ICMJE DISCLOSURE FORM

Dat	re: Dec. 28 th , 202	2		
	ır Name:Shao-Na			
Ma	nuscript Title:_ Semiqu		onance imaging parameters for differentiating p	parotid
Ma	nuscript number (if kno	own):QIMS-22-1445_		
	he interest of transpare t are	ency, we ask you to disc	lose all relationships/activities/interests listed	below
rela thir	3	our manuscript. "Relate	d" means any relation with for-profit or not-for	-profit
•	ties whose interests m nmitment	ay be affected by the co	ntent of the manuscript. Disclosure represents	s a
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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)	
		ime frame: Since the initia	planning of the work	
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Time frame: past 36 months

X _None

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any entity (if not indicated

in item #1 above).

charges, etc.)

item.

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	X _None
6	Payment for expert testimony	X _None
7	Support for attending meetings and for travel	X _None
8	Patents planned, issued or pending	X _None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X _None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X _None
11	Stock or stock options	X _None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ X _None
13	Other financial or non- financial interests	X _None

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

None.

Please place an "X" next to	o the following statemen	nt to indicate your agreement:	
_X _ I certify that I have a questions on this form.	nswered every questior	and have not altered the wording of any of the)
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1 All support for the present manuscript (e.g., funding, provision of	X_None		

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4	Consulting fees	X _None
6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	X _NoneX _None
7	Support for attending meetings and /or travel	X _None
8	Patents planned, issued or pending	X _None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X _None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X _None
11	Stock or stock options	X _None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ X _None
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6	Payment for expert	X _None	
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7	Support for attending	X _None	
	meetings and for travel		
8	Patents planned, issued	X_None	
	or pending		
9	Participation on a Data	X _None	
	Safety Monitoring Board	X _IVUITE	
	or Advisory Board		
10	Leadership or fiduciary	X _None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
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11	Stock or stock options	X_None	

2	Receipt of equipment,	_X_None	
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3	Other financial or non-	X _None	
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Da Yo Ma	te: Dec. 28 th , 2022 ur Name: Bo Wang nuscript Title:_ Semiqueomorphic adenoma from	nswered every ques ICM 2 3 antitative magnetic m Warthin tumor	JE DISCLOSURE FORM resonance imaging parameters for differentiating pa

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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 for travel	X _None	
8	Patents planned, issued	X _None	
	or pending		
9	Participation on a Data	X _None	
	Safety Monitoring Board or Advisory Board		

Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X _None	
Stock of Stock options	X _None	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	X _None	
Other financial or non- financial interests	X_None	
	ve conflict of interest ir	n the following box:
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our Name: Guo-Li E anuscript Title:_ Semiqua eomorphic adenoma fror	Bi antitative magnetic resom Warthin tumor	onance imaging parameters for differentiating parotid
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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past X _None	36 months
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	X _None	
6	Payment for expert testimony	X_None	
7	Support for attending	X_None	

	meetings and/or travel		
3	Patents planned, issued or pending	X_None	
)	Participation on a Data Safety Monitoring Board or Advisory Board	X _None	
0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
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3	Other financial or non-financial interests	X _None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X _None		
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