

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Diancheng	2. Surname (Last Name) Li	3. Date 09-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jiaan Zhu, Fang Liu
5. Manuscript Title A quantitative evaluation of the sciatic nerve stiffness after compression by shear wave elastography in diabetic rats		
6. Manuscript Identifying Number (if you know it) ATM-19-4534		

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Jiaan

2. Surname (Last Name)
Zhu

3. Date
09-April-2020

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Fang

2. Surname (Last Name)
Liu

3. Date
09-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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3. Date
09-April-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Jiaan Zhu, Fang Liu

5. Manuscript Title
A quantitative evaluation of the sciatic nerve stiffness after compression by shear wave elastography in diabetic rats

6. Manuscript Identifying Number (if you know it)
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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.)?

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