Date: 03/18/2023

Your Name: Sedaghat, Sam

Manuscript Title: Clinical evaluation of white matter lesions on 3D inversion recovery ultrashort echo time MRI in

multiple sclerosis

Manuscript number (if known):

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 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.

		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	

	<u> </u>	T			
5	Payment or honoraria for lectures, presentations,	_XNone			
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	X None			
	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, materials, drugs, medical	X None			
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
N	lone.				

Date: 03/18/2023

Your Name: Jang, Hyungseok

Manuscript Title: Clinical evaluation of white matter lesions on 3D inversion recovery ultrashort echo time MRI in

multiple sclerosis

Manuscript number (if known):

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 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.

		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	

	<u> </u>	T			
5	Payment or honoraria for lectures, presentations,	_XNone			
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	X None			
	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, materials, drugs, medical	X None			
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
N	lone.				

Date: 03/18/2023 Your Name: Ma, Yajun

Manuscript Title: Clinical evaluation of white matter lesions on 3D inversion recovery ultrashort echo time MRI in

multiple sclerosis

Manuscript number (if known):

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 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.

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

	<u> </u>	T			
5	Payment or honoraria for lectures, presentations,	_XNone			
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	X None			
	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, materials, drugs, medical	X None			
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
N	lone.				

Date: 03/18/2023

Your Name: Afsahi, Amir Masoud

Manuscript Title: Clinical evaluation of white matter lesions on 3D inversion recovery ultrashort echo time MRI in

multiple sclerosis

Manuscript number (if known):

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	

	<u> </u>	T			
5	Payment or honoraria for lectures, presentations,	_XNone			
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	X None			
	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, materials, drugs, medical	X None			
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
N	lone.				

Date: 03/18/2023

Your Name: Reichardt, Benjamin

Manuscript Title: Clinical evaluation of white matter lesions on 3D inversion recovery ultrashort echo time MRI in

multiple sclerosis

Manuscript number (if known):

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.

		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	

	<u> </u>	T			
5	Payment or honoraria for lectures, presentations,	_XNone			
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	X None			
	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, materials, drugs, medical	X None			
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
N	lone.				

Date: 03/18/2023

Your Name: Corey-Bloom, Jody

Manuscript Title: Clinical evaluation of white matter lesions on 3D inversion recovery ultrashort echo time MRI in

multiple sclerosis

Manuscript number (if known):

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 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.

		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	

	<u> </u>	T			
5	Payment or honoraria for lectures, presentations,	_XNone			
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	X None			
	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, materials, drugs, medical	X None			
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
N	lone.				

Date: 03/18/2023 Your Name: Du, Jiang

Manuscript Title: Clinical evaluation of white matter lesions on 3D inversion recovery ultrashort echo time MRI in

multiple sclerosis

Manuscript number (if known):

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 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.

		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	XNone				
	processing charges, etc.)  No time limit for this item.					
		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				

	<u> </u>	<del> </del>				
5	Payment or honoraria for lectures, presentations,	_XNone				
	speakers bureaus,					
	manuscript writing or					
	educational events					
6	Payment for expert testimony	X None				
	-					
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				
	financial interests					
		<u>,                                      </u>				
Please summarize the above conflict of interest in the following box:						
N	None.					