Date:Nov 18 th , 2021
Your Name:Jiaxin Tang
Manuscript Title: Extracorporeal high-frequency combined with contrast-enhanced ultrasound: a nove
imaging method for detection and treatment evaluation of patients with cervical trachea-associated
relapsing polychondritis
Manuscript number (if known):

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_ XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X _None	
4	Consulting fees	_ X _None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None
6	Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	X_None
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

None

Please place an "X" next to the following statement to indicate your agreement:

Date:Nov 18 th , 2021	1
Your Name: Weih	nua He
Manuscript Title: <u>Ext</u>	racorporeal high-frequency combined with contrast-enhanced ultrasound: a novel
imaging method for de	etection and treatment evaluation of patients with cervical trachea-associated
relapsing polychondrit	tis
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7	Support for attending meetings and/or travel	X_None
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9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

None

Please place an "X" next to the following statement to indicate your agreement:

Date:Nov 18 th	2021
Your Name:	Yuxin Zhang
Manuscript Title:	<u>Extracorporeal high-frequency combined with contrast-enhanced ultrasound: a novel</u>
imaging method	for detection and treatment evaluation of patients with cervical trachea-associated
relapsing polych	ondritis
Manuscript numbe	r (if known):

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

None

Please place an "X" next to the following statement to indicate your agreement:

Date:Nov 18 th ,2021
Your Name:Qing Tang
Manuscript Title: <u>Extracorporeal high-frequency combined with contrast-enhanced ultrasound: a novel</u>
imaging method for detection and treatment evaluation of patients with cervical trachea-associated
relapsing polychondritis
Manuscript number (if known):

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

None

Please place an "X" next to the following statement to indicate your agreement:

Date:Nov 18 th , 2021
Your Name: <u>Niantu He</u>
Manuscript Title: <u>Extracorporeal high-frequency combined with contrast-enhanced ultrasound: a nove</u>
imaging method for detection and treatment evaluation of patients with cervical trachea-associated
relapsing polychondritis
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

None

Please place an "X" next to the following statement to indicate your agreement:

Date:Nov 18 th ,	2021
Your Name:	Zechun Liang
Manuscript Title:	<u>Extracorporeal high-frequency combined with contrast-enhanced ultrasound: a novel</u>
imaging method f	or detection and treatment evaluation of patients with cervical trachea-associated
relapsing polycho	ndritis
Manuscript number	(if known):

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

None

Please place an "X" next to the following statement to indicate your agreement:

Date:Nov 18 th ,2021
Your Name: <u>Shiyue Li</u>
Manuscript Title: <u>Extracorporeal high-frequency combined with contrast-enhanced ultrasound: a novel</u>
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