

ICMJE DISCLOSURE FORM

Date: 1/13/2023

Your Name: Rongsheng Chen

Manuscript Title: Effect of BMI on image contrast in the hepatobiliary phase of Gd-EOB-DTPA-enhanced-MRI and its clinical application: a comparative study

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 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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Date: 1/13/2023

Your Name: Yunfeng Lu

Manuscript Title: Effect of BMI on image contrast in the hepatobiliary phase of Gd-EOB-DTPA-enhanced-MRI and its clinical application: a comparative study

Manuscript Number (if known): _____

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Date: 1/13/2023

Your Name: Zhibo Xiao

Manuscript Title: Effect of BMI on image contrast in the hepatobiliary phase of Gd-EOB-DTPA-enhanced-MRI and its clinical application: a comparative study

Manuscript Number (if known): _____

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Date: 1/13/2023

Your Name: Zhiwei Zhang

Manuscript Title: Effect of BMI on image contrast in the hepatobiliary phase of Gd-EOB-DTPA-enhanced-MRI and its clinical application: a comparative study

Manuscript Number (if known): _____

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Your Name: Fajin Lv

Manuscript Title: Effect of BMI on image contrast in the hepatobiliary phase of Gd-EOB-DTPA-enhanced-MRI and its clinical application: a comparative study

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.

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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: 1/13/2023

Your Name: Furong Lv

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