Date:_____Jul. 20th, 2022_____ Your Name:____ Fang Zeng ___ Manuscript Title:______ Iodine Map Histogram Metrics in Early-stage Breast Cancer: Prediction of Axillary Lymph Node Metastasis Status _____ Manuscript number (if known):_____ QIMS-22-253-R1 _____

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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).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

		1	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	meetings and/or traver		
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	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests		

None.

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Date:_____Jul. 20th, 2022_____ Your Name:____ Lili Chen ___ Manuscript Title:______ Iodine Map Histogram Metrics in Early-stage Breast Cancer: Prediction of Axillary Lymph Node Metastasis Status ____ Manuscript number (if known):_____ QIMS-22-253-R1 _____

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	speakers bureaus,		
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	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
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8	Deterts planned issued on	V. Nore	
ð	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11			
42		V N	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.

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

Date:_____Jul. 20th, 2022_____ Your Name:____ Lin Lin ___ Manuscript Title:______ Iodine Map Histogram Metrics in Early-stage Breast Cancer: Prediction of Axillary Lymph Node Metastasis Status _____ Manuscript number (if known):_____ QIMS-22-253-R1 _____

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	Advisory Board		
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42		V N	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	X None	
	financial interests		

None.

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Date:_____Jul. 20th, 2022____ Your Name:____ Hanglin Hu ___ Manuscript Title:_____ Iodine Map Histogram Metrics in Early-stage Breast Cancer: Prediction of Axillary Lymph Node Metastasis Status ____ Manuscript number (if known):_____ QIMS-22-253-R1 _____

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ð	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
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42		V N	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.

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Date:_____Jul. 20th, 2022____ Your Name:____ Jing Li ___ Manuscript Title:_____ Iodine Map Histogram Metrics in Early-stage Breast Cancer: Prediction of Axillary Lymph Node Metastasis Status ____ Manuscript number (if known):_____ QIMS-22-253-R1 _____

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	Advisory Board		
10	Leadership or fiduciary role	X None	
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42		V N	
12	Receipt of equipment,	X_None	
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	writing, gifts or other		
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13	Other financial or non-	X None	
	financial interests		

None.

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Date:_____Jul. 20th, 2022_____ Your Name:____ Peng He ___ Manuscript Title:______ Iodine Map Histogram Metrics in Early-stage Breast Cancer: Prediction of Axillary Lymph Node Metastasis Status _____ Manuscript number (if known):_____ QIMS-22-253-R1 _____

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9	Participation on a Data	XNone	
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10	Leadership or fiduciary role	X None	
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11			
42		V N	
12	Receipt of equipment,	X_None	
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13	Other financial or non-	X None	
	financial interests		

None.

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Date:_____Jul. 20th, 2022____ Your Name:____ Chuang Wang ___ Manuscript Title:_____ Iodine Map Histogram Metrics in Early-stage Breast Cancer: Prediction of Axillary Lymph Node Metastasis Status ____ Manuscript number (if known):_____ QIMS-22-253-R1 _____

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	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
40			
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
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None.

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Date:_____Jul. 20th, 2022____ Your Name:____ Yunjing Xue ___ Manuscript Title:_____ Iodine Map Histogram Metrics in Early-stage Breast Cancer: Prediction of Axillary Lymph Node Metastasis Status ____ Manuscript number (if known):_____ QIMS-22-253-R1 _____

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