

ICMJE DISCLOSURE FORM

Date: September 30,2021

Your Name: Zining Xu

Manuscript Title: Evaluating complete androgen insensitivity syndrome with a multimodal sonography system

Manuscript number (if known): QIMS-21-893

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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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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
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.	Program of Basic Public Welfare Research in Zhejiang Province of China (No.LGF19H180011) Medical and Health Technology Project in Zhejiang Province of China (No.2020KY430) International Multi-center Clinical Trial Registration Number: ChiCTR1800015519 	
Time frame: past 36 months			
2	Grants or contracts from	None	

	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
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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	

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ICMJE DISCLOSURE FORM

Date: September 30,2021

Your Name: Chengzhong Peng

Manuscript Title: Evaluating complete androgen insensitivity syndrome with a multimodal sonography system

Manuscript number (if known): QIMS-21-893

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ICMJE DISCLOSURE FORM

Date: September 30,2021

Your Name: Liyi Zhang

Manuscript Title: Evaluating complete androgen insensitivity syndrome with a multimodal sonography system

Manuscript number (if known): QIMS-21-893

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ICMJE DISCLOSURE FORM

Date: September 30,2021

Your Name: Qiongxiao Huang

Manuscript Title: Evaluating complete androgen insensitivity syndrome with a multimodal sonography system

Manuscript number (if known): QIMS-21-893

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