

ICMJE DISCLOSURE FORM

Date: Aug. 20th, 2023

Your Name: Lu Hou (1)

Manuscript Title: Correlation Analysis of PET/CT-MRI Imaging of CB1 Receptor in Lumbar Spine and Brain of Aged Osteoporosis Female Cynomolgus Monkeys

Manuscript number (if known): QIMS-23-118

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Date: Aug. 20th, 2023

Your Name: Haitong Zhang (2)

Manuscript Title: Correlation Analysis of PET/CT-MRI Imaging of CB1 Receptor in Lumbar Spine and Brain of Aged Osteoporosis Female Cynomolgus Monkeys

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Date: Aug. 20th, 2023

Your Name: Ying Li (3)

Manuscript Title: Correlation Analysis of PET/CT-MRI Imaging of CB1 Receptor in Lumbar Spine and Brain of Aged Osteoporosis Female Cynomolgus Monkeys

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Your Name: Honghao Zhu (4)

Manuscript Title: Correlation Analysis of PET/CT-MRI Imaging of CB1 Receptor in Lumbar Spine and Brain of Aged Osteoporosis Female Cynomolgus Monkeys

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Your Name: Kai Liao (5)

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Your Name: Bin Guo (6)

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Your Name: Chenchen Dong (7)

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Your Name: Guocong Li (8)

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Your Name: Weijian Ye (9)

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Your Name: Lu Wang (10)

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical	<input checked="" type="checkbox"/> None	

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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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: Aug. 20th, 2023

Your Name: Hao Xu (11)

Manuscript Title: Correlation Analysis of PET/CT-MRI Imaging of CB1 Receptor in Lumbar Spine and Brain of Aged Osteoporosis Female Cynomolgus Monkeys

Manuscript number (if known): QIMS-23-118

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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