Date: <u>Mar. 27th, 2023</u> Your Name: <u>Chenyang Li</u>

Manuscript Title: Diagnostic efficacy of quantitative ultrasonography for anterior disc displacement of

temporomandibular joint.

Manuscript number (if known): QIMS-23-401

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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		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)
	Ti	me frame: Since the initia	l 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	X_None	
4	Consulting fees	X_None	

5	Payment or honoraria for lectures, presentations,	X_None	
	speakers bureaus,		
	manuscript writing or		
4	educational events Payment for expert	X None	
6	testimony	<u>X_NOTIE</u>	
	too annony		
7	Support for attending meetings and for travel	<u>X_</u> None	
	-		
8	Patents planned, issued	X_None	
	or pending		
9	Participation on a Data	X_None	
9	Safety Monitoring Board	<u>X_NOTIE</u>	
	or Advisory Board		
10	Leadership or fiduciary role in other board,	X_None	
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	<u>X_</u> None	
10	Descipt of equipment	V None	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
13	services Other financial or non-	X None	
13	financial interests	<u>X_NOTE</u>	
Ρle	ease summarize the abo	ve conflict of interest in	n the following box:
Г	None.		
	-		

Date: <u>Mar. 27th, 2023</u> Your Name: <u>Jinbo Zhou</u>

Manuscript Title: Diagnostic efficacy of quantitative ultrasonography for anterior disc displacement of

temporomandibular joint.

Manuscript number (if known): <u>QIMS-23-401</u>

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2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	

5	Payment or honoraria for lectures, presentations,	X_None	
	speakers bureaus,		
	manuscript writing or		
4	educational events Payment for expert	X None	
6	testimony	<u>X_NOTIE</u>	
	too annony		
7	Support for attending meetings and for travel	<u>X_</u> None	
	-		
8	Patents planned, issued	X_None	
	or pending		
9	Participation on a Data	X_None	
9	Safety Monitoring Board	<u>X_NOTIE</u>	
	or Advisory Board		
10	Leadership or fiduciary role in other board,	X_None	
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	<u>X_</u> None	
10	Descipt of equipment	V None	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
13	services Other financial or non-	X None	
13	financial interests	<u>X_NOTE</u>	
Ρle	ease summarize the abo	ve conflict of interest in	n the following box:
Г	None.		
	-		

Date: <u>Mar. 27th, 2023</u> Your Name: <u>Yuchao Shi</u>

Manuscript Title: Diagnostic efficacy of quantitative ultrasonography for anterior disc displacement of

temporomandibular joint.

Manuscript number (if known): <u>QIMS-23-401</u>

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2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	

5	Payment or honoraria for lectures, presentations,	X_None	
	speakers bureaus,		
	manuscript writing or		
4	educational events Payment for expert	X None	
6	testimony	<u>X_NOTIE</u>	
	too annony		
7	Support for attending meetings and for travel	<u>X_</u> None	
	-		
8	Patents planned, issued	X_None	
	or pending		
9	Participation on a Data	X_None	
9	Safety Monitoring Board	<u>X_NOTIE</u>	
	or Advisory Board		
10	Leadership or fiduciary role in other board,	X_None	
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	<u>X_</u> None	
10	Descipt of equipment	V None	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
13	services Other financial or non-	X None	
13	financial interests	<u>X_NOTE</u>	
Ρle	ease summarize the abo	ve conflict of interest in	n the following box:
Г	None.		
	-		

Date: Mar. 27th, 2023 Your Name: Zelin Ye

Manuscript Title: Diagnostic efficacy of quantitative ultrasonography for anterior disc displacement of

temporomandibular joint.

Manuscript number (if known): <u>QIMS-23-401</u>

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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)
	Ti	me frame: Since the initia	l 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	X_None	
4	Consulting fees	X_None	

5	Payment or honoraria for lectures, presentations,	X_None	
	speakers bureaus,		
	manuscript writing or		
4	educational events Payment for expert	X None	
6	testimony	<u>X_NOTIE</u>	
	too annony		
7	Support for attending meetings and for travel	<u>X_</u> None	
	-		
8	Patents planned, issued	X_None	
	or pending		
9	Participation on a Data	X_None	
9	Safety Monitoring Board	<u>X_NOTIE</u>	
	or Advisory Board		
10	Leadership or fiduciary role in other board,	X_None	
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	<u>X_</u> None	
10	Descipt of equipment	V None	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
13	services Other financial or non-	X None	
13	financial interests	<u>X_NOTE</u>	
Ρle	ease summarize the abo	ve conflict of interest in	n the following box:
Г	None.		
	-		

Date: Mar. 27th, 2023

Your Name: Chunmiao Zhang

Manuscript Title: Diagnostic efficacy of quantitative ultrasonography for anterior disc displacement of

temporomandibular joint.

