ICMJE DISCLOSURE FORM

Date:Fe Your Name:	• •			
Manuscript Title	: Compared wit	th SonoVue® LR-5, S	onazoid® modified LR	R-5 has better diagnostic
Manuscript num	ber (if known):	QIMS-23-1616_		
In the interest o	f transparency, we a	ask you to disclose a	II relationships/activition	es/interests listed below

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 current manuscript only.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Ti	me frame: Since the initia	l 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: 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	None	
5	lectures, presentations,	INOTIE	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Command for attending	Nama	
7	Support for attending meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued	None	
	or pending	NONE	
	o. pog		
9	Participation on a Data	None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	None	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	None	
	Crock of Grook options		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
10	Services	News	
13	Other financial or non- financial interests	None	
	iiiaiiciai iiileiesis		

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

	torm.
	ICMJE DISCLOSURE FORM
	ICMJE DISCLOSURE FORM
Da	te:February 4, 2024
	ur Name: Hong Wang
Ma se	nuscript Title: Compared with SonoVue® LR-5, Sonazoid® modified LR-5 has better diagnostic isitivity for Hepatocellular Carcinoma: a systematic review and meta-analysis nuscript number (if known): QIMS-23-1616
	. , ,
tha	the interest of transparency, we ask you to disclose all relationships/activities/interests listed below
rel thi	ated to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit ^r d
-	ties whose interests may be affected by the content of the manuscript. Disclosure represents a mmitment
	transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a ationship/activity/interest, it is preferable that you do so.
<u>cu</u>	e following questions apply to the author's relationships/activities/interests as they relate to the rent nuscript only.
Hic	nuscript only.
	e author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscrip [,] tains
	the epidemiology of hypertension, you should declare all relationships with manufacturers of ithypertensive medication, even if that medication is not mentioned in the manuscript.
	tem #1 below, report all support for the work reported in this manuscript without time limit. For all per items,
	time frame for disclosure is the past 36 months.
	Name all entities with Specifications/Comments
	whom you have this (e.g., if payments were made to you or to your

		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)
	Ti	me frame: Since the initia	l planning of the work
1	All support for the present manuscript (e.g., funding, provision of	None	

	study materials, medical writing, article processing		
	charges, etc.) No time limit for this		
	item.		
	Term.	Time frame: pa	est 36 months
2	Grants or contracts from	None	ist 30 months
_	any entity (if not indicated	NONC	
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
	5		
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 meetings and/or travel	None	
	moonings and or traver		
8	Patents planned, issued	None	
	or pending		
_	Dawliaination on a Data	Nana	
9	Participation on a Data Safety Monitoring Board	None	
	or Advisory Board		
10	Leadership or fiduciary	None	
'0	role in other board,	110110	
	society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	None	
''	Stock of Stock options	NONE	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
10	financial interests	140110	

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

Γ	None.		
Ρl	ease place an "X" next to	o the following stateme	nt to indicate your agreement:
	X_ I certify that I have an estions on this form.	nswered every question	and have not altered the wording of any of the
		ICMJE	DISCLOSURE FORM
Da	nte: February 4, 2	024	
Yc	our Name: Wenwi	u Ling	
			R-5, Sonazoid® modified LR-5 has better diagnostic
			natic review and meta-analysis
IVI	anuscript number (if kno	wn):Qiivi5-23-	1616
	the interest of transpare at are	ency, we ask you to disc	close all relationships/activities/interests listed below
re th		our manuscript. "Relate	d" means any relation with for-profit or not-for-profit
-	rties whose interests ma mmitment	ay be affected by the co	ntent of the manuscript. Disclosure represents a
	transparency and does lationship/activity/intere	_	a bias. If you are in doubt about whether to list a ou do so.
	e following questions ap	oply to the author's rela	tionships/activities/interests as they relate to the
	anuscript only.		
	e author's relationships	/activities/interests sho	uld be <u>defined broadly</u> . For example, if your manuscrip
to	the epidemiology of hyp	· •	leclare all relationships with manufacturers of on is not mentioned in the manuscript.
	· •	support for the work re	eported in this manuscript without time limit. For all
	her items, e time frame for disclosı	ura is the nest 26 month	6
u I	e unie iranie for disciost	ne is the bast 30 month	3.
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your

		relationship or indicate none (add rows as needed)	institution)
	Ti	me frame: Since the initia	l planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	This work was supported by Sichuan Science and Technology Program (No. 2020YFS0211)	Wenwu Ling
	No time limit for this item.		
	item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	
_	in item #1 above).	Niere	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None	
	educational events	N	
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued	None	
	or pending		
9	Participation on a Data	None	
9	Safety Monitoring Board	NOTIC	
	or Advisory Board		
10	Leadership or fiduciary role in other board,	None	
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
	CICCI CI CICCIN OPTIONO		

1	2	Receipt of equipment,	None	
		materials, drugs, medical		
		writing, gifts or other		
		services		
•	13	Other financial or non-	None	
		financial interests		

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

1	This work was supported by Sichuan Science and Technology Program (No. 2020YFS0211, to Wenwu Ling.)

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.