ICMJE DISCLOSURE FORM

Your Name:Arosh S. Perera Molligoda Arachchige	
evaluation of Osteomyelitis: Exploring the role of advanced MRI sequences: A Narrative Review	
Manuscript number (if known): In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below th related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit to parties whose interests may be affected by the content of the manuscript. Disclosure represents a commit 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 currenanuscript only. The author's relationships/activities/interests should be defined broadly. For example, if your manuscript to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihype medication, even if that medication is not mentioned in the manuscript. In item #1 below, report all support for the work reported in this manuscript without time limit. For all of the time frame for disclosure is the past 36 months. Name all entities with whom you have this relationship or indicate none (add rows as needed) 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.)	
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provision of study materials, medical writing, article processing charges, etc.)	
processing charges, etc.)	
No time limit for this item	
No time limit for this item.	
Time frame: past 36 months	
2 Grants or contracts fromXNone	
any entity (if not indicated in item #1 above).	

3	Royalties or licenses	XNone	
4	Consulting fees	X None	
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		V None	
10	Leadership or fiduciary role in other board, society,	XNone	
	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		

Please summarize the above conflict of interest in the following box:

None.			

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

form.			

ICMJE DISCLOSURE FORM

Date: <u>Oct. 16th, 2023</u>			
Your Name: <u>Yash Ver</u>	ma	_	
Manuscript Title:	State of the Art in	the diagnostic evaluation of Osteomyelitis:	
Exploring the role of ac	lvanced MRI sequences	: A Narrative Review	
Manuscript number (if kr	nown):		_
that are related to the content of	-	close all relationships/activities/interests listed	
commitment		ntent of the manuscript. Disclosure represent	
	s not necessarily indicate rest, it is preferable that y	e a bias. If you are in doubt about whether to I rou do so.	ist a
The following questions a current manuscript only.	apply to the author's rela	tionships/activities/interests as they relate to	the
pertains to the epidemiology of hy	pertension, you should c	uld be <u>defined broadly</u> . For example, if your m leclare all relationships with manufacturers of on is not mentioned in the manuscript.	•
In item #1 below, report a	·	eported in this manuscript without time limit.	For all
	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)	
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present manuscript (e.g., funding, provision of study materials, medical writing, article processing

No time limit for this

charges, etc.)

item.

		Time frame: pas	t 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X_None	
	_		
4	Consulting fees	XNone	
F	Deverant or homoveric for	V Nana	
5	Payment or honoraria for lectures, presentations,	X_None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	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	X_None	
	role 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		
	services		
13	Other financial or non-	XNone	
	financial interests		

Please summarize the above conflict of interest in the following box:

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.