

ICMJE DISCLOSURE FORM

Date: April 14th ,2021

Your Name: Kenta Yamada

Manuscript Title: Evaluation of ulcerative colitis activity using transabdominal ultrasound shear wave elastography

Manuscript number (if known): _____

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.

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13	Other financial or non-financial interests	___ None	

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

None.

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 X 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: April 14th ,2021

Your Name: Takuya Ishikawa

Manuscript Title: Evaluation of ulcerative colitis activity using transabdominal ultrasound shear wave elastography

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: April 14th ,2021
 Your Name: Hiroki Kawashima
 Manuscript Title: Evaluation of ulcerative colitis activity using transabdominal ultrasound shear wave elastography
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: April 14th ,2021

Your Name: Eizaburo Ohno

Manuscript Title: Evaluation of ulcerative colitis activity using transabdominal ultrasound shear wave elastography

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: April 14th ,2021

Your Name: Tadashi Iida

Manuscript Title: Evaluation of ulcerative colitis activity using transabdominal ultrasound shear wave elastography

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: April 14th ,2021

Your Name: Eri Ishikawa

Manuscript Title: Evaluation of ulcerative colitis activity using transabdominal ultrasound shear wave elastography

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: April 14th ,2021

Your Name: Yasuyuki Mizutani

Manuscript Title: Evaluation of ulcerative colitis activity using transabdominal ultrasound shear wave elastography

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: April 14th ,2021

Your Name: Tsunaki Sawada

Manuscript Title: Evaluation of ulcerative colitis activity using transabdominal ultrasound shear wave elastography

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ICMJE DISCLOSURE FORM

Date: April 14th ,2021

Your Name: Keiko Maeda

Manuscript Title: Evaluation of ulcerative colitis activity using transabdominal ultrasound shear wave elastography

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ICMJE DISCLOSURE FORM

Date: April 14th ,2021
 Your Name: Takeshi Yamamura
 Manuscript Title: Evaluation of ulcerative colitis activity using transabdominal ultrasound shear wave elastography
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ICMJE DISCLOSURE FORM

Date: April 14th ,2021

Your Name: Naomi Kakushima

Manuscript Title: Evaluation of ulcerative colitis activity using transabdominal ultrasound shear wave elastography

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ICMJE DISCLOSURE FORM

Date: April 14th ,2021

Your Name: Kazuhiro Furukawa

Manuscript Title: Evaluation of ulcerative colitis activity using transabdominal ultrasound shear wave elastography

Manuscript number (if known): _____

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Date: April 14th ,2021

Your Name: Masanao Nakamura

Manuscript Title: Evaluation of ulcerative colitis activity using transabdominal ultrasound shear wave elastography

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: April 14th ,2021

Your Name: Masatoshi Ishigami

Manuscript Title: Evaluation of ulcerative colitis activity using transabdominal ultrasound shear wave elastography

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: April 14th ,2021

Your Name: Mitsuhiro Fujishiro

Manuscript Title: Evaluation of ulcerative colitis activity using transabdominal ultrasound shear wave elastography

Manuscript number (if known): _____

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