Date:	Aug 19. 2025		
Your Name:	Zhenzh	100 Wu	
Manuscript 7	Title: Assessment of	fultrashort ed	tho time (UTE) T2* mapping at 3T for the whole knee: repeatability, the
effects of fat	suppression, and k	nee position	
Manuscript i	number (if known):	QIMS-23-459	

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 <u>current</u> <u>manuscript only</u>.

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)
		Time frame: Since the initial	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	
		Time frame: pas	t 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	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>X_None</u>
6	Payment for expert	<u>X</u> None
	testimony	
7	Support for attending meetings and/or travel	_X_None
8	Patents planned, issued or	<u>X</u> None
	pending	A
elect. where ago		
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>X</u> None
10	Leadership or fiduciary role	X None
10	in other board, society, committee or advocacy	None
	group, paid or unpaid	
11	Stock or stock options	X None
12	Receipt of equipment,	<u>X</u> None
	materials, drugs, medical writing, gifts or other	
	services	
13	Other financial or non-	<u>X</u> None
9	financial interests	
		COLUMN TO THE PARTY OF THE PART

•	No	conflict of	interest.

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

 $\frac{\chi}{2}$ I certify that I have answered every question and have not altered the wording of any of the questions on this

Date: 8/2/2023	
Your Name: William Zaylor	
Manuscript Title: Assessment of ultrashort echo time (UTE) T2* mapping at 3T for the whole knee: repeatability, t	the
effects of fat suppression, and knee position	
Manuscript number (if known): QIMS-23-459	

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		whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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	NIH T32AR007505
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastx_None	36 months
3	Royalties or licenses Consulting fees	xNone x None	

5	Payment or honoraria for	xNone	
	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 or	xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	xNone	
	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-	xNone	
	financial interests		
Dlas	se summarize the above co	nflict of interest in the	following hav:

Grant funding provided salary support for William Zaylor		

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

Date:2023/0	8/07
Your Name::	Stefan Sommer
Manuscript Tit	le: Assessment of ultrashort echo time (UTE) T2* mapping at 3T for the whole knee: repeatability, the
effects of fat s	uppression, and knee position
Manuscript nu	mber (if known): QIMS-23-459

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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)
		Time frame: Since the initial	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.	Employment / Salary	I'm a Siemens Healthineers employee
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	_xNone	
4	Consulting fees	_xNone	

5	Payment or honoraria for	_xNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	_xNone		
	testimony			
7	Support for attending meetings and/or travel	_xNone		
8	Patents planned, issued or	_xNone		
	pending			
9	Participation on a Data	_xNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	_xNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	_xNone		
12	Receipt of equipment,	_xNone		
	materials, drugs, medical			
	writing, gifts or other services			
12	Other financial or non-	v. None		
13	other financial or non- financial interests	_xNone		
	illialiciai liiterests			
	Please summarize the above conflict of interest in the following box: I'm employed by Siemens Healthineers			

I'm employed by Siemens Healthineers			

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

Date: 8/2/2023

Your Name: **Dongxing Xie**

Manuscript Title: Assessment of ultrashort echo time (UTE) T2* mapping at 3T for the whole knee: repeatability, the

effects of fat suppression, and knee position Manuscript number (if known): QIMS-23-459

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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)
		Time frame: Since the initial	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			
6	Payment for expert	_ X _None		
	testimony			
7	Support for attending	_ X _None		
	meetings and/or travel			
8	Patents planned, issued or	_ X _None		
	pending			
9	Participation on a Data	_ X _None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	_ X _None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	_ X _None		
12	Receipt of equipment,	_ X _None		
	materials, drugs, medical			
	writing, gifts or other			
4.3	services	V. N		
13	Other financial or non-	_ X _None		
	financial interests			
DI	Please summarize the above conflict of interest in the following box:			
FI	ricase summanze the above commit of interest in the following box.			
Γ				

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

Date:_Sep 13, 2023
Your Name: Xiaodong Zhong
Manuscript Title: Assessment of ultrashort echo time (UTE) T2* mapping at 3T for the whole knee: repeatability, the
effects of fat suppression, and knee position
Manuscript number (if known): QIMS-23-459

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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)
		Time frame: Since the initial	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.	Siemens Medical Solutions USA, Inc	I was a Siemens employee until June 30, 2023.
		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	

_		V N	
5	Payment or honoraria for	_X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	X_None	
7	Support for attending	X_None	
	meetings and/or travel		
8	Patents planned, issued or	_X_None	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_None	
10	in other board, society, committee or advocacy	X_None	
	group, paid or unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		

I	was a Siemens employee until June 30, 2023.

