Date:_01/17/2023	
our Name:Jacob	
illison	
Manuscript Title: Estimate of Fetal Brain Temperature Using PRF Thermometry during Fetal	
<u>//RI</u>	
Manuscript number (if known):	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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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.

		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	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.	None	
		Time frame: past	36 months
2	Grants or contracts from	None	

	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

I have no conflicts of interest to disclose.		

Please place an "X" next to the following statement to indicate your agreement:		
_X_ I certify that I have answered every question and have not altered the wording of any of questions on this form.		

Date:01/06/2023
Your Name:Kisoo Kim
Manuscript Title: Estimate of Fetal Brain Temperature Using PRF Thermometry during Fetal
MRI
Manuscript number (if known):

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	

	in item #1 above).		
3	Royalties or licenses	None	
	_		
4	Consulting fees	None	
5	Daymant or hanavaria for	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	Ğ		
8	Patents planned, issued or pending	None	
_			
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	None	
10	role in other board,	NONE	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None	
10	Descipt of agricument	Nana	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
13	services Other financial or non-	None	
13	financial interests	INUTIC	
	manda modolo		

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.

Date:	
1/7/2023	
Your Name:Yi Li,	
MD	
Manuscript Title: Estimate of Fetal Brain Temperature Using PRF Thermometry during Fetal	
MRI	
Manuscript number (if known):	

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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).	American Society of Pediatric Neuroradiology Society for Pediatric	
		Radiology	
3	Royalties or licenses	None	
4	Consulting fees	None	
·	Containing 1000	110110	
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		04500
6	Payment for expert testimony	Malpractice expert witness	\$1500 payment for testimony on a topic unrelated to this manuscript
		William	to the mandonpt
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued	None	
	or pending		
9	Participation on a Data	None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary role in other board,	None	
	society, committee or		
	advocacy group, paid or		
11	unpaid Stock or stock options	None	
' '	Stock of Stock options	INOTIE	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

I do not have any conflicts of interest related to this manuscript.	

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_x_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.	

Date:	
1/11/2023	
Your Name:Xin Mu	
Manuscript Title: Estimate of Fetal Brain Temperature Using PRF Thermometry during Fetal	
MRI	
Manuscript number (if known):	

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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)
		me frame: Since the initia	planning of the work
1	All support for the	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	Grants or contracts from	None	

	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
	,, <b>.</b>		
4	Consulting fees	None	
_			
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued	None	
	or pending		
9	Participation on a Data	None	
9	Participation on a Data Safety Monitoring Board	INOTIE	
	or Advisory Board		
10	Leadership or fiduciary	None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
4.4	unpaid	N. 1	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	140110	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.			

Please place an "X" next to the following statement to indicate your agreement:
_X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	Jan
11,2023	
<b>Your Name</b>	e: Orit Glenn
Manuscrip	t Title: Estimate of Fetal Brain Temperature Using PRF Thermometry during Fetal
MRI	
Manuscrin	t number (if known):

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		Time frame: past	36 months
2	Grants or contracts from	_XNone	

	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_XNone	
6	Payment for expert testimony	_XNone	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	_XNone	
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	_XNone	
11	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone	
13	Other financial or non- financial interests	_XNone	

Please place an "X" next to the following statement to indicate your agreement:
_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:01.09.2023
Your Name:Eugene Ozhinsky
Manuscript Title: Estimate of Fetal Brain Temperature Using PRF Thermometry during Fetal
MRI
Manuscript number (if known):

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	_XNone	

	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	
5	Payment or honoraria for	X_None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert	X None	
"	testimony	XNONC	
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued	X_None	
	or pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	XNone	
10	role in other board,	X_None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	X_None	
10	D	V N	
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:

Please place an "X" next to the following statement to indicate your agreement:
_X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:1/6/23	
Your Name:_Shabnam Peyva	andi
Manuscript Title: Estimate of	Fetal Brain Temperature Using PRF Thermometry during Fetal
MRI	
Manuscript number (if know	n):

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	

	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
-			
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	-		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued	None	
	or pending		
_	Double in chien and a Dobe	Name	
9	Participation on a Data Safety Monitoring Board	None	
	or Advisory Board		
10	Leadership or fiduciary	None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	NOTIE	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
DI		ve conflict of interest	in the following have
PI	Please summarize the abo	ve conflict of interest	in the following box:

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Date: 1/6/2023
Your Name: Duan Xu
Manuscript Title: Estimate of Fetal Brain Temperature Using PRF Thermometry during Fetal
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Manuscript number (if known):

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	

	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
-			
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	-		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued	None	
	or pending		
_	Double in chien and a Dobe	Name	
9	Participation on a Data Safety Monitoring Board	None	
	or Advisory Board		
10	Leadership or fiduciary	None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	NONE	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
DI		ve conflict of interest	in the following have
PI	Please summarize the abo	ve conflict of interest	in the following box:

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