normalization method to improve research evaluation across clinical disciplines
Manuscript number (if known): ATM-21-5046

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.

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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.

| Item | 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. | _X_ None                                                                        |
|      | **Time frame: past 36 months**                                                               |                                                                                  |
| 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                                                                        |
|   |                                                                 |_X_ None |
|---|----------------------------------------------------------------|---------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |         |
| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | __X__ None |
| 8 | Patents planned, issued or pending | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | __X__ None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__ None |
|11 | Stock or stock options | __X__ None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
|13 | Other financial or non-financial interests | _X_ 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:

_ 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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|   | **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                                                                         |

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

**Time frame: past 36 months**
|   |   |   |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
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ICMJE DISCLOSURE FORM

Date: ____ October 1th, 2021
Your Name: Jianwei Shi

Manuscript Title: Application of a feature extraction and normalization method to improve research evaluation across clinical disciplines
Manuscript number (if known): ATM-21-5046

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| Item | Time frame: Since the initial planning of the work | Time frame: past 36 months |
|------|---------------------------------------------------|---------------------------|
| 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 |
| 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 |
|   | Description                                                                 |   |
|---|-----------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                               | _X_ None |
| 7 | Support for attending meetings and/or travel                                | _X_ None |
| 8 | Patents planned, issued or pending                                         | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | _X_ None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
|11 | Stock or stock options                                                      | _X_ None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
|13 | Other financial or non-financial interests                                  | _X_ None |

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ICMJE DISCLOSURE FORM

Date: ___October 1th, 2021__________________________
Your Name: ___Wenya Yu__________________________
Manuscript Title: __Application of a feature extraction and normalization method to improve research evaluation across clinical disciplines__________________________
Manuscript number (if known): __ATM-21-5046__________________________

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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|------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_None                                                                             |
|      | **No time limit for this item.**                                                                 |                                                                                  |

Time frame: Since the initial planning of the work

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|------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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 lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ 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.
ICMJE DISCLOSURE FORM

Date: __October 1th, 2021__

Your Name: ____ Xin Gong ________________

Manuscript Title: ___Application of a feature extraction and normalization method to improve research evaluation across clinical disciplines____________

Manuscript number (if known): ___ATM-21-5046__________________________

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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| 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 in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   | Conflict of Interest | Answer |
|---|----------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony | X None |
| 7 | Support for attending meetings and/or travel | X None |
| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

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None.

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Date: October 1st, 2021

Your Name: Ning Chen

Manuscript Title: Application of a feature extraction and normalization method to improve research evaluation across clinical disciplines

Manuscript number (if known): ATM-21-5046

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|   | **No time limit for this item.** | **Time frame: Since the initial planning of the work** |
|   |                                                                                     |                                                                                   |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None |
|   | **Time frame: past 36 months**                                                      |                                                                                   |
| 3 | Royalties or licenses                                                               | X None |
| 4 | Consulting fees                                                                     | X None |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
|---|-------------------------------------------------------------------------------------------------------------|---------|
| 6 | Payment for expert testimony                                                                                  | _X_ None |
| 7 | Support for attending meetings and/or travel                                                                     | _X_ None |
| 8 | Patents planned, issued or pending                                                                               | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                               | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid              | _X_ None |
| 11| Stock or stock options                                                                                        | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                               | _X_ None |
| 13| Other financial or non-financial interests                                                                      | _X_ None |

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None.

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Date: October 1th, 2021

Your Name: Yan Yang

Manuscript Title: Application of a feature extraction and normalization method to improve research evaluation across clinical disciplines

Manuscript number (if known): ATM-21-5046

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|   |                                                                                                 |                                                                                  |
|   | **Time frame: past 36 months**                                                                    |                                                                                  |
| 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                                                                         |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
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| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending | _X_ None |
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| 13 | Other financial or non-financial interests | _X_ None |

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Date: ____ October 1th, 2021
Your Name: Jiaoling Huang
Manuscript Title: Application of a feature extraction and normalization method to improve research evaluation across clinical disciplines
Manuscript number (if known): ATM-21-5046

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| 3 | Royalties or licenses | _X_ None |
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|   | **Time frame: past 36 months** | **Time frame: past 36 months** |
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|11 | Stock or stock options                                                        | X None |
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|13 | Other financial or non-financial interests                                    | X None |

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ICMJE DISCLOSURE FORM

Date: October 1th, 2021
Your Name: Zhaoxin Wang
Manuscript Title: Application of a feature extraction and normalization method to improve research evaluation across clinical disciplines
Manuscript number (if known): ATM-21-5046

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| 3 | Royalties or licenses                                                                     | _X_ None |
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Time frame: Since the initial planning of the work

Time frame: past 36 months
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|---|----------------------------------------------------------------------------------------------------------------|---------|
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