

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kazuhiro 2. Surname (Last Name) Saito 3. Date 16-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Validation study of perfusion parameter in hypervascular hepatocellular carcinoma and focal nodular hyperplasia using dynamic susceptibility magnetic resonance imaging with super-paramagnetic iron oxide: Comparison with single level

6. Manuscript Identifying Number (if you know it)
QIMS-18-233-R1

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bayer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eisai	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Daiichi Sankyo	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FUJIFILM Toyama Chemical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Siemens	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nihon Medi-physics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Saito reports personal fees from Bayer, grants and personal fees from Eisai, grants and personal fees from Daiichi Sankyo, grants and personal fees from FUJIFILM Toyama Chemical, personal fees from Siemens, grants and personal fees from Nihon Medi-physics, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Joseph

2. Surname (Last Name)
Ledsam

3. Date
16-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Kazuhiro Saito

5. Manuscript Title
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Dr. Ledsam has nothing to disclose.

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Steven

2. Surname (Last Name)
Sourbron

3. Date
16-April-2020

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Yes No

Corresponding Author's Name
Kazuhiro Saito

5. Manuscript Title

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Yoichi

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Araki

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16-April-2020

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