Date: September 13. 2023						
Your Name: Chunillo Weak						
Manuscript Title: Evaluations of The	Diggnostic	Per formero	of	ZosMit Dittusion-	Weightool Lougin	4 and
Manuscript number (if known):					can-Weighted	Znagin
	i wije		- 10	for Breact loci	1	7"

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4	Consulting fees	None	

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Company for the P		
1	Support for attending meetings and/or travel	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
Ü	pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
	Stock of Stock options	NOTIC	
	40 Land Control of the Control of th		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	
	illiancial filterests		

None.				

Please place an "X" next to the following statement to indicate your agreement:

Pour Name: Yourn Young	
Your Name: Yourg Young	
Manuscript Title: Zaluations of the Diagnosti	F. Performance of Zoonit Diffusion-Weighted
Manuscript number (if known):	Imagina and Conventional Vitusion
	Weighted I maging for Breast Lesions

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	V _{III}	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)
	· 公司不是是是第二次。	Time frame: Since the initi	al planning of the work
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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pas	t 36 months
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 testimony	None	
7	Support for attending meetings and/or travel	None	
		and the second	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
3	Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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Please place an "X" next to the following statement to indicate your agreement:

Date: September 13, 2023	
Your Name: Ling Jang	
Manuscript Title: Evaluations of the Diagnos	tic performance of 200 Mit Diffusion-Weighted Imagin
Manuscript number (if known):	and (unventional Dittus; on-Weighter
	Imaging for Breast Lesions.

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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)
	从天空上的大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大	Time frame: Since the initi	al planning of the work
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or educational events		
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	None	
11	group, paid or unpaid 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	

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Please place an "X" next to the following statement to indicate your agreement:

Date: Septembor 13, 2025	
Your Name: Chushang Hu	
Manuscript Title: Evaluations of the Diagnostic Performance of	f 200Mit Diffusion-Waghted Inaging and Conventional Diffusion-Weighted
Manuscript number (if known):	Imaging for Breast lesions
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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)
813	promise the state of the state	Time frame: Since the initi	al 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	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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 testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
9	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	

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date:Soptember 13, 2023	
Your Name: xinxing Ma	
Manuscript Title: Evaluations of the Diagnostic	. Performance of Zoomit Diffusion - Weighted Imaging and
Manuscript number (if known):	Conventional Diffusion-weighted Imaging for
	Breast Lesions

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

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Please place an "X" next to the following statement to indicate your agreement:

() 12	
Date: September 13.2023	
Your Name: (puang > heng Li	
Manuscript Title: Z-valuations of the Diagnostic	Performance of Zormit Diffusion-Weighted Imaging
Manuscript number (if known):	and Conventional Diffusor Weighted
	Imaging for Breast Lesions

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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	
	STATE OF THE PARTY AND ADDRESS.	Time frame: pas	st 36 months
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	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 or	None	
	pending		
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9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
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13	Other financial or non-	None	
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