## ICMJE DISCLOSURE FORM

Date:	Oct 20, 20	<u> 22</u>	
Your Name	e:Ping V	Vang	
Manuscrip	t Title:	Adiabatically	r prepared spin-lock could reduce the R <sub>1ρ</sub> dispersion
Manuscrip	t number (i	if known):	QIMS-21-959

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.	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	X_None	
4	Consulting fees	XNone	

г	Downant or here were fer	V None				
5	Payment or honoraria for lectures, presentations,	XNone				
	speakers bureaus,					
	manuscript writing or					
	educational events					
6	Payment for expert	XNone				
	testimony					
7	Support for attending	XNone				
	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	Receipt of equipment,	X_None				
	materials, drugs, medical writing, gifts or other					
	services					
13	Other financial or non- financial interests	XNone				
	financiai interests					
Ple	Please summarize the above conflict of interest in the following box:					
	None.					

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.