Date: September 16, 2023				
Your Name: Zilong MA				
Manuscript Title: Rectal arteriovenous malformations with acute rectal hemorrhage: interesting magne	tic			
resonance imaging findings				

Manuscript number (if known):\_\_\_\_\_

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	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	
Ũ	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	
10	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		

None.

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

<u>X</u> I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	Pate: September 16, 2023				
Your N	lame: <u>Ping</u>	GONG			
Manus	cript Title:	Rectal arteriovenous malformations with acute rectal hemorrhage: interesting magnetic			
resona	resonance imaging findings				

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	testimony		
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Date:	September	<u>16, 2023</u>
Your N	ame: <u>Shux</u>	ian ZHANG
Manus	cript Title:	Rectal arteriovenous malformations with acute rectal hemorrhage: interesting magnetic
resona	nce imagin	<u>g findings</u>

Manuscript number (if known):\_\_\_\_\_

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9	Participation on a Data	None	
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10	Leadership or fiduciary role	None	
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Date:	ite: <u>September 16, 2023</u>				
Your N	lame: <u>Qiny</u>	an XU			
Manus	script Title:	Rectal arteriovenous malformations with acute rectal hemorrhage: interesting magnetic			
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Ũ	testimony		
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Date: September 16, 2023							
Your Name: Xihe SUN							
Manuscript Title: Rectal arteriovenous malformations with acute rectal hemorrhage: inter	esting magnetic						
resonance imaging findings							

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1	1 All support for the present manuscript (e.g., funding, provision of study materials,	None	
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		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 lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	None	
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	
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