ICMJE DISCLOSURE FORM

Data: May 6th 0000					
Date:Mar. 6 th , 2023					
Your Name:Xiaowen Liang Manuscript Title:Artificial intelligence-aided ultrasound in renal diseases: A systematic review					
Manuscript number (if known): QIMS-22-142	8				
that are	sclose all relationships/activities/interests listed bel				
related to the content of your manuscript. "Rela third	ted" means any relation with for-profit or not-for-pro	ofit			
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to transparency and does not necessarily indica relationship/activity/interest, it is preferable that	te a bias. If you are in doubt about whether to list a tyou do so.				
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antihypertensive medication, even if that medication	ation 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	Specifications/Comments				
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relationship or indicate	e institution)				
none (add rows as needed)					
Time frame: Since the init	ial planning of the work				

Time frame: past 36 months

All support for the

charges, etc.)

item.

present manuscript (e.g., funding, provision of study materials, medical writing, article processing

No time limit for this

Grants or contracts from

__X_None

X_None

	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
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	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

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

None.	l
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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.		

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Date:Mar. 6 th , 2023	•		
Your Name:Meng Du			
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	nown): QIMS-22-1428_		_
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The following questions current manuscript only.	apply to the author's relat	ionships/activities/interests as they relate to the	Э
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	relationship or indicate none (add rows as	institution)	

		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
	Ti	me frame: Since the initia	l 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	
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Your Name: Zhiyi Chen	_			
		ultrasound in renal diseases: A systematic		
Manuscript number (if know	vn): QIMS-22-1428_			
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