

ICMJE DISCLOSURE FORM

Date: 6/18/2024

Your Name: Marina Valeryevna Cherkasskaya

Manuscript Title: Development of fetal MRI phantom

Manuscript Number (if known): QIMS-24-501-R2

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

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Date: 6/18/2024

Your Name: Egor Mikhailovich Syrkashev

Manuscript Title: Development of fetal MRI phantom

Manuscript Number (if known): QIMS-24-501-R2

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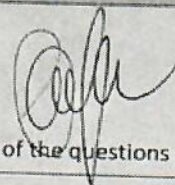
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Your Name: Maria Valerievna Sokolova

Manuscript Title: Development of fetal MRI phantom

Manuscript Number (if known): QIMS-24-501-R2

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ICMJE DISCLOSURE FORM

Date: 6/18/2024

Your Name: Alexey Vladimirovich Petraikin

Manuscript Title: Development of fetal MRI phantom

Manuscript Number (if known): QIMS-24-501-R2

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Your Name: Dmitry Sergeevich Semenov

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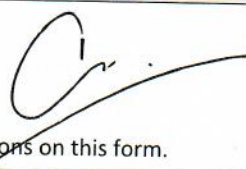
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Date: 6/18/2024

Your Name: Yuri Aleksandrovich Vasilev

Manuscript Title: Development of fetal MRI phantom

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