

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.

Identifying information.

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Intellectual Property.

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

patent

Greve



Section 1. Identifying Inform	mation	
identifying inform	nation	
Given Name (First Name) Tobias	2. Surname (Last Name) Greve	3. Date 26-January-2021
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Regional Variation of Thigh Muscle Fat	Infiltration in Patients with Neuromuscular Diseases	Compared to Healthy Controls
6. Manuscript Identifying Number (if you k QIMS-20-1098	now it)	
Section 2. The Work Under C	Consideration for Publication	
any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inter	eive payment or services from a third party (government, og but not limited to grants, data monitoring board, study of rest?	
Section 3. Relevant financial	activities outside the submitted work.	
of compensation) with entities as desc	in the table to indicate whether you have financial registed in the instructions. Use one line for each entity; eport relationships that were present during the 36 rest?	; add as many lines as you need by
Section 4. Intellectual Prope		
Intellectual Prope	rty Patents & Copyrights	
Do you have any patents, whether plan	nned, pending or issued, broadly relevant to the wor	k? ☐ Yes ✓ No

Greve 2



Section 5. Polationships not solvered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
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Section 6. Disclosure Statement
Disciosare statement
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Dr. Greve has nothing to disclose.

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Burian



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Egon	2. Surname (Last Name) Burian		3. Date 22-January-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Na Tobias Greve	me
5. Manuscript Title Regional Variation of Thigh Muscle Fat I Neuromuscular Diseases Compared to I			
6. Manuscript Identifying Number (if you kn QIMS-20-1098-R2	now it)	-	
Section 2. The Work Under Co	onsideration for Public	ation	
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)?	but not limited to grants, da		
Are there any relevant conflicts of intere	est? Yes ✓ No		
Section 3. Relevant financial	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of interes	bed in the instructions. Us port relationships that wer	e one line for each entity; a	add as many lines as you need by
Section 4. Intellectual Proper	ty Patents & Copyrig	hts	
Do you have any patents, whether plant	ned, pending or issued, bro	oadly relevant to the work?	Yes 🗸 No

Burian 2



Section 5.	
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Zoffl 1



Section 1. Identifying Inform	ation	
1. Given Name (First Name) Agnes	2. Surname (Last Name) Zoffl	3. Date 23-January-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name T. Greve
5. Manuscript Title Regional Variation of Thigh Muscle Fat I	nfiltration in Patients with	Neuromuscular Diseases Compared to Healthy Controls
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Do you have any patents, whether plant	ned, pending or issued, bro	oadly relevant to the work? Yes V No

Zoffl 2



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Feuerriegel 1

patent



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1. Given Name (Fii Georg	rst Name)	2. Surnam Feuerrieg	ne (Last Name) gel		3. Date 23-January-2021
4. Are you the cor	responding author?	Yes	✓ No	Corresponding Author's Na T. Greve	me
5. Manuscript Title Regional Variatio		nfiltration	in Patients with	Neuromuscular Diseases (Compared to Healthy Controls
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any aspect of the s statistical analysis, Are there any rel	ubmitted work (including etc.)? evant conflicts of intere	but not lim	ited to grants, da 'es √ No	ta monitoring board, study de	ommercial, private foundation, etc.) for esign, manuscript preparation,
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of compensation clicking the "Add) with entities as descri	bed in the port relation	instructions. Us	e one line for each entity; a	lationships (regardless of amount add as many lines as you need by nonths prior to publication.
Section 4					
Section 4.	Intellectual Proper	ty Pate	nts & Copyrig	ıhts	
Do you have any	patents, whether plans	ned, pendi	ng or issued, br	oadly relevant to the work	? ☐ Yes ✓ No

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Sarah 1



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Dieckmeyer 2



Section 5.	
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Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
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Dr. Dieckmeyer	has nothing to disclose.

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patent

Sollmann



Section 1.	Identifying Inform	ation			
1. Given Name (Fi Nico	rst Name)	2. Surnan Sollmanr	ne (Last Name) n		3. Date 22-January-2021
4. Are you the corresponding author?		Yes	Yes No Corresponding Author's Tobias Greve		me
5. Manuscript Title Regional Variatio		nfiltration	in Patients with	Neuromuscular Diseases (Compared to Healthy Controls
6. Manuscript Ider QIMS-20-1098	ntifying Number (if you kn	ow it)		_	
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Section 5.	
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Klupp 1



Section 1. Identifying Inform	ation	
1. Given Name (First Name) Elisabeth	2. Surname (Last Name) Klupp	3. Date 23-January-2021
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name
5. Manuscript Title egional Variation of Thigh Muscle Fat In Neuromuscular Diseases Compared to H 6. Manuscript Identifying Number (if you kn	Healthy Controls	
Section 2. The Work Under Co	onsideration for Public	ation
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	ve payment or services from but not limited to grants, dat	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
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Section 4. Intellectual Proper	ty Patents & Copyrig	hts
Do you have any patents, whether plans	ned, pending or issued, bro	oadly relevant to the work? Yes V No

