| | ICMJE DISCLOSURE FORM | | | |
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| Date:2021 | -10-15 | | | |
| Your Name: | Jie Zhou | | | |
| Manuscript Title: Including Two-dimen | _Diagnosis of Steatohepatitis and F sion Real-time Shear Wave Elastog | ibrosis in Biopsy-proven Nonalcoholic Fatty Liver Diseases raphy and Noninvasive Fibrotic Biomarker Scores 00-R1 | | |
| related to the conterparties whose interesto transparency and relationship/activity, | at of your manuscript. "Related" me sts may be affected by the content does not necessarily indicate a bias interest, it is preferable that you d | Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so. ips/activities/interests as they relate to the current | | |
| to the epidemiology | | e <u>defined broadly</u> . For example, if your manuscript pertain e all relationships with manufacturers of antihypertensive the manuscript | | |
| In item #1 below, rep | | ed in this manuscript without time limit. For all other iten | | |
| | Name all entities with whom you have this relationship or indicate none (add rows as | Specifications/Comments (e.g., if payments were made to you or to your institution) | | |

| | | 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) |
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| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | XNone | |
| ļ | manuscript (e.g., funding, provision of study materials, | | |
| ļ | medical writing, article | | |
| ļ Ī | processing charges, etc.) | | |
| ļ | No time limit for this item. | | |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | XNone | |
| ļ | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |
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| | Payment or honoraria for | XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | V N | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| , | meetings and/or travel | | |
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| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| 11 | group, paid or unpaid | V Nove | |
| 11 | Stock or stock options | XNone | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| 12 | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| Ple | ease summarize the above c | onflict of interest in the fo | llowing box: |
| | I have no relevant financial inte | erests to disclose | |
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| Date: 2 | 021-10-15 | |
| Your Name: | Feng Yan | |
| Including Two-din | nension Real-time Shear Wave | is and Fibrosis in Biopsy-proven Nonalcoholic Fatty Liver Diseases Elastography and Noninvasive Fibrotic Biomarker Scores //S-21-700-R1 |
| related to the con parties whose into to transparency a | tent of your manuscript. "Relaterests may be affected by the co | sclose all relationships/activities/interests listed below that are ted" means any relation with for-profit or not-for-profit third content of the manuscript. Disclosure represents a commitment e a bias. If you are in doubt about whether to list a st you do so. |
| The following que manuscript only. | stions apply to the author's rel | ationships/activities/interests as they relate to the current |
| to the epidemiolo | · · · · · · · · · · · · · · · · · · · | ould be <u>defined broadly</u> . For example, if your manuscript pertain I declare all relationships with manufacturers of antihypertensive oned in the manuscript. |
| | report all support for the work disclosure is the past 36 mont | reported in this manuscript without time limit. For all other iten ths. |
| | Name all entities w | with Specifications/Comments |
| | whom you have th | |
| | relationship or ind | |
| | none (add rows as | |
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| | | whom you have this relationship or indicate none (add rows as needed) | (e.g., if payments were made to you or to your institution) |
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| | | 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X_None | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

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| | Payment or honoraria for | XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | V N | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| , | meetings and/or travel | | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| 11 | group, paid or unpaid | V Nove | |
| 11 | Stock or stock options | XNone | |
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| 12 | Receipt of equipment, | X None | |
| 12 | materials, drugs, medical | XNone | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| Inclu | iding Two-dimension Real | -time Shear Wave Elastog | Fibrosis in Biopsy-proven Nonalcoholic Fatty Liver Diseases: graphy and Noninvasive Fibrotic Biomarker Scores |
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| relat parti to tra | ed to the content of your ies whose interests may be | manuscript. "Related" me e affected by the content necessarily indicate a bias | all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so. |
| | following questions apply uscript only. | to the author's relationsh | nips/activities/interests as they relate to the current |
| to th | | ension, you should declar | e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. |
| | em #1 below, report all su ime frame for disclosure i | • • | ed in this manuscript without time limit. For all other items |
| | | 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 initi | al planning of the work |
| r p r | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | XNone | |
| ľ | No time limit for this item. | | |
| | | Time frame: pas | st 36 months |
| a | Grants or contracts from any entity (if not indicated n item #1 above). | XNone | |
| | Royalties or licenses | XNone | |

