

ICMJE DISCLOSURE FORM

Date: 2/20/2022
 Your Name: Hehan Tang
 Manuscript Title: Identification of diffusion weighted imaging would be affected before and after Gd-EOB-DTPA in patients with focal hepatic lesions: an observational study
 Manuscript number (if known): ATM-22-962

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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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.	<u> X </u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> X </u> None	
6	Payment for expert testimony	<u> X </u> None	
7	Support for attending meetings and/or travel	<u> X </u> None	
8	Patents planned, issued or pending	<u> X </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> X </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> X </u> None	
11	Stock or stock options	<u> X </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> X </u> None	
13	Other financial or non-financial interests	<u> X </u> None	

Please summarize the above conflict of interest in the following box:

No above conflict of interest.

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

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2/20/2022

Your Name: Yuan Yuan

Manuscript Title: Identification of diffusion weighted imaging would be affected before and after Gd-EOB-DTPA in patients with focal hepatic lesions: an observational study

Manuscript number (if known): ATM-22-962

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ICMJE DISCLOSURE FORM

Date: 2/18/2022
 Your Name: Liping Deng
 Manuscript Title: Identification of diffusion weighted imaging would be affected before and after Gd-EOB-DTPA in patients with focal hepatic lesions: an observational study
 Manuscript number (if known): ATM-22-962

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ICMJE DISCLOSURE FORM

Date: 2/19/2022

Your Name: Yi Wei

Manuscript Title: Identification of diffusion weighted imaging would be affected before and after Gd-EOB-DTPA in patients with focal hepatic lesions: an observational study

Manuscript number (if known): ATM-22-962

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ICMJE DISCLOSURE FORM

Date: 2/21/2022
 Your Name: Guoyong Chen
 Manuscript Title: Identification of diffusion weighted imaging would be affected before and after Gd-EOB-DTPA in patients with focal hepatic lesions: an observational study
 Manuscript number (if known): ATM-22-962

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ICMJE DISCLOSURE FORM

Date: 2/21/2022

Your Name: Tong Zhang

Manuscript Title: Identification of diffusion weighted imaging would be affected before and after Gd-EOB-DTPA in patients with focal hepatic lesions: an observational study

Manuscript number (if known): ATM-22-962

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ICMJE DISCLOSURE FORM

Date: 2/21/2022

Your Name: Lisha Nie

Manuscript Title: Identification of diffusion weighted imaging would be affected before and after Gd-EOB-DTPA in patients with focal hepatic lesions: an observational study

Manuscript number (if known): ATM-22-962

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13	Other financial or non-financial interests	GE Healthcare China	

Please summarize the above conflict of interest in the following box:

The author is from GE Healthcare China

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ICMJE DISCLOSURE FORM

Date: 2/18/2022

Your Name: Xiaocheng Wei

Manuscript Title: Identification of diffusion weighted imaging would be affected before and after Gd-EOB-DTPA in patients with focal hepatic lesions: an observational study

Manuscript number (if known): ATM-22-962

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Your Name: Bin Song

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Date: 2/22/2022

Your Name: Zhenlin Li

Manuscript Title: Identification of diffusion weighted imaging would be affected before and after Gd-EOB-DTPA in patients with focal hepatic lesions: an observational study

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	<u>X</u> None
3	Royalties or licenses	<u>X</u> None	<u>X</u> None
4	Consulting fees	<u>X</u> None	<u>X</u> None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> X </u> None	<u> X </u> None
6	Payment for expert testimony	<u> X </u> None	<u> X </u> None
7	Support for attending meetings and/or travel	<u> X </u> None	<u> X </u> None
8	Patents planned, issued or pending	<u> X </u> None	<u> X </u> None
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> X </u> None	<u> X </u> None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> X </u> None	<u> X </u> None
11	Stock or stock options	<u> X </u> None	<u> X </u> None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> X </u> None	<u> X </u> None
13	Other financial or non-financial interests	<u> X </u> None	<u> X </u> None

Please summarize the above conflict of interest in the following box:

No above conflict of interest.

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

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.