

**ICMJE DISCLOSURE FORM**

Date: \_\_\_\_\_ May. 28<sup>th</sup>, 2021 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Hui Liu \_\_\_\_\_  
 Manuscript Title: Quantitative evaluation of contrast-enhanced ultrasound in differentiating small renal cell carcinoma subtypes and angiomyolipoma \_\_\_\_\_  
 Manuscript number (if known): QIMS-21-248 \_\_\_\_\_

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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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.

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Time frame: past 36 months			
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3	Royalties or licenses	____ None	
4	Consulting fees	____ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
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 place an "X" next to the following statement to indicate your agreement:

  Hui Liu   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: \_\_\_\_\_ May. 28<sup>th</sup>, 2021 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Hongli Cao \_\_\_\_\_  
 Manuscript Title: \_\_ Quantitative evaluation of contrast-enhanced ultrasound in differentiating small renal cell carcinoma subtypes and angiomyolipoma \_\_\_\_\_  
 Manuscript number (if known): \_\_ QIMS-21-248 \_\_\_\_\_

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  Hongli Cao   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: \_\_\_\_\_ May. 28<sup>th</sup>, 2021 \_\_\_\_\_

Your Name: \_\_\_\_\_ Lin Chen \_\_\_\_\_

Manuscript Title: \_\_ Quantitative evaluation of contrast-enhanced ultrasound in differentiating small renal cell carcinoma subtypes and angiomyolipoma \_\_\_\_\_

Manuscript number (if known): \_\_ QIMS-21-248 \_\_\_\_\_

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Lin Chen 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: \_\_\_\_\_ May. 28<sup>th</sup>, 2021 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Liang Fang \_\_\_\_\_  
 Manuscript Title: \_\_ Quantitative evaluation of contrast-enhanced ultrasound in differentiating small renal cell carcinoma subtypes and angiomyolipoma \_\_\_\_\_  
 Manuscript number (if known): \_\_ QIMS-21-248 \_\_\_\_\_

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

Liang Fang 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: \_\_\_\_\_ May. 28<sup>th</sup>, 2021 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Yingchun Liu \_\_\_\_\_  
 Manuscript Title: \_\_ Quantitative evaluation of contrast-enhanced ultrasound in differentiating small renal cell carcinoma subtypes and angiomyolipoma \_\_\_\_\_  
 Manuscript number (if known): \_\_ QIMS-21-248 \_\_\_\_\_

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13	Other financial or non-financial interests	___ None	

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

Yingchun Liu 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: \_\_\_\_\_ May. 28<sup>th</sup>, 2021 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Jia Zhan \_\_\_\_\_  
 Manuscript Title: \_\_ Quantitative evaluation of contrast-enhanced ultrasound in differentiating small renal cell carcinoma subtypes and angiomyolipoma \_\_\_\_\_  
 Manuscript number (if known): \_\_ QIMS-21-248 \_\_\_\_\_

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

  Jia Zhan   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: \_\_\_\_\_ May. 28<sup>th</sup>, 2021 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Xuehong Diao \_\_\_\_\_  
 Manuscript Title: \_\_ Quantitative evaluation of contrast-enhanced ultrasound in differentiating small renal cell carcinoma subtypes and angiomyolipoma \_\_\_\_\_  
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Please place an "X" next to the following statement to indicate your agreement:

Xuehong Diao 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: \_\_\_\_\_ May. 28<sup>th</sup>, 2021 \_\_\_\_\_

Your Name: \_\_\_\_\_ Yue Chen \_\_\_\_\_

Manuscript Title: \_\_ Quantitative evaluation of contrast-enhanced ultrasound in differentiating small renal cell carcinoma subtypes and angiomyolipoma \_\_\_\_\_

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