

ICMJE DISCLOSURE FORM

Date: April 17th, 2023
 Your Name: Yao-Kuang Huang
 Manuscript Title: Quantitative 2D Phase-Contrast MRI Characterization of Lower Extremity Venous Disease: Venous Reflux versus Venous Obstruction
 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 **current manuscript only**.

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.

		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.	<u>Yao-Kuang Huang</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Yao-Kuang Huang</u> None	
3	Royalties or licenses	<u>Yao-Kuang Huang</u> None	
4	Consulting fees	<u>Yao-Kuang Huang</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> Yao-Kuang Huang <u> </u> None	
6	Payment for expert testimony	<u> </u> Yao-Kuang Huang <u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> Yao-Kuang Huang <u> </u> None	
8	Patents planned, issued or pending	<u> </u> Yao-Kuang Huang <u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> Yao-Kuang Huang <u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> Yao-Kuang Huang <u> </u> None	
11	Stock or stock options	<u> </u> Yao-Kuang Huang <u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> Yao-Kuang Huang <u> </u> None	
13	Other financial or non-financial interests	<u> </u> Yao-Kuang Huang <u> </u> None	

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

None

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.

ICMJE DISCLOSURE FORM

Date: April 17th, 2023
 Your Name: Yin-Chen Hsu
 Manuscript Title: Quantitative 2D Phase-Contrast MRI Characterization of Lower Extremity Venous Disease: Venous Reflux versus Venous Obstruction
 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 current manuscript only.

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.

		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.	<u>Yin-Chen Hsu</u> <u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Yin-Chen Hsu</u> <u>None</u>	
3	Royalties or licenses	<u>Yin-Chen Hsu</u> <u>None</u>	
4	Consulting fees	<u>Yin-Chen Hsu</u> <u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> Yin-Chen Hsu <u> </u> None	
6	Payment for expert testimony	<u> </u> Yin-Chen Hsu <u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> Yin-Chen Hsu <u> </u> None	
8	Patents planned, issued or pending	<u> </u> Yin-Chen Hsu <u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> Yin-Chen Hsu <u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> Yin-Chen Hsu <u> </u> None	
11	Stock or stock options	<u> </u> Yin-Chen Hsu <u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> Yin-Chen Hsu <u> </u> None	
13	Other financial or non-financial interests	<u> </u> Yin-Chen Hsu <u> </u> None	

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

None

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.**

ICMJE DISCLOSURE FORM

Date: April 17th, 2023
 Your Name: Yuan-Hsi Tseng
 Manuscript Title: Quantitative 2D Phase-Contrast MRI Characterization of Lower Extremity Venous Disease: Venous Reflux versus Venous Obstruction
 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 **current manuscript only**.

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.

		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.	<u>Yuan-Hsi Tseng</u> <u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Yuan-Hsi Tseng</u> <u>None</u>	
3	Royalties or licenses	<u>Yin-Chen Hsu</u> <u>None</u>	
4	Consulting fees	<u>Yuan-Hsi Tseng</u> <u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> Yuan-Hsi Tseng <u> </u> None	
6	Payment for expert testimony	<u> </u> Yuan-Hsi Tseng <u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> Yuan-Hsi Tseng <u> </u> None	
8	Patents planned, issued or pending	<u> </u> Yuan-Hsi Tseng <u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> Yuan-Hsi Tseng <u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> Yuan-Hsi Tseng <u> </u> None	
11	Stock or stock options	<u> </u> Yuan-Hsi Tseng <u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> Yuan-Hsi Tseng <u> </u> None	
13	Other financial or non-financial interests	<u> </u> Yuan-Hsi Tseng <u> </u> None	

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

None

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.

ICMJE DISCLOSURE FORM

Date: April 17th, 2023
 Your Name: Chih-Chen Kao
 Manuscript Title: Quantitative 2D Phase-Contrast MRI Characterization of Lower Extremity Venous Disease: Venous Reflux versus Venous Obstruction
 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 **current manuscript only**.

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.

		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.	<u>Chih-Chen Kao</u> <u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Chih-Chen Kao</u> <u>None</u>	
3	Royalties or licenses	<u>Chih-Chen Kao</u> <u>None</u>	
4	Consulting fees	<u>Chih-Chen Kao</u> <u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> Chih-Chen Kao <u> </u> None	
6	Payment for expert testimony	<u> </u> Chih-Chen Kao <u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> Chih-Chen Kao <u> </u> None	
8	Patents planned, issued or pending	<u> </u> Chih-Chen Kao <u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> Chih-Chen Kao <u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> Chih-Chen Kao <u> </u> None	
11	Stock or stock options	<u> </u> Chih-Chen Kao <u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> Chih-Chen Kao <u> </u> None	
13	Other financial or non-financial interests	<u> </u> Chih-Chen Kao <u> </u> None	

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

None

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.

ICMJE DISCLOSURE FORM

Date: May 11th, 2023

Your Name: Yeh Giin Ngo

Manuscript Title: Quantitative 2D Phase-Contrast MRI Characterization of Lower Extremity Venous Disease: Venous Reflux versus Venous Obstruction

Manuscript number (if known): QIMS-22-1194-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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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.

