

ICMJE DISCLOSURE FORM

Date: 2023/05/31
 Your Name: Zhi-Ying Liang
 Manuscript Title: Crucial CT and MRI Findings of Fallopian Tubal Tuberculosis for Diagnosis: a Retrospective Study of 26 Cases
 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.

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ICMJE DISCLOSURE FORM

Date: 2023/05/31
 Your Name: Ke Zou
 Manuscript Title: Crucial CT and MRI Findings of Fallopian Tubal Tuberculosis for Diagnosis: a Retrospective Study of 26 Cases
 Manuscript number (if known): _____

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Date: 2023/05/31
 Your Name: Tao-Lin Lin
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Date: 2023/05/31
 Your Name: Jia-Ke Dong
 Manuscript Title: Crucial CT and MRI Findings of Fallopian Tubal Tuberculosis for Diagnosis: a Retrospective Study of 26 Cases
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Date: 2023/05/31
 Your Name: Man-Qian Huang
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Date: 2023/05/31
 Your Name: Shu-Min Zhou
 Manuscript Title: Crucial CT and MRI Findings of Fallopian Tubal Tuberculosis for Diagnosis: a Retrospective Study of 26 Cases
 Manuscript number (if known): _____

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 Manuscript Title: Crucial CT and MRI Findings of Fallopian Tubal Tuberculosis for Diagnosis: a Retrospective Study of 26 Cases
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Date: 2023/05/31

Your Name: Ling Zhang

Manuscript Title: Crucial CT and MRI Findings of Fallopian Tubal Tuberculosis for Diagnosis: a Retrospective Study of 26 Cases

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