Da	te:2023-11-30			
	ur Name: Kaifan Che			
	•		ultrasound coupled with shear wave elastography in the	
			liabetes	
Ma	anuscript number (if known)	: QIMS-23-1152	2	
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me affected by the content necessarily indicate a bias	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.	
	e following questions apply anuscript only.	to the author's relationsl	nips/activities/interests as they relate to the current	
to	•	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertain re all relationships with manufacturers of antihypertensive n the manuscript.	
	item #1 below, report all su e time frame for disclosure i	•	ed in this manuscript without time limit. For all other item	ıs,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as	, and the second	
		needed)		
		Time frame: Since the initi	al planning of the work	
L	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.			
	Cranta an agustus sta formas	Time frame: pa	st 36 months	
<u> </u>	Grants or contracts from	√None		
	any entity (if not indicated in item #1 above).			
)	Royalties or licenses	/ None		
,	Noyalties of licelises	√None		

Consulting fees

√__None

5	Payment or honoraria for lectures, presentations,	√None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	√ None	
U	testimony	vNone	
	testimony		
7	Support for attending	√ None	
•	meetings and/or travel		
	and an age and age as a control		
8	Patents planned, issued or	√ None	
Ü	pending	<u> </u>	
9	Participation on a Data	√ None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role		
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	/ 21	
11	Stock or stock options	√None	
12	Receipt of equipment,	√ None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	√None	
	financial interests		
		(1) ()	H
PIE	ease summarize the above c	onflict of interest in the fo	nowing box:
	I have no conflicts of interest to	n doctoro	
	i nave no confincts of interest to	Juctiale.	

Da	te:2023-11-30		
Yo	ur Name: Shidi Hu		
			ultrasound coupled with shear wave elastography in the
			iabetes
Ma	anuscript number (if known): QIMS-23-1152	
rel pa to rel Th ma Th to me	ated to the content of your rties whose interests may b transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/act the epidemiology of hypert edication, even if that medicitem #1 below, report all su	manuscript. "Related" me affected by the content necessarily indicate a bias it is preferable that you d to the author's relationshivities/interests should be ension, you should declaration is not mentioned in pport for the work report	nips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive
une	e time frame for disclosure i	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 initia	al planning of the work
L	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	√None	
	No time limit for this item.		
	No time limit for this item.	Time frame: pas	st 36 months
2		Time frame: pas	at 36 months
2	No time limit for this item. Grants or contracts from any entity (if not indicated		st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	√None	st 36 months

None

Consulting fees

5	Payment or honoraria for lectures, presentations,	√None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	√ None	
U	testimony	vNone	
	testimony		
7	Support for attending	√ None	
•	meetings and/or travel		
	and an age and age as a control		
8	Patents planned, issued or	√ None	
Ü	pending	<u> </u>	
9	Participation on a Data	√ None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role		
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	/ 21	
11	Stock or stock options	√None	
12	Receipt of equipment,	√ None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	√None	
	financial interests		
		(1) ()	H
PIE	ease summarize the above c	onflict of interest in the fo	nowing box:
	I have no conflicts of interest to	n doctoro	
	i nave no confincts of interest to	Juctiale.	

Da	te:2023-11-30		
Yo	ur Name: Renmou Li	ao	
Ma	nuscript Title:Ap	plication of conventional (ultrasound coupled with shear wave elastography in the
ass	essment of muscle strength	n in patients with type 2 di	iabetes
Ma	nuscript number (if known)): QIMS-23-1152	
related to the to the total related to the total re	ated to the content of your ries whose interests may be transparency and does not ationship/activity/interest, ationship questions apply inuscript only.	manuscript. "Related" mee affected by the content necessarily indicate a bias it is preferable that you do to the author's relationsh ivities/interests should be ension, you should declare	ips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
	tem #1 below, report all su time frame for disclosure i		ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	al planning of the work
	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: pas	t 36 months
2	Grants or contracts from	√None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	√None	
ı 🗍	Consulting fees	√None	

5	Payment or honoraria for lectures, presentations,	√None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	√ None	
U	testimony	vNone	
	testimony		
7	Support for attending	√ None	
•	meetings and/or travel		
	and an age and age as a second		
8	Patents planned, issued or	√ None	
Ü	pending	<u> </u>	
9	Participation on a Data	√ None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role		
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	/ 21	
11	Stock or stock options	√None	
12	Receipt of equipment,	√ None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	√None	
	financial interests		
		(1) ()	H
PIE	ease summarize the above c	onflict of interest in the fo	nowing box:
	I have no conflicts of interest to	n doctoro	
	i nave no confincts of interest to	Juctiale.	

