

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Zhou

2. Surname (Last Name)

Weichen

3. Date

26-August-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Chengting Zhou

5. Manuscript Title

Application of conventional ultrasound coupled with virtual touch tissue imaging and quantification in the assessment of muscle strength

6. Manuscript Identifying Number (if you know it)

APM-20-1715

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Dr. Weichen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ma

2. Surname (Last Name)
Xiaojuan

3. Date
26-August-2020

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Chengting Zhou

5. Manuscript Title
Application of conventional ultrasound coupled with virtual touch tissue imaging and quantification in the assessment of muscle strength

6. Manuscript Identifying Number (if you know it)
APM-20-1715

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Dr. Xiaojuan has nothing to disclose.

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1. Given Name (First Name) Pan	2. Surname (Last Name) Lin	3. Date 26-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Chengting Zhou
5. Manuscript Title Application of conventional ultrasound coupled with virtual touch tissue imaging and quantification in the assessment of muscle strength		
6. Manuscript Identifying Number (if you know it) APM-20-1715		

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Wang

2. Surname (Last Name)
Yunhan

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26-August-2020

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☐ Yes

☒ No

Corresponding Author's Name
Chengting Zhou

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