

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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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____ Tomohisa

2. Surname (Last Name) _____ Okada

3. Date _____ 21-July-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Repeatability of proton MRS of the brain at 7T: effect of scan time on semi-LASER and short-TE STEAM scans and their comparison

6. Manuscript Identifying Number (if you know it)
QIMS-20-517

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Siemens Healthcare K.K.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Okada reports grants from Siemens Healthcare K.K., during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Hideto

2. Surname (Last Name)
Kuribayashi

3. Date
08-June-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Tomohisa Okada

5. Manuscript Title
Repeatability of proton MRS of the brain at 7T: effect of scan time on semi-LASER and short-TE STEAM scans and their comparison

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Siemens Healthcare K.K. (Japan)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Salary

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Dr. Kuribayashi reports personal fees from Siemens Healthcare K.K. (Japan), during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Lana

2. Surname (Last Name)

Kaiser

3. Date

08-June-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Tomohisa Okada

5. Manuscript Title

Repeatability of proton MRS of the brain at 7T: effect of scan time on semi-LASER and short-TE STEAM scans and their comparison

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Dr. Kaiser has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yuta	2. Surname (Last Name) Urushibata	3. Date 08-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tomohisa Okada
5. Manuscript Title Repeatability of proton MRS of the brain at 7T: effect of scan time on semi-LASER and short-TE STEAM scans and their comparison		
6. Manuscript Identifying Number (if you know it) QIMS-20-517		

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Section 1. Identifying Information

1. Given Name (First Name) Nouha	2. Surname (Last Name) Salibi	3. Date 10-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tomohisa Okada
5. Manuscript Title Repeatability of proton MRS of the brain at 7T: effect of scan time on semi-LASER and short-TE STEAM scans and their comparison		
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I was a Siemens Research Collaboration manager in charge of MR Spectroscopy. I retired in October 2017 and do not currently receive any salary from Siemens.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ravi Teja 2. Surname (Last Name) Seethamraju 3. Date 08-June-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Tomohisa Okada

5. Manuscript Title
Repeatability of proton MRS of the brain at 7T: effect of scan time on semi-LASER and short-TE STEAM scans and their comparison

6. Manuscript Identifying Number (if you know it)
QIMS-20-517

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Siemens Medical Solutions, USA Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employed by Siemens

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Dr. Seethamraju reports personal fees from Siemens Medical Solutions, USA Inc., during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sinyeob

2. Surname (Last Name) Ahn

3. Date 10-June-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name Tomohisa Okada

5. Manuscript Title
Repeatability of proton MRS of the brain at 7T: effect of scan time on semi-LASER and short-TE STEAM scans and their comparison

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QIMS-20-517

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Siemens Healthineers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Ahn reports personal fees from Siemens Healthineers, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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Dinh

2. Surname (Last Name)

Thuy

3. Date

10-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Tomohisa Okada

5. Manuscript Title

Repeatability of proton MRS of the brain at 7T: effect of scan time on semi-LASER and short-TE STEAM scans and their comparison

6. Manuscript Identifying Number (if you know it)

QIMS-20-517

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Dr. Thuy has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Koji

2. Surname (Last Name)

Fujimoto

3. Date

10-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Tomohisa Okada

5. Manuscript Title

Repeatability of proton MRS of the brain at 7T: effect of scan time on semi-LASER and short-TE STEAM scans and their comparison

6. Manuscript Identifying Number (if you know it)

QIMS-20-517

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Dr. Fujimoto has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Tadashi	2. Surname (Last Name) Isa	3. Date 10-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tomohisa Okada
5. Manuscript Title Repeatability of proton MRS of the brain at 7T: effect of scan time on semi-LASER and short-TE STEAM scans and their comparison		
6. Manuscript Identifying Number (if you know it) QIMS-20-517		

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