		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.	<u>_Yeh Giin Ngo_</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>_Yeh Giin Ngo_</u> None	
3	Royalties or licenses	<u>_Yeh Giin Ngo_</u> None	
4	Consulting fees	<u>_Yeh Giin Ngo_</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> Yeh Giin Ngo <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> Yeh Giin Ngo <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> Yeh Giin Ngo <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> Yeh Giin Ngo <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> Yeh Giin Ngo <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> Yeh Giin Ngo <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> Yeh Giin Ngo <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> Yeh Giin Ngo <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> Yeh Giin Ngo <input type="checkbox"/> None	

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

None

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.

ICMJE DISCLOSURE FORM

Date: April 17th, 2023
 Your Name: Chung-Yuan Lee
 Manuscript Title: Quantitative 2D Phase-Contrast MRI Characterization of Lower Extremity Venous Disease: Venous Reflux versus Venous Obstruction
 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 **current manuscript only**.

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.

		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.	<u>Chung-Yuan Lee</u> <u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Chung-Yuan Lee</u> <u>None</u>	
3	Royalties or licenses	<u>Chung-Yuan Lee</u> <u>None</u>	
4	Consulting fees	<u>Chung-Yuan Lee</u> <u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> Chung-Yuan Lee <u> </u> None	
6	Payment for expert testimony	<u> </u> Chung-Yuan Lee <u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> Chung-Yuan Lee <u> </u> None	
8	Patents planned, issued or pending	<u> </u> Chung-Yuan Lee <u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> Chung-Yuan Lee <u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> Chung-Yuan Lee <u> </u> None	
11	Stock or stock options	<u> </u> Chung-Yuan Lee <u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> Chung-Yuan Lee <u> </u> None	
13	Other financial or non-financial interests	<u> </u> Chung-Yuan Lee <u> </u> None	

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

None

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.

ICMJE DISCLOSURE FORM

Date: April 17th, 2023
 Your Name: Teng-Yao Yang
 Manuscript Title: Quantitative 2D Phase-Contrast MRI Characterization of Lower Extremity Venous Disease: Venous Reflux versus Venous Obstruction
 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 **current manuscript only**.

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.

		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.	<u>__Teng-Yao Yang__ None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__Teng-Yao Yang__ None</u>	
3	Royalties or licenses	<u>__Teng-Yao Yang__ None</u>	
4	Consulting fees	<u>__Teng-Yao Yang__ None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> Teng-Yao Yang <u> </u> None	
6	Payment for expert testimony	<u> </u> Teng-Yao Yang <u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> Teng-Yao Yang <u> </u> None	
8	Patents planned, issued or pending	<u> </u> Teng-Yao Yang <u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> Teng-Yao Yang <u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> Teng-Yao Yang <u> </u> None	
11	Stock or stock options	<u> </u> Teng-Yao Yang <u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> Teng-Yao Yang <u> </u> None	
13	Other financial or non-financial interests	<u> </u> Teng-Yao Yang <u> </u> None	

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

None

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.

ICMJE DISCLOSURE FORM

Date: April 17th, 2023
 Your Name: Kuo-Song Chang
 Manuscript Title: Quantitative 2D Phase-Contrast MRI Characterization of Lower Extremity Venous Disease: Venous Reflux versus Venous Obstruction
 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 current manuscript only.

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.

		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.	<u> Kuo-Song Chang__ None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> Kuo-Song Chang__ None</u>	
3	Royalties or licenses	<u> Kuo-Song Chang__ None</u>	
4	Consulting fees	<u> Kuo-Song Chang__ None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> Kuo-Song Chang <u> </u> None	
6	Payment for expert testimony	<u> </u> Kuo-Song Chang <u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> Kuo-Song Chang <u> </u> None	
8	Patents planned, issued or pending	<u> </u> Kuo-Song Chang <u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> Kuo-Song Chang <u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> Kuo-Song Chang <u> </u> None	
11	Stock or stock options	<u> </u> Kuo-Song Chang <u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> Kuo-Song Chang <u> </u> None	
13	Other financial or non-financial interests	<u> </u> Kuo-Song Chang <u> </u> None	

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

None

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.

ICMJE DISCLOSURE FORM

Date: April 17th, 2023
 Your Name: Pang-Yen Chen
 Manuscript Title: Quantitative 2D Phase-Contrast MRI Characterization of Lower Extremity Venous Disease: Venous Reflux versus Venous Obstruction
 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 **current manuscript only**.

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.

		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.	<u> Pang-Yen Chen None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> Pang-Yen Chen None</u>	
3	Royalties or licenses	<u> Pang-Yen Chen None</u>	
4	Consulting fees	<u> Pang-Yen Chen None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> Pang-Yen Chen <u> </u> None	
6	Payment for expert testimony	<u> </u> Pang-Yen Chen <u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> Pang-Yen Chen <u> </u> None	
8	Patents planned, issued or pending	<u> </u> Pang-Yen Chen <u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> Pang-Yen Chen <u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> Pang-Yen Chen <u> </u> None	
11	Stock or stock options	<u> </u> Pang-Yen Chen <u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> Pang-Yen Chen <u> </u> None	
13	Other financial or non-financial interests	<u> </u> Pang-Yen Chen <u> </u> None	

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

None

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.