Da	te:2023-11-30		
	ur Name: Sishu Yin _		
		=	ultrasound coupled with shear wave elastography in the
			iabetes
Ma	anuscript number (if known)): QIMS-23-1152	
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.
	e following questions apply anuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current
to	•	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i		ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initial	al planning of the work
_	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.		
			100
)	Grants or contracts from	Time frame: pas	at 36 months
-	any entity (if not indicated	√None	
	a, criticy (ii riot infaitated		
	in item #1 above).		
}	in item #1 above). Royalties or licenses	√ None	
3	in item #1 above). Royalties or licenses	√None	

None

Consulting fees

5	Payment or honoraria for lectures, presentations,	√None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	√ None	
U	testimony	vNone	
	testimony		
7	Support for attending	√ None	
•	meetings and/or travel		
	and an age and age as a second		
8	Patents planned, issued or	√ None	
Ü	pending	<u> </u>	
9	Participation on a Data	√ None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role		
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	/ 21	
11	Stock or stock options	√None	
12	Receipt of equipment,	√ None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	√None	
	financial interests		
		(1) ()	H
PIE	ease summarize the above c	onflict of interest in the fo	nowing box:
	I have no conflicts of interest to	n doctoro	
	i nave no confincts of interest to	Juctiale.	

Da	te:2023-11-30		
	ur Name: Yuqian Hua		
Ma	anuscript Title:Ap _l	plication of conventional u	Iltrasound coupled with shear wave elastography in the
ass	sessment of muscle strength	in patients with type 2 di	abetes
Ma	anuscript number (if known)	: QIMS-23-1152_	
rel pa to rel The ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/act the epidemiology of hypertedication, even if that medications	manuscript. "Related" me e affected by the content onecessarily indicate a bias, it is preferable that you do to the author's relationship ivities/interests should be ension, you should declare eation is not mentioned in apport for the work reporter.	ips/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
		none (add rows as	
		needed)	Lulannina af Abaaul.
_		Time frame: Since the initia	planning of the work
L	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 lectures, presentations,	√None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	√ None	
U	testimony	vNone	
	testimony		
7	Support for attending	√ None	
•	meetings and/or travel		
	and an age and age as a control		
8	Patents planned, issued or	√ None	
Ü	pending	<u> </u>	
9	Participation on a Data	√ None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role		
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	/ 21	
11	Stock or stock options	√None	
12	Receipt of equipment,	√ None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	√None	
	financial interests		
		(1) ()	H
PIE	ease summarize the above c	onflict of interest in the fo	llowing box:
	I have no conflicts of interest to	n doctoro	
	i nave no confincts of interest to	Juctiale.	

Da	ite:2023-11-30		
Yo	ur Name: Ping Wang		
M	anuscript Title:Ap	plication of conventional u	Itrasound coupled with shear wave elastography in the
as	sessment of muscle strength	in patients with type 2 dia	abetes
M	anuscript number (if known)	: QIMS-23-1152_	
In rel pa to rel Th ma	the interest of transparency lated to the content of your rties whose interests may be transparency and does not elationship/activity/interest, e following questions apply anuscript only. e author's relationships/act the epidemiology of hypertedication, even if that medicated to the content of the content of the tedication.	we ask you to disclose all manuscript. "Related" me e affected by the content onecessarily indicate a bias. it is preferable that you do to the author's relationship ivities/interests should be ension, you should declare eation is not mentioned in a	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so. Ips/activities/interests as they relate to the current defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
	e time frame for disclosure i	• •	an this manascript without time mine. For an other items
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed) Time frame: Since the initia	Manning of the week
_	I	ı	planning of the work
L	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.		
		Timo frames need	26 months
)	Grants or contracts from	Time frame: past	56 MONUS
<u> </u>	Grants or contracts from any entity (if not indicated	√None	
	in item #1 above).		
,		/ Name	
3	Royalties or licenses		
1	Consulting fees		
	1	1 ''	

5	Payment or honoraria for lectures, presentations,	√None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	√ None	
U	testimony	vNone	
	testimony		
7	Support for attending	√ None	
•	meetings and/or travel		
	and an age and age as a control		
8	Patents planned, issued or	√ None	
Ü	pending	<u> </u>	
9	Participation on a Data	√ None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role		
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	/ 21	
11	Stock or stock options	√None	
12	Receipt of equipment,	√ None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	√None	
	financial interests		
		(1) ()	H
PIE	ease summarize the above c	onflict of interest in the fo	llowing box:
	I have no conflicts of interest to	n doctoro	
	i nave no confincts of interest to	Juctiale.	