Klupp 2



Section 5.	
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Weidlich 1

patent



Section 1.	ldentifying Inform	ation			
1. Given Name (Fir Dominik	rst Name)	2. Surname (Last Weidlich	: Name)		3. Date 23-January-2021
4. Are you the cor	responding author?	☐ Yes ✓ N	10	Corresponding Author's Nat T. Greve	me
5. Manuscript Title Regional Variatio		nfiltration in Patio	ents with I	Neuromuscular Diseases C	Compared to Healthy Controls
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Yes, the following	relationships/conditions/circumstances are present (explain below):
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4. Are you the cor	responding author?	Yes	✓ No	Corresponding Author's Nar T. Greve	me
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Inhuber 2



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Löffler



Section 1.	Identifying Inform	ation			
1. Given Name (Fi Maximillian	rst Name)	2. Surname (La Löffler	ast Name)	3. D 26	late January-2021
4. Are you the cor	responding author?	Yes ✓	No Correspor T. Greve	nding Author's Name	
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Name of Institut	ion/Company	Grant	sonal Non-Financial	Other? Comme	nts
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Löffler 2



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Sertion 6
Section 6. Disclosure Statement
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Dr. Löffler reports grants from European Research Council, during the conduct of the study; .

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earning royalties or not

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

patent

Montagnese



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Federica	2. Surname (Last Name) Montagnese	3. Date 22-January-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name T. Greve
5. Manuscript Title Regional Variation of Thigh Muscle Fat	Infiltration in Patients with	Neuromuscular Diseases Compared to Healthy Controls
6. Manuscript Identifying Number (if you kr QIMS-20-1098	now it)	_
Section 2		
Section 2. The Work Under Co	onsideration for Public	ation
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	g but not limited to grants, dat	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
of compensation) with entities as descri	ibed in the instructions. Us port relationships that were	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .
Section 4. Intellectual Proper	rty Patents & Copyrig	hts
Do you have any patents, whether plan		

Montagnese 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of incing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. In als may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
no conflicts of i	nterest to declare

Evaluation and Feedback

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Montagnese 3



Instructions

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

Deschauer 1

patent



Section 1. Identifying Inform	untion			
Identifying Inform	nation			
Given Name (First Name) Marcus	2. Surname (Last Name) Deschauer	3. Date 21-January-2021		
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Tobias Greve		
5. Manuscript Title Regional Variation of Thigh Muscle Fat	Infiltration in Patients with	n Neuromuscular Diseases Compared to Healthy Controls		
6. Manuscript Identifying Number (if you k QIMS-20-1098-R2	now it)			
Section 2. The Work Under C	Consideration for Public	cation		
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				
Section 3. Relevant financial	activities outside the s	ubmitted 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 Vo				
Section 4. Intellectual Prope	rty Patents & Copyric	ahts		
	,,,			
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No		

Deschauer 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Deschauer ha	as nothing to disclose.

Evaluation and Feedback

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Deschauer 3



Instructions

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

administrative support, etc.

patent

Schoser 1



Section 1. Identifying Inform	ation	
1. Given Name (First Name) Benedikt	2. Surname (Last Name) Schoser	3. Date 22-January-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Tobias Greve
5. Manuscript Title Regional Variation of Thigh Muscle Fat I	nfiltration in Patients with	Neuromuscular Diseases Compared to Healthy Controls
6. Manuscript Identifying Number (if you kn QIMS-20-1098-R2	now it)	-
Section 2. The Work Under Co	onsideration for Public	ation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Are there any relevant connects of intere	.st: [163 V 140	
Section 3. Relevant financial	activities outside the s	ubmitted work.
of compensation) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .
Section 4. Intellectual Proper	ty Patents & Copyrig	hts
Do you have any patents, whether plans	ned, pending or issued, bro	oadly relevant to the work? Yes V No

Schoser 2



Section 5.	
Section 5.	Relationships not covered above
	lationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	ving relationships/conditions/circumstances are present (explain below):
✓ No other relat	ionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. nals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
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Schoser 3



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patent

Bublitz 1



Section 1. Identifying Inform	ation	
1. Given Name (First Name) Sarah	2. Surname (Last Name) Bublitz	3. Date 22-January-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Tobias Greve
5. Manuscript Title Regional Variation of Thigh Muscle Fat I	nfiltration in Patients with	Neuromuscular Diseases Compared to Healthy Controls
6. Manuscript Identifying Number (if you kn QIMS-20-1098-R2	ow it)	
Section 2. The Work Under Co	onsideration for Public	ation
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interesting the state of	but not limited to grants, datest? Yes 🗸 No	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
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Section 4. Intellectual Proper	ty Patents & Copyrig	hts
Do you have any patents, whether plant	ned, pending or issued, bro	oadly relevant to the work? Yes V No