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

X I cer forr	rtify that I have answere n.	d every question and hav	e not altered the word	ing of any of the questi	ons on this

Date:	_9/29/2023
Your Name:	Kecheng Liu
Manuscript	Title: Assessment of ultrashort echo time (UTE) T2* mapping at 3T for the whole knee: repeatability, the
effects of fa	t suppression, and knee position
Manuscript	number (if known): QIMS-23-459

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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)
		Time frame: Since the initial	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.	Employment/Salary	I am a Siemens employee
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	_XNone	

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ur agreement:
ur agreement:

Date: 8/2(13)	
Your Name: Teehun Kim	
Manuscript Title: Assessment of ultrashort echo time (UTE) T2* mapping at 3T for the whole knee: repeatability, tl	he
effects of fat suppression, and knee position	
Manuscript number (if known): QIMS-23-459	

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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)
	All I C II	Time frame: Since the initial	planning of the work
1	All support for the present	None	
	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	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
0	testimony	None	
	tooy		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or	140110	
	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	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ase summarize the above c	onflict of interest in the fol	lowing box:

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:_	August 2, 2023	
Your N	lame: Jillian E Beveridge	
Manus	script Title: Assessment of ultrashort echo time (UTE) $T2^*$ mapping at 3T for the whole knee: repeatability, the	ne
effects	s of fat suppression, and knee position	
Manus	script number (if known): QIMS-23-459	

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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)
	I	Time frame: Since the initial	
1	All support for the present	None	NIH NIAMS R00-AR069094
	manuscript (e.g., funding,		CCF MSRC Pilot Grant
	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	_X_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_X_None	
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	<u>X</u> None	
	testimony		
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or	_X_None	
	pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_X_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Possint of aguinment	X None	
12	Receipt of equipment, materials, drugs, medical	XNOTIE	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	

Grant funding listed in #1 provided partial salary support for J. Beveridge & W. Zaylor

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:Augu	ıst 15, 2023
Your Name:	_Xiaoliang Zhang
Manuscript Title	: Assessment of ultrashort echo time (UTE) T2* mapping at 3T for the whole knee: repeatability, the
effects of fat sup	ppression, and knee position
Manuscript num	ber (if known): QIMS-23-459

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		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	NIH/NIBIB U01EB023829	NIH grant
	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	
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 or	None	
	pending		
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		
4.4	group, paid or unpaid		
11	Stock or stock options	None	
12	Descint of a major and	News	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
13	financial interests	None	
_			

The imaging sequence development without human subjects and human data presented in this work was supported
in part by the NIH grant NIH/NIBIB U01EB023829.

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:August 15, 2023
Your Name: Xiaojuan Li
Manuscript Title: Assessment of ultrashort echo time (UTE) T2 st mapping at 3T for the whole knee: repeatability, the
effects of fat suppression, and knee position
Manuscript number (if known): QIMS-23-459

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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)
		Time frame: Since the initial	
1	All support for the present	None	NIH/NIBIB U01EB023829
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time mint for this item.		
		Time frame: past	26 months
2	Cuanta au acutua eta fuene	•	30 Holitis
2	Grants or contracts from	_X_None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	X None	
3	Noyaldes of ficerises		
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	<u>X</u> None		
	testimony			
7	Support for attending	X_None		
	meetings and/or travel			
8	Patents planned, issued or	_X_None		
	pending			
9	Participation on a Data	_X_None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other			
12	services	V None		
13	Other financial or non- financial interests	XNone		
	illialiciai liiterests			

Grant funding listed in #1 provided partial salary support for X. Li and X. Zhang.		

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.