Date: Oct 4th, 2023

Your Name: Yi-Xiang Wang

Manuscript: The relevance of T2 relaxation time in interpreting MRI apparent diffusion coefficient (ADC)

map for musculoskeletal structures.

Manuscript number: QIMS-23-1392

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 <u>defined broadly</u>. 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.

	 :	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)
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1	All support for the	XNone	
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	No time limit for this		
	item.		
		Time frame: past	36 months
2	Grants or contracts from	X_None	
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	in item #1 above).		
3	Royalties or licenses	XNone	

4	Consulting fees	X_None	
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/or travel	XNone	
8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	XNone	
	role in other board, society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X_None	
	financial interests		
Ple	ease summarize the abo	ve conflict of interest	in the following box:
	XNone		

Date: Oct 4th, 2023

Your Name: Maria Pilar Aparisi Gómez

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Ple	ease summarize the abo	ve conflict of interest	in the following box:
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Your Name: Fernando Ruiz Santiago

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Manuscript number: QIMS-23-1392

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13	Other financial or non-	X_None	
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Date: Oct 4th, 2023

Your Name: Alberto Bazzocchi

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