Da	te: Feb 14, 2024		
	ur Name: <u>Yanwu Yao</u>		
	<del></del> _	agnosis of hemimegalenc	ephaly by transabdominal-transvaginal ultrasonography: a
cas	se description		
Ma	anuscript number (if known)	:QIMS-23-1546-R2	
rel pa to rel Th ma	ated to the content of your rties whose interests may be transparency and does not a ationship/activity/interest, e following questions apply anuscript only.  e author's relationships/activithe epidemiology of hypertedication, even if that medical	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you do to the author's relationshivities/interests should be ension, you should declaration is not mentioned in apport for the work report	ips/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
		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	institution)
		needed)	
		Time frame: Since the initia	al planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
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Time frame: past 36 months

\_X\_\_None

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Grants or contracts from

any entity (if not indicated

	in item #1 above).					
3	Royalties or licenses	_XNone				
4	Consulting fees	XNone				
5	Payment or honoraria for	XNone				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or educational events					
6	Payment for expert	X None				
U	testimony					
	,					
7	Support for attending	XNone				
	meetings and/or travel					
8	Patents planned, issued or	XNone				
	pending					
9	Participation on a Data	XNone				
	Safety Monitoring Board or					
10	Advisory Board					
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,	XNone				
	materials, drugs, medical					
	writing, gifts or other					
10	services					
13	Other financial or	XNone				
	non-financial interests					
Ple	Please summarize the above conflict of interest in the following box:					

None			

Yo	our Name: Gang Wang_		
M	anuscript Title: <u>Prenatal di</u>	agnosis of hemimegalenc	ephaly by transabdominal-transvaginal ultrasonography: a
ca	se description		
M	anuscript number (if known)	: QIMS-23-1546-R2	
re pa to	lated to the content of your arties whose interests may be	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 i. If you are in doubt about whether to list a to so.
	ne following questions apply anuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current
to m	the epidemiology of hypertoedication, even if that medic	ension, you should declar ation is not mentioned in	·
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to m In	the epidemiology of hypertoedication, even if that medic item #1 below, report all supers,	ension, you should declar ation is not mentioned in pport for the work report s the past 36 months.	e all relationships with manufacturers of antihypertensive the manuscript.  ed in this manuscript without time limit. For all other
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In ite	the epidemiology of hypertoedication, even if that medication, even if that medicatem #1 below, report all supers, e time frame for disclosure in the frame for disclosure in the frame for the present manuscript (e.g., funding,	ension, you should declar cation is not mentioned in pport for the work report s the past 36 months.  Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initi	e all relationships with manufacturers of antihypertensive the manuscript.  ed in this manuscript without time limit. For all other  Specifications/Comments (e.g., if payments were made to you or to your institution)
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Time frame: past 36 months

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Grants or contracts from

any entity (if not indicated

	in item #1 above).					
3	Royalties or licenses	X None				
	,					
4	Consulting fees	XNone				
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	XNone				
	meetings and/or travel					
8	Patents planned, issued or	XNone				
	pending					
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9	Participation on a Data	XNone				
	Safety Monitoring Board or Advisory Board					
10	Leadership or fiduciary role	V. Nana				
10	in other board, society,	XNone				
	committee or advocacy					
	group, paid or unpaid					
11	Stock or stock options	X None				
12	Receipt of equipment,	XNone				
	materials, drugs, medical					
	writing, gifts or other					
	services					
13	Other financial or	XNone				
	non-financial interests					
Ple	Please summarize the above conflict of interest in the following box:					

None				

Da	te: Feb 14, 2024						
	ur Name: Qiong Lan		<del></del>				
		agnosis of hemimegalence	phaly by transabdominal-transvaginal ultrasonography: a				
	case description						
	anuscript number (if known)	· OIMS-23-15/6-R2					
IVI	anuscript number (ii known)	:QIIVIS-23-1546-R2					
rel pa to rel	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>						
	anuscript only.	to the author's relationship	ps/activities/interests as they relate to the <u>current</u>				
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		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	planning of the work				
1	All support for the present	XNone					
	manuscript (e.g., funding,						
	provision of study materials,						
	medical writing, article						
	processing charges, etc.)						
	No time limit for this item.						
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Grants or contracts from

any entity (if not indicated

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	in item #1 above).					
3	Royalties or licenses	X None				
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4	Consulting fees	XNone				
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	XNone				
	meetings and/or travel					
8	Patents planned, issued or	XNone				
	pending					
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9	Participation on a Data	XNone				
	Safety Monitoring Board or Advisory Board					
10	Leadership or fiduciary role	V. Nana				
10	in other board, society,	XNone				
	committee or advocacy					
	group, paid or unpaid					
11	Stock or stock options	X None				
12	Receipt of equipment,	XNone				
	materials, drugs, medical					
	writing, gifts or other					
	services					
13	Other financial or	XNone				
	non-financial interests					
Ple	Please summarize the above conflict of interest in the following box:					

