

## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ Dec. 28<sup>th</sup>, 2022 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ **Shao-Nan He** \_\_\_\_\_  
 Manuscript Title: \_\_\_\_\_ Semiquantitative magnetic resonance imaging parameters for differentiating parotid pleomorphic adenoma from Warthin tumor \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_ **QIMS-22-1445** \_\_\_\_\_

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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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			
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.	__ X __None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__ X __None	

3	Royalties or licenses	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
4	Consulting fees	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
6	Payment for expert testimony	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
8	Patents planned, issued or pending	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	
13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	

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:

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: Dec. 28<sup>th</sup>, 2022  
 Your Name: Ren-Cai Lu  
 Manuscript Title: Semiquantitative magnetic resonance imaging parameters for differentiating parotid pleomorphic adenoma from Warthin tumor  
 Manuscript number (if known): QIMS-22-1445

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### ICMJE DISCLOSURE FORM

Date: Dec. 28<sup>th</sup>, 2022  
Your Name: **Jia-Long Zhou**  
Manuscript Title: Semiquantitative magnetic resonance imaging parameters for differentiating parotid pleomorphic adenoma from Warthin tumor  
Manuscript number (if known): QIMS-22-1445

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### ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ Dec. 28<sup>th</sup>, 2022 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ **Bo Wang** \_\_\_\_\_  
 Manuscript Title: \_\_\_\_\_ Semiquantitative magnetic resonance imaging parameters for differentiating parotid pleomorphic adenoma from Warthin tumor \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_ **QIMS-22-1445** \_\_\_\_\_

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Date: \_\_\_\_\_ Dec. 28<sup>th</sup>, 2022 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ **Guo-Li Bi** \_\_\_\_\_  
 Manuscript Title: \_ Semiquantitative magnetic resonance imaging parameters for differentiating parotid pleomorphic adenoma from Warthin tumor \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_ **QIMS-22-1445** \_\_\_\_\_

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 Your Name: \_\_\_\_\_ **Kun-Hua Wu** \_\_\_\_\_  
 Manuscript Title: \_ Semiquantitative magnetic resonance imaging parameters for differentiating parotid pleomorphic adenoma from Warthin tumor \_\_\_\_\_  
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