

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Milvia

2. Surname (Last Name)  
Martino

3. Date  
04-September-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title  
MULTIPARAMETRIC ULTRASOUND IN PAROTID GLAND EVALUATION

6. Manuscript Identifying Number (if you know it)  
GS-2020-MAIGD-01(GS-20-530)

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Dr. Martino has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Daniela	2. Surname (Last Name) Fodor	3. Date 07-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Milvia Martino
5. Manuscript Title MULTIPARAMETRIC ULTRASOUND IN PAROTID GLAND EVALUATION		
6. Manuscript Identifying Number (if you know it) GS-2020-MAIGD-01(GS-20-530)		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1.

#### Identifying Information

1. Given Name (First Name)

Daniele

2. Surname (Last Name)

Fresilli

3. Date

04-September-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Milvia Martino

5. Manuscript Title

MULTIPARAMETRIC ULTRASOUND IN PAROTID GLAND EVALUATION

6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1.

#### Identifying Information

1. Given Name (First Name)

Olga

2. Surname (Last Name)

Guiban

3. Date

04-September-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Milvia Martino

5. Manuscript Title

MULTIPARAMETRIC ULTRASOUND IN PAROTID GLAND EVALUATION

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Antonello	2. Surname (Last Name) Rubini	3. Date 04-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Milvia Martino
5. Manuscript Title MULTIPARAMETRIC ULTRASOUND IN PAROTID GLAND EVALUATION		
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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Andrea	2. Surname (Last Name) Cassoni	3. Date 04-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Milvia Martino
5. Manuscript Title MULTIPARAMETRIC ULTRASOUND IN PAROTID GLAND EVALUATION		
6. Manuscript Identifying Number (if you know it) GS-2020-MAIIGD-01(GS-20-530)		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Cassoni has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1.

#### Identifying Information

1. Given Name (First Name)

Massimo

2. Surname (Last Name)

Ralli

3. Date

04-September-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Milvia Martino

5. Manuscript Title

MULTIPARAMETRIC ULTRASOUND IN PAROTID GLAND EVALUATION

6. Manuscript Identifying Number (if you know it)

GS-2020-MAIGD-01(GS-20-530)

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Are there any relevant conflicts of interest?

☐ Yes

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☐ Yes

☒ No

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☐ Yes

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Dr. Ralli 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)

Chiara

2. Surname (Last Name)

De Vincentiis

3. Date

04-September-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Milvia Martino

5. Manuscript Title

MULTIPARAMETRIC ULTRASOUND IN PAROTID GLAND EVALUATION

6. Manuscript Identifying Number (if you know it)

GS-2020-MAIGD-01(GS-20-530)

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Are there any relevant conflicts of interest?

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Are there any relevant conflicts of interest?

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☒ No

### Section 4.

#### Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. De Vincentiis Chiara 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) Federico	2. Surname (Last Name) Arduini	3. Date 04-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Milvia Martino
5. Manuscript Title MULTIPARAMETRIC ULTRASOUND IN PAROTID GLAND EVALUATION		
6. Manuscript Identifying Number (if you know it) GS-2020-MAIIGD-01(GS-20-530)		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Arduini 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)

Ilaria

2. Surname (Last Name)

Celletti

3. Date

04-September-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Milvia Martino

5. Manuscript Title

MULTIPARAMETRIC ULTRASOUND IN PAROTID GLAND EVALUATION

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GS-2020-MAIGD-01(GS-20-530)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Celletti has nothing to disclose.

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**Other:** Anything not covered under the previous three boxes

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**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1.

#### Identifying Information

1. Given Name (First Name)

Patrizia

2. Surname (Last Name)

Pacini

3. Date

04-September-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Milvia Martino

5. Manuscript Title

MULTIPARAMETRIC ULTRASOUND IN PAROTID GLAND EVALUATION

6. Manuscript Identifying Number (if you know it)

GS-2020-MAIGD-01(GS-20-530)

### Section 2.

#### The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

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☒ No

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#### Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

### Section 4.

#### Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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### Section 6. Disclosure Statement

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Dr. Pacini has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1.

#### Identifying Information

1. Given Name (First Name)

Giorgia

2. Surname (Last Name)

Polti

3. Date

04-September-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Milvia Martino

5. Manuscript Title

MULTIPARAMETRIC ULTRASOUND IN PAROTID GLAND EVALUATION

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GS-2020-MAIGD-01(GS-20-530)

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☒ No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1.

#### Identifying Information

1. Given Name (First Name)

Eleonora

2. Surname (Last Name)

Polito

3. Date

06-September-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Milvia Martino

5. Manuscript Title

MULTIPARAMETRIC ULTRASOUND IN PAROTID GLAND EVALUATION

6. Manuscript Identifying Number (if you know it)

GS-2020-MAIIGD-01(GS-20-530)

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☒ No

### Section 4.

#### Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Polito has nothing to disclose.

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Antonio	2. Surname (Last Name) Greco	3. Date 04-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Milvia Martino
5. Manuscript Title MULTIPARAMETRIC ULTRASOUND IN PAROTID GLAND EVALUATION		
6. Manuscript Identifying Number (if you know it) GS-2020-MAIIGD-01(GS-20-530)		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Greco has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Valentino	2. Surname (Last Name) Valentini	3. Date 04-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Milvia Martino
5. Manuscript Title MULTIPARAMETRIC ULTRASOUND IN PAROTID GLAND EVALUATION		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Salvatore

2. Surname (Last Name)  
Sorrenti

3. Date  
04-September-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Milvia Martino

5. Manuscript Title  
MULTIPARAMETRIC ULTRASOUND IN PAROTID GLAND EVALUATION

6. Manuscript Identifying Number (if you know it)  
GS-2020-MAIIGD-01(GS-20-530)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Sorrenti has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1.

#### Identifying Information

1. Given Name (First Name)

VITO

2. Surname (Last Name)

D'ANDREA

3. Date

04-September-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Milvia Martino

5. Manuscript Title

MULTIPARAMETRIC ULTRASOUND IN PAROTID GLAND EVALUATION

6. Manuscript Identifying Number (if you know it)

GS-2020-MAIGD-01(GS-20-530)

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

### Section 3.

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☐ Yes

☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. D'ANDREA 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)

Carlo

2. Surname (Last Name)

Masciocchi

3. Date

04-September-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Milvia Martino

5. Manuscript Title

MULTIPARAMETRIC ULTRASOUND IN PAROTID GLAND EVALUATION

6. Manuscript Identifying Number (if you know it)

GS-2020-MAIGD-01(GS-20-530)

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Are there any relevant conflicts of interest?

☐ Yes

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☐ Yes

☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No

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Dr. Masciocchi 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)

Antonio

2. Surname (Last Name)

Barile

3. Date

04-September-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Milvia Martino

5. Manuscript Title

MULTIPARAMETRIC ULTRASOUND IN PAROTID GLAND EVALUATION

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Dr. Barile has nothing to disclose.

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Vito

2. Surname (Last Name)

Cantisani

3. Date

04-September-2020

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☐ Yes

☒ No

Corresponding Author's Name

Milvia Martino

5. Manuscript Title

MULTIPARAMETRIC ULTRASOUND IN PAROTID GLAND EVALUATION

6. Manuscript Identifying Number (if you know it)

GS-2020-MAIIGD-01(GS-20-530)

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