Date:	_Apr 27 th	,2023
Your Name	e:	Zhijun Wang
Manuscrip	t Title:	Multiple myeloma with diffuse uptake on 18F-PSMA-1007 PET/CT : A case description
and litera	ture rev	riew
Manuscrip	t numbe	r (if known):QIMS-22-1310

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3	Royalties or licenses	_XNone	
4	Consulting fees	X None	

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	
0		V	
8	Patents planned, issued or pending	X None	
	pending		
9	Participation on a Data	X None	
,	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	X None	
12	Descipt of equipment		
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
	None.	onflict of interest in the fo	llowing box:
Ple	ase place an "X" next to the	e following statement to in	dicate your agreement:

Date:	_Apr 27 th ,2023
Your Name	e:Yingzhen Cong
Manuscrip	ot Title:Multiple myeloma with diffuse uptake on 18F-PSMA-1007 PET/CT: A case descriptio
and litera	ature review
Manuscrip	ot number (if known):QIMS-22-1310

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		Time frame: past	36 months
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3	Royalties or licenses	_XNone	
4	Consulting fees	X None	

5	Payment or honoraria for	V None	
Э	lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	V None	
9	Safety Monitoring Board or	_XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests	_ X None	
	ease summarize the above o	onflict of interest in the fo	llowing box:

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

Date:Apr 27 th ,2023	
Your Name:Lu Shi	
Manuscript Title:Multiple myeloma with diffuse uptake on 18F-PSMA-1007 PET/CT: A case descrip	tion
and literature review	
Manuscript number (if known):QIMS-22-1310	

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3	Royalties or licenses	_XNone	
4	Consulting fees	X None	

5	Payment or honoraria for	X None			
	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	X None			
	pending				
_					
9	Participation on a Data	_XNone			
	Safety Monitoring Board or Advisory Board				
10	·	V			
10	Leadership or fiduciary role in other board, society,	X None			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	X None			
12	Receipt of equipment,	X None			
	materials, drugs, medical				
	writing, gifts or other				
12	services Other financial or non-	Y N			
13	financial interests	_ X None			
	Tillaliciai lifterests				
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		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	

		1	
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		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

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None.			

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

Date:Apr 27t	,2023
Your Name:	Hongsheng Zhang
Manuscript Title:	Multiple myeloma with diffuse uptake on 18F-PSMA-1007 PET/CT: A case description
and literature re	view
Manuscript numbe	r (if known):QIMS-22-1310

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5	lectures, presentations,	X None				
	speakers bureaus,					
	manuscript writing or educational events					
6	Payment for expert	X None				
	testimony					
7	Support for attending meetings and/or travel	X None				
	- -					
8	Patents planned, issued or pending	XNone				
	periang					
9	Participation on a Data	X None				
	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,	X None				
	materials, drugs, medical					
	writing, gifts or other services					
13	Other financial or non-	X None				
13	financial interests	_XNone				
Please summarize the above conflict of interest in the following box:						
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