

ICMJE DISCLOSURE FORM

Date: Apr. 4th, 2023

Your Name: YuMeng.Sun

Manuscript Title: Calcification Circumference, Area, and Location are Associated with Carotid Stent Expansion Rate: High-Resolution Magnetic Resonance Vessel Wall Imaging Study

Manuscript number (if known): QIMS-22-1215-R2

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.

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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)
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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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None.

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Date: Apr. 4th, 2023

Your Name: HaiYang.Xu

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Date: Apr. 4th, 2023

Your Name: Lei.Kou

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Date: Apr. 4th, 2023

Your Name: Shuo.Wang

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