

## ICMJE DISCLOSURE FORM

Date: 3/6/2024

Your Name: Xuanle Li

Manuscript Title: Effect of contrast agent on T2-weighted fat-suppressed Imaging and Diffusion Weighted Imaging in the diagnosis of breast tumors

Manuscript number (if known): QIMS-23-1700R2

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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		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.
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**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 3/6/2024

Your Name: Yongsheng Ao

Manuscript Title: Effect of contrast agent on T2-weighted fat-suppressed Imaging and Diffusion Weighted Imaging in the diagnosis of breast tumors

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## ICMJE DISCLOSURE FORM

Date: 3/6/2024

Your Name: Lan Mu

Manuscript Title: Effect of contrast agent on T2-weighted fat-suppressed Imaging and Diffusion Weighted Imaging in the diagnosis of breast tumors

Manuscript number (if known): QIMS-23-1700-R2

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## ICMJE DISCLOSURE FORM

Date: 3/6/2024

Your Name: Changxiang Wang

Manuscript Title: Effect of contrast agent on T2-weighted fat-suppressed Imaging and Diffusion Weighted Imaging in the diagnosis of breast tumors

Manuscript number (if known): QIMS-23-1700-R2

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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## ICMJE DISCLOSURE FORM

Date: 3/6/2024

Your Name: Jierui Zhao

Manuscript Title: Effect of contrast agent on T2-weighted fat-suppressed Imaging and Diffusion Weighted Imaging in the diagnosis of breast tumors

Manuscript number (if known): QIMS-23-1700-R2

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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

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## ICMJE DISCLOSURE FORM

Date: 3/6/2024

Your Name: Hongliang Chen

Manuscript Title: Effect of contrast agent on T2-weighted fat-suppressed Imaging and Diffusion Weighted Imaging in the diagnosis of breast tumors

Manuscript number (if known): QIMS-23-1700-R2

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## ICMJE DISCLOSURE FORM

Date: 3/6/2024

Your Name: Shuheng Zhang

Manuscript Title: Effect of contrast agent on T2-weighted fat-suppressed Imaging and Diffusion Weighted Imaging in the diagnosis of breast tumors

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11	Stock or stock options	<u>    </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> None	
13	Other financial or non-financial interests	employee of Shanghai United Imaging Healthcare Co., Ltd.	

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

The author is an employee of Shanghai United Imaging Healthcare Co., Ltd.

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

     I certify that I have answered every question and have not altered the wording of any of the questions on this

Form

ICMJE DISCLOSURE FORM

Date: 3/6/2024

Your Name: Shimin Yang

Manuscript Title: Effect of contrast agent on T2-weighted fat-suppressed Imaging and Diffusion Weighted Imaging in the diagnosis of breast tumors

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7	Support for attending meetings and/or travel	____ None	
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13	Other financial or non-financial interests	employee of Shanghai United Imaging Healthcare Co., Ltd.	

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### ICMJE DISCLOSURE FORM

Date: 3/6/2024

Your Name: Na Zhang

Manuscript Title: Effect of contrast agent on T2-weighted fat-suppressed Imaging and Diffusion Weighted Imaging in the diagnosis of breast tumors

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13	Other financial or non-financial interests	an employee of the United Imaging Research Institute of Innovative Medical Equipment	

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## ICMJE DISCLOSURE FORM

Date: 3/6/2024

Your Name: Lihua Qiu

Manuscript Title: Effect of contrast agent on T2-weighted fat-suppressed Imaging and Diffusion Weighted Imaging in the diagnosis of breast tumors

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