None				

Da	te: Feb 14, 2024							
	ur Name:Tiangang Li							
		agnosis of hemimegalence	phaly by transabdominal-transvaginal ultrasonography: a					
	case description  Manuscript number (if known): QIMS-23-1546-R2							
	·	: OIMS-23-1546-R2	<del></del>					
	astripe namber (ii kiisani)							
In t	the interest of transparency	, we ask you to disclose all	relationships/activities/interests listed below that are					
rel	ated to the content of your	manuscript. "Related" mea	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					
rel	ationship/activity/interest,	it is preferable that you do	) SO.					
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to me In i	the epidemiology of hyperto	ension, you should declare ation is not mentioned in to pport for the work reporters the past 36 months.  Name all entities with whom you have this	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.  d in this manuscript without time limit. For all other  Specifications/Comments (e.g., if payments were made to you or to your					
		relationship or indicate	institution)					
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1	All support for the present	XNone						
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Grants or contracts from

any entity (if not indicated

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3	Royalties or licenses	X None				
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4	Consulting fees	XNone				
5	Payment or honoraria for	XNone				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
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6	Payment for expert	XNone				
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7	Support for attending	XNone				
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8	Patents planned, issued or	XNone				
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9	Participation on a Data	XNone				
	Safety Monitoring Board or Advisory Board					
10	Leadership or fiduciary role	V. Nana				
10	in other board, society,	XNone				
	committee or advocacy					
	group, paid or unpaid					
11	Stock or stock options	X None				
12	Receipt of equipment,	XNone				
	materials, drugs, medical					
	writing, gifts or other					
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13	Other financial or	XNone				
	non-financial interests					
Ple	Please summarize the above conflict of interest in the following box:					

None				

Yo	ur Name:Yixuan Wang		
M	anuscript Title: <u>Prenatal di</u>	agnosis of hemimegalenc	ephaly by transabdominal-transvaginal ultrasonography: a
ca	se description		<del></del>
M	anuscript number (if known)	:QIMS-23-1546-R2	
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	e following questions apply anuscript only.	to the author's relationsh	sips/activities/interests as they relate to the current
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to me In ite	the epidemiology of hypertoedication, even if that medic	ension, you should declar ation is not mentioned in pport for the work report	e all relationships with manufacturers of antihypertensive
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Time frame: past 36 months

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Grants or contracts from

any entity (if not indicated

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	in item #1 above).				
3	Royalties or licenses	_XNone			
4	Consulting fees	XNone			
5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or educational events				
6	Payment for expert	X None			
U	testimony				
7	Support for attending	XNone			
	meetings and/or travel				
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
40	Advisory Board				
10	Leadership or fiduciary role	XNone			
	in other board, society, committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
	1, 3, 3				
12	Receipt of equipment,	XNone			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or	XNone			
	non-financial interests				
Ple	Please summarize the above conflict of interest in the following box:				

None			

Da	te: Feb 14, 2024							
	Your Name: Bin Ma							
Manuscript Title:Prenatal diagnosis of hemimegalencephaly by transabdominal-transvaginal ultrasonography: a								
case description								
Manuscript number (if known): QIMS-23-1546-R2								
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rel pa to	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.							
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>					
to me In ite	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	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	planning of the work					
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	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							

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any entity (if not indicated

\_X\_\_None

	in item #1 above).				
3	Royalties or licenses	_XNone			
4	Consulting fees	XNone			
5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or educational events				
6	Payment for expert	X None			
U	testimony				
7	Support for attending	XNone			
	meetings and/or travel				
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
40	Advisory Board				
10	Leadership or fiduciary role	XNone			
	in other board, society, committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
	1, 3, 3				
12	Receipt of equipment,	XNone			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or	XNone			
	non-financial interests				
Ple	Please summarize the above conflict of interest in the following box:				

None			