Bublitz 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
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Bublitz 3



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

Zimmer 1



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Claus	2. Surname (Last Name) Zimmer	3. Date 23-January-2021	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Tobias Greve	
5. Manuscript Title Regional Variation of Thigh Muscle Fat I	nfiltration in Patients with	Neuromuscular Diseases Compared to Healthy Controls	
6. Manuscript Identifying Number (if you kn	ow it)		
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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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Do you have any patents, whether plant	ned, pending or issued, bro	oadly relevant to the work? Yes V No	

Zimmer 2



Section 5.	
Section 5.	Relationships not covered above
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Zimmer 3



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patent

Karampinos 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Dimtrios	rst Name)	2. Surname (Last Nar Karampinos	ne) 3. Date 25-January-2021
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name Tobias Greve
•	e on of Thigh Muscle Fat Diseases Compared to		with
6. Manuscript Idei QIMS-20-1098-R	ntifying Number (if you kr 2	now it)	
Section 2.	T. W		I.P. and an
	The Work Under C		from a third party (government, commercial, private foundation, etc.) for
any aspect of the s statistical analysis,	ubmitted work (including etc.)?	g but not limited to gran	ts, data monitoring board, study design, manuscript preparation,
Are there any rei	evant conflicts of inter	est? ☐ Yes 🗸	No
Section 3.			
Section 5.	Relevant financial	activities outside	the submitted work.
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•	evant conflicts of intere		No
If yes, please fill o	out the appropriate info	ormation below.	
Name of Entity		Grant? Personal Fees?	Non-Financial Support? Comments
Philips Healthcare		✓	
Section 4.	Intellectual Prope	rty Patents & Coլ	pyrights
Do you have any	patents, whether plan	ned, pending or issue	d, broadly relevant to the work? Yes V

Karampinos 2



Section 5. Polationships not solvered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Disciosare statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Karampinos reports grants from Philips Healthcare, outside the submitted work; .

Evaluation and Feedback

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Karampinos 3



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.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

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Definitions.

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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

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earning royalties or not

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

patent

Kirschke 1



Section 1.	Identifying Inform	ation			
1. Given Name (F Jan	irst Name)	2. Surnar Kirschke	ne (Last Name)		3. Date 26-January-2021
4. Are you the co	rresponding author?	Yes	✓ No	Corresponding Author's T. Greve	Name
5. Manuscript Titl Regional Variati		nfiltration	in Patients wit	h Neuromuscular Disease	es Compared to Healthy Controls
6. Manuscript Ide QIMS-20-1098	ntifying Number (if you kn	ow it)		_	
Section 2.	The Work Under Co	onsiderat	tion for Publi	ication	i
any aspect of the statistical analysis Are there any re If yes, please fill	stitution at any time receisubmitted work (including , etc.)? levant conflicts of intere	ve paymen but not limest?	t or services fron lited to grants, d fes No elow. If you ha	n a third party (government ata monitoring board, study	, commercial, private foundation, etc.) for y design, manuscript preparation, press the "ADD" button to add a row.
Name of Institu	tion/Company	Grant?	Personal No	on-Financial Support?	Comments
German Society for r	viuscie Diseases	V			
Section 3.	Relevant financial	activities	outside the	submitted work.	
of compensation clicking the "Add	n) with entities as descri	bed in the port relatio	instructions. L	lse one line for each entit	relationships (regardless of amount ty; add as many lines as you need by 6 months prior to publication .
Section 4					
Section 4.	Intellectual Proper	ty Pate	nts & Copyri	ghts	
Do you have any	y patents, whether plani	ned, pendi	ng or issued, b	roadly relevant to the wo	ork? ☐ Yes ✓ No

Kirschke 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	ving relationships/conditions/circumstances are present (explain below):
✓ No other relat	cionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. nals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Kirschke repo	rts grants from German Society for Muscle Diseases, during the conduct of the study; .

Evaluation and Feedback

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

Baum 1



Section 1.	Identifying Inform	ation				
1. Given Name (First Name) Thomas		2. Surname (Last Name) Baum			3. Date 22-January-2021	
4. Are you the corresponding author?		☐ Yes ✓ No		Corresponding Author's Na Tobias Greve	ime	
5. Manuscript Title Regional Variation of Thigh Muscle Fat Infiltration in Patients with Neuromuscular Diseases Compared to Healthy Controls						
6. Manuscript Identifying Number (if you know it)						
				-		
Section 2.	The Work Under Co	onsideration	for Public	ation		
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?						
Section 3.	Relevant financial	activities out	side the s	ubmitted 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?						
Section 4.	Intellectual Proper	ty Patents	& Copyrig	ıhts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						

Baum 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of incing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
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Dr. Baum has no	thing to disclose.

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