

ICMJE DISCLOSURE FORM

Date: 3/31/2023

Your Name: Ying Liu

Manuscript Title: Comprehensive imaging analysis of a patient with neurofibromatosis Type 1 combined with hypophosphatemic osteomalacia: a case description

Manuscript Number (if known): QIMS-22-1217-R1

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

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: 3/31/2023

Your Name: ZhaoLiang Zhang

Manuscript Title: Comprehensive imaging analysis of a patient with neurofibromatosis Type 1 combined with hypophosphatemic osteomalacia: a case description

Manuscript Number (if known): QIMS-22-1217-R1

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Date: 3/31/2023

Your Name: Meie Liang

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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1749 1507 1848"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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| 10 | Leadership or fiduciary role in other board, | <input checked="" type="checkbox"/> None | | | | | | | | | |

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| | society, committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 3/31/2023

Your Name: Na Zhang

Manuscript Title: Comprehensive imaging analysis of a patient with neurofibromatosis Type 1 combined with hypophosphatemic osteomalacia: a case description

Manuscript Number (if known): QIMS-22-1217-R1

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 author's relationships/activities/interests should be defined broadly. 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.

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|---|--|---|--|--|--|---|
| Time frame: Since the initial planning of the work | | | | | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 296 1507 394"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 537 1507 669"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 762 1507 861"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None <table border="1" data-bbox="375 1316 1507 1415"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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ICMJE DISCLOSURE FORM

Date: 3/31/2023

Your Name: Ke Xu

Manuscript Title: Comprehensive imaging analysis of a patient with neurofibromatosis Type 1 combined with hypophosphatemic osteomalacia: a case description

Manuscript Number (if known): QIMS-22-1217-R1

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