

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. 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 know it)

QIMS-20-1098

Section 2.

The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Greve 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)
Egon

2. Surname (Last Name)
Burian

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 Infiltration in Patients with
Neuromuscular Diseases Compared to Healthy Controls

6. Manuscript Identifying Number (if you know it)
QIMS-20-1098-R2

Section 2. The Work Under Consideration for Publication

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Dr. Burian has nothing to disclose.

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Section 1. Identifying Information

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 Infiltration in Patients with Neuromuscular Diseases Compared to Healthy Controls

6. Manuscript Identifying Number (if you know it)
QIMS-20-1098

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Dr. Zoffl has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Georg

2. Surname (Last Name)
Feuerriegel

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 Infiltration in Patients with Neuromuscular Diseases Compared to Healthy Controls

6. Manuscript Identifying Number (if you know it)
QIMS-20-1098

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ICMJE

INTERNATIONAL COMMITTEE *of*
MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Schlaeger

2. Surname (Last Name)

Sarah

3. Date

23-January-2021

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

T. Greve

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Dr. Sarah has nothing to disclose.

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Section 1.

Identifying Information

1. Given Name (First Name)

Michael

2. Surname (Last Name)

Dieckmeyer

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 Infiltration in Patients with Neuromuscular Diseases Compared to Healthy Controls

6. Manuscript Identifying Number (if you know it)

QIMS-20-1098-R2

Section 2.

The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

☐

Yes

☒

No

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Nico

2. Surname (Last Name)
Sollmann

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 Infiltration in Patients with Neuromuscular Diseases Compared to Healthy Controls

6. Manuscript Identifying Number (if you know it)
QIMS-20-1098

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Sollmann 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)
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
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 Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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1. Given Name (First Name)

Dominik

2. Surname (Last Name)

Weidlich

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 Infiltration in Patients with Neuromuscular Diseases Compared to Healthy Controls

6. Manuscript Identifying Number (if you know it)

QIMS-20-1098

Section 2.

The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

☐

Yes

☒

No

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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. Weidlich has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

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1. Given Name (First Name)

Stephanie

2. Surname (Last Name)

Inhuber

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 Infiltration in Patients with Neuromuscular Diseases Compared to Healthy Controls

6. Manuscript Identifying Number (if you know it)

QIMS-20-1098

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No

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No

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Intellectual Property -- Patents & Copyrights

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☐

Yes

☒

No

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Section 1. Identifying Information

1. Given Name (First Name) Maximillian	2. Surname (Last Name) Löffler	3. Date 26-January-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 know it) QIMS-20-1098		

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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
European Research Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	starting grant No. 637164

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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Section 6. Disclosure Statement

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Dr. Löffler reports grants from European Research Council, during the conduct of the study; .

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) Federica	2. Surname (Last Name) Montagnese	3. Date 22-January-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 know it) QIMS-20-1098		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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no conflicts of interest to declare

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. 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 Neuromuscular Diseases Compared to Healthy Controls

6. Manuscript Identifying Number (if you know it)

QIMS-20-1098-R2

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

☐

Yes

☒

No

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Are there any relevant conflicts of interest?

☐

Yes

☒

No

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☐

Yes

☒

No

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Dr. Deschauer 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)

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 Infiltration in Patients with Neuromuscular Diseases Compared to Healthy Controls

6. Manuscript Identifying Number (if you know it)

QIMS-20-1098-R2

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

☐

Yes

☒

No

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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?

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Yes

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No

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Dr. Schoser has nothing to disclose.

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Section 1.

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1. Given Name (First Name)

Sarah

2. Surname (Last Name)

Bublitz

3. Date

22-January-2021

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☐

Yes

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No

Corresponding Author's Name

Tobias Greve

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6. Manuscript Identifying Number (if you know it)

QIMS-20-1098-R2

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No

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☐

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Dr. Bublitz has nothing to disclose.

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Section 1.

Identifying Information

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 Infiltration in Patients with Neuromuscular Diseases Compared to Healthy Controls

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

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☒

No

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Intellectual Property -- Patents & Copyrights

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Dr. Zimmer has nothing to disclose.

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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.

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4. Intellectual Property.

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

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Section 1. Identifying Information

1. Given Name (First Name) Dimtrios	2. Surname (Last Name) Karampinos	3. Date 25-January-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Tobias 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 know it) QIMS-20-1098-R2		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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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
Philips Healthcare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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. Karampinos reports grants from Philips Healthcare, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Jan	2. Surname (Last Name) Kirschke	3. Date 26-January-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 know it) QIMS-20-1098		

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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
German Society for Muscle Diseases	<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

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Dr. Kirschke reports grants from German Society for Muscle Diseases, during the conduct of the study; .

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Section 1. Identifying Information

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 Name
Tobias 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 know it)

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