Date:
 \_\_\_\_\_August 4, 2022

 Your Name:
 \_\_\_\_\_Tatsuya Hayashi

 Manuscript Title:
 \_\_\_\_\_\_Impact of arm position on vertebral bone marrow proton density fat fraction in

 chemical-shift-encoded magnetic resonance imaging: a preliminary study
 \_\_\_\_\_\_

 Manuscript number (if known):
 \_\_\_\_\_\_QIMS-22-396-R1\_\_\_\_\_

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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		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.) <b>No time limit for this item.</b>	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.

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

 Date:
 August 4, 2022

 Your Name:
 Shimpei Yano

 Manuscript Title:
 Impact of arm position on vertebral bone marrow proton density fat fraction in chemical-shift-encoded magnetic resonance imaging: a preliminary study

 Manuscript number (if known):
 QIMS-22-396-R1

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4	Consulting fees	XNone	

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

None.

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

 Date:
 \_\_\_\_\_August 4, 2022

 Your Name:
 \_\_\_\_\_Shuhei Shibukawa

 Manuscript Title:
 \_\_\_\_\_Impact of arm position on vertebral bone marrow proton density fat fraction in chemical-shift-encoded magnetic resonance imaging: a preliminary study

 Manuscript number (if known):
 \_\_\_\_\_QIMS-22-396-R1

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.

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

 Date:
 \_\_\_\_\_August 4, 2022

 Your Name:
 \_\_\_\_\_Shinya Kojima

 Manuscript Title:
 \_\_\_\_\_Impact of arm position on vertebral bone marrow proton density fat fraction in

 chemical-shift-encoded magnetic resonance imaging: a preliminary study
 \_\_\_\_\_

 Manuscript number (if known):
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.

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

 Date:
 \_\_\_\_\_August 4, 2022

 Your Name:
 \_\_\_\_\_Toshimune Ito

 Manuscript Title:
 \_\_\_\_\_Impact of arm position on vertebral bone marrow proton density fat fraction in

 chemical-shift-encoded magnetic resonance imaging: a preliminary study
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 Manuscript number (if known):
 \_\_\_\_\_QIMS-22-396-R1\_\_\_\_\_

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.

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

Date: \_\_\_\_August 4, 2022

Your Name: \_\_\_\_ Hiroshi Oba \_

Manuscript Title: Impact of arm position on vertebral bone marrow proton density fat fraction in chemical-shift-encoded magnetic resonance imaging: a preliminary study\_\_\_\_\_ Manuscript number (if known): QIMS-22-396-R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

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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)
	Ti	me frame: Since the initia	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this</b> <b>item.</b>	XNone	
		Time frame: past	36 months
2	Grants or contracts from	XNone	

	any entity (if not indicated in item #1 above).		
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	X_None	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or pending	X_None	
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	X_None	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	X_None	

None.

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

 Date:
 \_\_\_\_\_August 4, 2022

 Your Name:
 \_\_\_\_\_\_Hiroshi Kondo

 Manuscript Title:
 \_\_\_\_\_\_Impact of arm position on vertebral bone marrow proton density fat fraction in

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 Manuscript number (if known):
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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.

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

 Date:
 \_\_\_\_\_August 4, 2022

 Your Name:
 \_\_\_\_\_Asako Yamamoto

 Manuscript Title:
 \_\_\_\_\_Impact of arm position on vertebral bone marrow proton density fat fraction in chemical-shift-encoded magnetic resonance imaging: a preliminary study

 Manuscript number (if known):
 \_\_\_\_\_QIMS-22-396-R1\_\_\_\_\_

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.

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

 Date:
 \_\_\_\_\_August 4, 2022

 Your Name:
 \_\_\_\_\_Takahide Okamoto

 Manuscript Title:
 \_\_\_\_\_Impact of arm position on vertebral bone marrow proton density fat fraction in chemical-shift-encoded magnetic resonance imaging: a preliminary study

 Manuscript number (if known):
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.

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