ICMJE DISCLOSURE FORM

Date: April 17th, 2023
 Your Name: Shih-Chung Wang
 Manuscript Title: Quantitative 2D Phase-Contrast MRI Characterization of Lower Extremity Venous Disease: Venous Reflux versus Venous Obstruction
 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 current manuscript only.

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.

		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.	<u>Shih-Chung Wang</u> <u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Shih-Chung Wang</u> <u>None</u>	
3	Royalties or licenses	<u>Shih-Chung Wang</u> <u>None</u>	
4	Consulting fees	<u>Shih-Chung Wang</u> <u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_Shih-Chung Wang__ None	
6	Payment for expert testimony	_Shih-Chung Wang__ None	
7	Support for attending meetings and/or travel	_Shih-Chung Wang__ None	
8	Patents planned, issued or pending	_Shih-Chung Wang__ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_Shih-Chung Wang__ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_Shih-Chung Wang__ None	
11	Stock or stock options	_Shih-Chung Wang__ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_Shih-Chung Wang__ None	
13	Other financial or non-financial interests	_Shih-Chung Wang__ None	

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

None

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.

ICMJE DISCLOSURE FORM

Date: April 17th, 2023
 Your Name: Sheng-Ya Chen
 Manuscript Title: Quantitative 2D Phase-Contrast MRI Characterization of Lower Extremity Venous Disease: Venous Reflux versus Venous Obstruction
 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 **current manuscript only**.

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.

		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.	<u>Sheng-Ya Chen</u> <u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Sheng-Ya Chen</u> <u>None</u>	
3	Royalties or licenses	<u>Sheng-Ya Chen</u> <u>None</u>	
4	Consulting fees	<u>Sheng-Ya Chen</u> <u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> Sheng-Ya Chen <u> </u> None	
6	Payment for expert testimony	<u> </u> Sheng-Ya Chen <u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> Sheng-Ya Chen <u> </u> None	
8	Patents planned, issued or pending	<u> </u> Sheng-Ya Chen <u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> Sheng-Ya Chen <u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> Sheng-Ya Chen <u> </u> None	
11	Stock or stock options	<u> </u> Sheng-Ya Chen <u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> Sheng-Ya Chen <u> </u> None	
13	Other financial or non-financial interests	<u> </u> Sheng-Ya Chen <u> </u> None	

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

None

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.

ICMJE DISCLOSURE FORM

Date: April 17th, 2023

Your Name: Yu-Hui Lin

Manuscript Title: Quantitative 2D Phase-Contrast MRI Characterization of Lower Extremity Venous Disease: Venous Reflux versus Venous Obstruction

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 **current manuscript only**.

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.

		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.	<u>Yu-Hui Lin</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Yu-Hui Lin</u> None	
3	Royalties or licenses	<u>Yu-Hui Lin</u> None	
4	Consulting fees	<u>Yu-Hui Lin</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> Yu-Hui Lin <u> </u> None	
6	Payment for expert testimony	<u> </u> Yu-Hui Lin <u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> Yu-Hui Lin <u> </u> None	
8	Patents planned, issued or pending	<u> </u> Yu-Hui Lin <u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> Yu-Hui Lin <u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> Yu-Hui Lin <u> </u> None	
11	Stock or stock options	<u> </u> Yu-Hui Lin <u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> Yu-Hui Lin <u> </u> None	
13	Other financial or non-financial interests	<u> </u> Yu-Hui Lin <u> </u> None	

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

None

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.

ICMJE DISCLOSURE FORM

Date: April 17th, 2023
 Your Name: Chien-Wei Chen
 Manuscript Title: Quantitative 2D Phase-Contrast MRI Characterization of Lower Extremity Venous Disease: Venous Reflux versus Venous Obstruction
 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 **current manuscript only**.

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.

		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.	<u>Chien-Wei Chen</u> <u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>Chien-Wei Chen</u> <u>None</u>	
3	Royalties or licenses	<u>Chien-Wei Chen</u> <u>None</u>	
4	Consulting fees	<u>Chien-Wei Chen</u> <u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> Chien-Wei Chen <u> </u> None	
6	Payment for expert testimony	<u> </u> Chien-Wei Chen <u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> Chien-Wei Chen <u> </u> None	
8	Patents planned, issued or pending	<u> </u> Chien-Wei Chen <u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> Chien-Wei Chen <u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> Chien-Wei Chen <u> </u> None	
11	Stock or stock options	<u> </u> Chien-Wei Chen <u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> Chien-Wei Chen <u> </u> None	
13	Other financial or non-financial interests	<u> </u> Chien-Wei Chen <u> </u> None	

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

None

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.