

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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3. Relevant financial activities outside the submitted work.

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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)

Shingo

2. Surname (Last Name)

Shimada

3. Date

27-January-2021

4. Are you the corresponding author?

Yes No

5. Manuscript Title

The impact of elastography with virtual touch quantification of future remnant liver before major hepatectomy

6. Manuscript Identifying Number (if you know it)

QIMS-20-1073-R1

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. Shimada has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Toshiya	2. Surname (Last Name) Kamiyama	3. Date 27-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shingo Shimada
5. Manuscript Title The impact of elastography with virtual touch quantification of future remnant liver before major hepatectomy		
6. Manuscript Identifying Number (if you know it) QIMS-20-1073-R1		

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Section 1. Identifying Information

1. Given Name (First Name) Tatsuhiko	2. Surname (Last Name) Kakisaka	3. Date 27-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shingo Shimada
5. Manuscript Title The impact of elastography with virtual touch quantification of future remnant liver before major hepatectomy		
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Section 1. Identifying Information

1. Given Name (First Name) Tatsuya	2. Surname (Last Name) Orimo	3. Date 27-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shingo Shimada
5. Manuscript Title The impact of elastography with virtual touch quantification of future remnant liver before major hepatectomy		
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Section 1. Identifying Information

1. Given Name (First Name) Akihisa	2. Surname (Last Name) Nagatsu	3. Date 26-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shingo Shimada
5. Manuscript Title The impact of elastography with virtual touch quantification of future remnant liver before major hepatectomy		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yoh	2. Surname (Last Name) Asahi	3. Date 27-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shingo Shimada
5. Manuscript Title The impact of elastography with virtual touch quantification of future remnant liver before major hepatectomy		
6. Manuscript Identifying Number (if you know it) QIMS-20-1073-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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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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. Asahi 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) Yuzuru	2. Surname (Last Name) Sakamoto	3. Date 27-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shingo Shimada
5. Manuscript Title The impact of elastography with virtual touch quantification of future remnant liver before major hepatectomy		
6. Manuscript Identifying Number (if you know it) QIMS-20-1073-R1		

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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Section 6. Disclosure Statement

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Dr. Sakamoto 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)

Hirofumi

2. Surname (Last Name)

Kamachi

3. Date

27-January-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Shingo Shimada

5. Manuscript Title

The impact of elastography with virtual touch quantification of future remnant liver before major hepatectomy

6. Manuscript Identifying Number (if you know it)

QIMS-20-1073-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.)?

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Kamachi has nothing to disclose.

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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) Yusuke	2. Surname (Last Name) Kudo	3. Date 26-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shingo Shimada
5. Manuscript Title The impact of elastography with virtual touch quantification of future remnant liver before major hepatectomy		
6. Manuscript Identifying Number (if you know it) QIMS-20-1073-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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Kudo 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) Mutsumi	2. Surname (Last Name) Nishida	3. Date 27-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shingo Shimada
5. Manuscript Title The impact of elastography with virtual touch quantification of future remnant liver before major hepatectomy		
6. Manuscript Identifying Number (if you know it) QIMS-20-1073-R1		

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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. Nishida 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)

Akinobu

2. Surname (Last Name)

Taketomi

3. Date

27-January-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Shingo Shimada

5. Manuscript Title

The impact of elastography with virtual touch quantification of future remnant liver before major hepatectomy

6. Manuscript Identifying Number (if you know it)

QIMS-20-1073-R1

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Dr. Taketomi has nothing to disclose.

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