

ICMJE DISCLOSURE FORM

Date: 2021-5-30
 Your Name: XinWang
 Manuscript Title: Assessment of Peripheral Neuropathy in Type 2 Diabetes by Diffusion Tensor Imaging
 Manuscript number (if known): QIMS-21-126

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 current manuscript only.

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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	

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6	Payment for expert testimony	None	
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13	Other financial or non-financial interests	None	

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

I have no conflicts of interest to declare.

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

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

ICMJE DISCLOSURE FORM

Date: 2021-5-31

Your Name: Lei Luo

Manuscript Title: Assessment of Peripheral Neuropathy in Type 2 Diabetes by Diffusion Tensor Imaging

Manuscript number (if known): QIMS-21-126

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ICMJE DISCLOSURE FORM

Date: _____ 2021-5-31 _____

Your Name: _____ Jianming Xing _____

Manuscript Title: _____ Assessment of Peripheral Neuropathy in Type 2 Diabetes by Diffusion Tensor Imaging _____

Manuscript number (if known): _____ QIMS-21-126 _____

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Date: _____ 2021-5-31 _____

Your Name: _____ Jianliang Wang _____

Manuscript Title: _____ Assessment of Peripheral Neuropathy in Type 2 Diabetes by Diffusion Tensor Imaging _____

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Date: 2021-5-31

Your Name: Bimin Shi

Manuscript Title: Assessment of Peripheral Neuropathy in Type 2 Diabetes by Diffusion Tensor Imaging

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ICMJE DISCLOSURE FORM

Date: 2021-5-31

Your Name: Yinmin Li

Manuscript Title: Assessment of Peripheral Neuropathy in Type 2 Diabetes by Diffusion Tensor Imaging

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Date: _____ 2021-5-30 _____

Your Name: _____ Yonggang Li _____

Manuscript Title: _____ Assessment of Peripheral Neuropathy in Type 2 Diabetes by Diffusion Tensor Imaging _____

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