Date:September 1, 2022
Your Name: Chao Wang
Manuscript Title:_Optimization of hepatobiliary phase imaging in Gd-EOB-DTPA-enhanced
MRI
Manuscript number (if known):_ QIMS-22-916

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	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame, nect	26 months
		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	_XNone	

F	Doumont or beganing for	V None	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V N	
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	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
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Ple	ease summarize the above c	onflict of interest in the f	ollowing box:
	None.		

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Date:September 1, 2022
Your Name: Xiao-dong Yuan
Manuscript Title:_Optimization of hepatobiliary phase imaging in Gd-EOB-DTPA-enhanced
MRI
Manuscript number (if known):_ QIMS-22-916

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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.	Funding: National Natural Science Foundation of China, NO. 81671680.	
		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	
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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
9	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	XNone	
40			
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
	ase summarize the above co	nflict of interest in the fo	ollowing box:
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Please place an "X" next to the following statement to indicate your agreement:

_X I certify that I have answered form.	every question and have not al	tered the wording of any of the	questions on this

Date:September 1, 2022
Your Name: Ning Wu
Manuscript Title:_Optimization of hepatobiliary phase imaging in Gd-EOB-DTPA-enhanced
MRI
Manuscript number (if known): QIMS-22-916

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3	Royalties or licenses	X_None	
4	Consulting fees	_XNone	

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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	XNone	
	meetings and/or travel		
		V N	
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		
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12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
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	financial interests		

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None.			

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

Date:September 1, 2022
Your Name: Wei-rong Sun
Manuscript Title:_Optimization of hepatobiliary phase imaging in Gd-EOB-DTPA-enhanced
MRI
Manuscript number (if known):QIMS-22-916

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3	Royalties or licenses	XNone	
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7	Support for attending	XNone	
	meetings and/or travel		
		V N	
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,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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None.			

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

Date:September 1, 2022	
Your Name: Yuan Tian	
Manuscript Title:_Optimization of hepatobiliary phase imaging in Gd-EOB-DTPA-enhanced	
MRI	
Manuscript number (if known): QIMS-22-916	

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8	Patents planned, issued or	XNone	
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13	Other financial or non-	XNone	
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