

ICMJE DISCLOSURE FORM

Date: 2021-7-18

Your Name: Ping Liang

Manuscript Title: Assessment of renal function using magnetic resonance quantitative histogram analysis based on spatial labeling with multiple inversion pulses

Manuscript number (if known): ATM-21-2299-R2

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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Date: 2021-7-18

Your Name: Shichao Li

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Date: 2021-7-18

Your Name: Chuou Xu

Manuscript Title: Assessment of renal function using magnetic resonance quantitative histogram analysis based on spatial labeling with multiple inversion pulses

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Date: 2021-7-18

Your Name: Jiali Li

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Your Name: Fangqin Tan

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Your Name: Daoyu Hu

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Your Name: Zhen Li

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