ICMJE DISCLOSURE FORM

Date:5/25/2021
Your Name:Ek T. Tan
Manuscript Title: Diffusion MRI Fiber Diameter for Muscle Denervation Assessment
Manuscript number (if known): QIMS-21-313

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIH R21-TR003033 GE Healthcare	Research support through institution. Research support through institution.
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	None	
0	testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	Co-inventor on US Provisional patent 63/125,887	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

Please summarize the above conflict of interest in the following box:

ETT is a co-inventor on US Provisional Patent 63/125,887. ETT receives institutional research support from GE Healthcare.

Please place an "X" next to the following statement to indicate your agreement:

__x I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date:5/25/2021
Your Name:Kelly C. Zochowski
Manuscript Title: Diffusion MRI Fiber Diameter for Muscle Denervation Assessment
Manuscript number (if known):QIMS-21-313

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	planning of the work
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	•		
7	Support for attending	None	
	meetings and/or travel		
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8	Patents planned, issued or	None	
	pending	TTO TE	
	PeaB		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	·		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the fo	llowing box:
N	lone.		

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Date:	5/25/2021
Your Name:_	Darryl B. Sneag
Manuscript 1	Title: Diffusion MRI Fiber Diameter for Muscle Denervation Assessment
Manuscript r	number (if known): QIMS-21-313

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1 All support for the present NIH R21-TR0		NIH R21-TR003033 GE Healthcare	Research support through institution. Research support through institution.
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
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	testimony		
7	Support for attending meetings and/or travel	None	
	-		
8	Patents planned, issued or	Co-inventor on US	
	pending	Provisional patent	
		63/125,887	
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	None	
	services		
13	Other financial or non- financial interests	None	

Please summarize the above conflict of interest in the following box:

DBS is a co-inventor on US Provisional Patent 63/125,887. DBS receives institutional research support from GE Healthcare.

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