Manuscript number (if known): QIMS-23-401

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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)
		Ti	me frame: Since the initia	l planning of the work
1	1	All support for the	X_None	
		present manuscript (e.g.,		
		funding, provision of		
		study materials, medical		
		writing, article processing		
		charges, etc.)		
		No time limit for this		
		item.		
			Time frame: past	36 months
2	2	Grants or contracts from	X_None	
		any entity (if not indicated		
L		in item #1 above).		
3	3	Royalties or licenses	X_None	
4	4	Consulting fees	<u>X_</u> None	

5	Payment or honoraria for lectures, presentations,	X_None	
	speakers bureaus,		
	manuscript writing or		
4	educational events Payment for expert	X None	
6	testimony	<u>X_NOTIE</u>	
	too annony		
7	Support for attending meetings and for travel	<u>X_</u> None	
	-		
8	Patents planned, issued	X_None	
	or pending		
9	Participation on a Data	X_None	
9	Safety Monitoring Board	<u>X_NOTIE</u>	
	or Advisory Board		
10	Leadership or fiduciary role in other board,	X_None	
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	<u>X_</u> None	
10	Descipt of equipment	V None	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
13	services Other financial or non-	X None	
13	financial interests	<u>X_NOTE</u>	
Ρle	ease summarize the abo	ve conflict of interest in	n the following box:
Г	None.		
	-		

Date: <u>Mar. 27th, 2023</u> Your Name: <u>Ruilai Hou</u>

Manuscript Title: Diagnostic efficacy of quantitative ultrasonography for anterior disc displacement of

temporomandibular joint.

Manuscript number (if known): <u>QIMS-23-401</u>

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		me frame: Since the initia	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	24 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	

5	Payment or honoraria for lectures, presentations,	X_None	
	speakers bureaus,		
	manuscript writing or		
4	educational events Payment for expert	X None	
6	testimony	<u>X_NOTIE</u>	
	too annony		
7	Support for attending meetings and for travel	<u>X_</u> None	
	-		
8	Patents planned, issued	X_None	
	or pending		
9	Participation on a Data	X_None	
9	Safety Monitoring Board	<u>X_NOTIE</u>	
	or Advisory Board		
10	Leadership or fiduciary role in other board,	X_None	
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	<u>X_</u> None	
10	Descipt of equipment	V None	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
13	services Other financial or non-	X None	
13	financial interests	<u>X_NOTE</u>	
Ρle	ease summarize the abo	ve conflict of interest in	n the following box:
Г	None.		
	-		

Date: <u>Mar. 27th, 2023</u> Your Name: <u>Zhongjie Li</u>

Manuscript Title: Diagnostic efficacy of quantitative ultrasonography for anterior disc displacement of

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Manuscript number (if known): <u>QIMS-23-401</u>

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	T	Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: past X_None X_None	36 months
4	Consulting fees	<u>X_</u> None	

5	Payment or honoraria for lectures, presentations,	X_None				
	speakers bureaus,					
	manuscript writing or					
-	educational events	X None				
6	Payment for expert testimony	<u>X_NOTIE</u>				
	te 3 umorry					
7	Support for attending meetings and/or travel	<u>X_</u> None				
8	Patents planned, issued	X None				
	or pending					
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>X_</u> None				
10	Leadership or fiduciary role in other board, society, committee or	X_None				
. 0		<u> </u>				
	advocacy group, paid or					
11	unpaid Stock or stock options	X_None				
' '	Stock of Stock options	<u>X_NOTE</u>				
12	Receipt of equipment, materials, drugs, medical	<u>X_</u> None				
	writing, gifts or other services					
13	Other financial or non-	X None				
	financial interests					
Please summarize the above conflict of interest in the following box:						
Г	None.					

Date: <u>Mar. 27th, 2023</u> Your Name: <u>Meng You</u>

Manuscript Title: Diagnostic efficacy of quantitative ultrasonography for anterior disc displacement of

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Manuscript number (if known): <u>QIMS-23-401</u>

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	Ti	me frame: Since the initia	l 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	X_None	
4	Consulting fees	X_None	

5	Payment or honoraria for lectures, presentations,	X_None				
	speakers bureaus,					
	manuscript writing or					
-	educational events	X None				
6	Payment for expert testimony	<u>X_NOTIE</u>				
	te 3 umorry					
7	Support for attending meetings and/or travel	<u>X_</u> None				
8	Patents planned, issued	X None				
	or pending					
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>X_</u> None				
10	Leadership or fiduciary role in other board, society, committee or	X_None				
. 0		<u> </u>				
	advocacy group, paid or					
11	unpaid Stock or stock options	X_None				
' '	Stock of Stock options	<u>X_NOTE</u>				
12	Receipt of equipment, materials, drugs, medical	<u>X_</u> None				
	writing, gifts or other services					
13	Other financial or non-	X None				
	financial interests					
Please summarize the above conflict of interest in the following box:						
Г	None.					