

## ICMJE DISCLOSURE FORM

Date: 01-12-2023

Your Name: Anne-Sophie van Schelt

Manuscript Title: Free-breathing motion corrected Magnetic Resonance Elastography of the abdomen

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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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	None	
4	Consulting fees	None	

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6	Payment for expert testimony	None	
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13	Other financial or non-financial interests	None	

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

<p>No conflicts of interest to declare</p>
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**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.

## ICMJE DISCLOSURE FORM

Date: 01-12-2023

Your Name: Nienke P.M. Wassenaar

Manuscript Title: Free-breathing motion corrected Magnetic Resonance Elastography of the abdomen

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 03-12-2023

Your Name: Jurgen Henk Runge

Manuscript Title: Free-breathing motion corrected Magnetic Resonance Elastography of the abdomen

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 01-12-2023

Your Name: Jules L. Nelissen

Manuscript Title: Free-breathing motion corrected Magnetic Resonance Elastography of the abdomen

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 02-12-2023

Your Name: Hanneke van Laarhoven

Manuscript Title: Free-breathing motion corrected Magnetic Resonance Elastography of the abdomen

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 02-12-2023

Your Name: Jaap Stoker

Manuscript Title: Free-breathing motion corrected Magnetic Resonance Elastography of the abdomen

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 01-12-2023

Your Name: Aart Nederveen

Manuscript Title: Free-breathing motion corrected Magnetic Resonance Elastography of the abdomen

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 08-03-2024

Your Name: Eric Mathew Schrauben

Manuscript Title: Free-breathing motion corrected Magnetic Resonance Elastography of the abdomen

Manuscript number (if known): \_\_\_\_\_

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