

#### Instructions

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1. Given Name (First I Lulu	Name)	2. Surname (La Yang	ast Name)	3. Date 10-August-2020
4. Are you the corres	oonding author?	Yes 🗸	]No Corresponding Yan Luo	g Author's Name
5. Manuscript Title Shear wave-based S 6. Manuscript Identif QIMS-20-521			Fibrosis Assessment for Pa	tients with Autoimmune Liver Diseases

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.)? 🖌 No

Are there any re	levant conflicts of	interest?	Yes
Are there any re	ic vant connects of	interest:	103

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Are there any relevant conflicts of interest?	Yes	$\checkmark$	No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	$\checkmark$	No
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Dr. Yang has nothing to disclose.

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I. Given Name (First Name) Nenwu	2. Surname (Last Name) Ling	3. Date 08-August-2020
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Yan Luo
5. Manuscript Title 5hear wave-based Sound Touch Elast 6. Manuscript Identifying Number (if you QIMS-20-521		Assessment for Patients with Autoimmune Liver Diseases

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1. Given Name (First Name) Du	2. Surname (Last Name) He	3. Date 06-August-2020
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Yan Luo
5. Manuscript Title Shear wave-based Sound Touch Elastc 6. Manuscript Identifying Number (if you k		ssessment for Patients with Autoimmune Liver Diseases

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4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Yan Luo
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4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Yan Luo
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**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting , lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes Pending: The patent has been filed but not issued Issued: The patent has been issued by the agency Licensed: The patent has been licensed to an entity, whether earning royalties or not Royalties: Funds are coming in to you or your institution due to your



.  Given Name (First Name) ⁄an	2. Surname (Last Name) Luo	3. Date 09-August-2020
l. Are you the corresponding author	Yes No	
5. Manuscript Title Shear wave-based Sound Touch I 5. Manuscript Identifying Number (if	lastography in Liver Fibrosis Assessment for you know it)	Patients with Autoimmune Liver Diseases

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🖌 No

Are there an	v relevant	conflicts of interest?	Yes
Ale there all	y relevant		IES

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Are there any relevant conflicts of interest?		Yes	$\checkmark$	No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	$\checkmark$	No
		•	



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1. Given Name (First Name) Shigao	2. Surname (Last Name) Chen	3. Date 09-August-2020
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Yan Luo
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