

ICMJE DISCLOSURE FORM

Date: _____ 2023/04/25 _____

Your Name: _____ Chao Jia _____

Manuscript Title: ___ Value of an expanded range of lesions on contrast-enhanced ultrasound for the diagnosis of hypervascular breast masses _____

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**.

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Date: _____ 2023/04/25 _____

Your Name: _____ Qinghua Niu _____

Manuscript Title: _____ Value of an expanded range of lesions on contrast-enhanced ultrasound for the diagnosis of hypervascular breast masses _____

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Date: _____ 2023/04/25 _____

Your Name: _____ Long Liu _____

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ICMJE DISCLOSURE FORM

Date: _____ 2023/04/25 _____

Your Name: _____ Gang Li _____

Manuscript Title: _____ Value of an expanded range of lesions on contrast-enhanced ultrasound for the diagnosis of hypervascular breast masses _____

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Date: _____ 2023/04/25 _____

Your Name: _____ Lifang Jin _____

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Date: _____ 2023/04/25 _____

Your Name: _____ Lianfang Du _____

Manuscript Title: ___ Value of an expanded range of lesions on contrast-enhanced ultrasound for the diagnosis of hypervascular breast masses _____

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Date: _____ 2023/04/25 _____

Your Name: _____ Qiusheng Shi _____

Manuscript Title: ___ Value of an expanded range of lesions on contrast-enhanced ultrasound for the diagnosis of hypervascular breast masses _____

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Date: _____ 2023/04/25 _____

Your Name: _____ Fan Li _____

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