Consulting fees

_X__None

| | 1 | Т | |
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| | | | |
| | Payment or honoraria for | XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | V N | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| , | meetings and/or travel | | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| 11 | group, paid or unpaid | V Nove | |
| 11 | Stock or stock options | XNone | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| 12 | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| | no relevant initialistal lift | 55.5 to 4.55.656. | |
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| Da | ite:2021-10-15 | | | | |
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| Yo | ur Name: | Qiang Lu | и | | |
| M | anuscript Title:Diagnosi | is of Steatohepatitis and F | ibrosis in Biopsy-proven Nonalcoholic Fatty Liver Diseases: | | |
| Ind | Including Two-dimension Real-time Shear Wave Elastography and Noninvasive Fibrotic Biomarker Scores | | | | |
| M | anuscript number (if known) |): QIMS-21-7 | 00-R1 | | |
| | | | | | |
| In | the interest of transparency | , we ask you to disclose a | Il relationships/activities/interests listed below that are | | |
| | | - | eans any relation with for-profit or not-for-profit third | | |
| | | | 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 | | |
| | ationship/activity/interest, | • | • | | |
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| | | to the author's relationsh | ips/activities/interests as they relate to the <u>current</u> | | |
| ma | anuscript only. | | | | |
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| | • | | defined broadly. For example, if your manuscript pertains | | |
| | | _ | e all relationships with manufacturers of antihypertensive | | |
| me | edication, even if that medic | cation is not mentioned in | the manuscript. | | |
| | | | and the section of th | | |
| | · • | • | ed in this manuscript without time limit. For all other items, | | |
| tn | e time frame for disclosure i | s the past 36 months. | | | |
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| | | Name all entities with | Specifications/Comments | | |
| | | whom you have this | (e.g., if payments were made to you or to your | | |
| | | relationship or indicate | institution) | | |
| | | none (add rows as | | | |
| | | needed) | | | |
| | I | Time frame: Since the initia | al planning of the work | | |
| 1 | All support for the present | XNone | | | |
| | manuscript (e.g., funding, | | | | |
| | provision of study materials, | | | | |
| | medical writing, article processing charges, etc.) | | | | |
| | No time limit for this item. | | | | |
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| | | Time frame: pas | t 36 months | | |
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| 2 | Grants or contracts from | X None | | | |

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Consulting fees

Royalties or licenses

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| 5 | Payment or honoraria for | XNone | |
| | lectures, presentations, speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| _ | C | V N | |
| 7 | Support for attending meetings and/or travel | XNone | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| 9 | Participation on a Data | X None | |
| J | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, | | |
| | committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | X_None | |
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| 42 | | V N | |
| 12 | Receipt of equipment, materials, drugs, medical | XNone | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | _XNone | |
| | financial interests | | |
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| Ple | ease summarize the above c | onflict of interest in the fo | llowing box: |
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| | I have no relevant financial interests to disclose. | | |
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| Date: | _2021-10-15 |
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| Your Name: | Xianglan Zhu |
| • | le:Diagnosis of Steatohepatitis and Fibrosis in Biopsy-proven Nonalcoholic Fatty Liver Diseases dimension Real-time Shear Wave Elastography and Noninvasive Fibrotic Biomarker Scores |
| Manuscript nu | mber (if known): QIMS-21-700-R1 |
| related to the parties whose to transparence | of transparency, we ask you to disclose all relationships/activities/interests listed below that are content of your manuscript. "Related" means any relation with for-profit or not-for-profit third interests may be affected by the content of the manuscript. Disclosure represents a commitment by and does not necessarily indicate a bias. If you are in doubt about whether to list a ctivity/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</u> <u>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) | 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | _XNone | |

| 5 | Payment or honoraria for | X_None | |
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| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
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| 7 | Support for attending | _XNone | |
| | meetings and/or travel | | |
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| 8 | Datants planned issued or | V. Nana | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| 9 | Participation on a Data | _XNone | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | XNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X_None | |
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| | | | |
| 12 | Receipt of equipment, | _XNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| Ple | Please summarize the above conflict of interest in the following box: | | |
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| | I have no relevant financial interests to disclose. | | |
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| Da | te:2021-10-15 | | | | |
|----------------------|--|--|---|------|--|
| Yo | ur Name: | Binyang | g Gao | | |
| | Manuscript Title:Diagnosis of Steatohepatitis and Fibrosis in Biopsy-proven Nonalcoholic Fatty Liver Diseases: | | | | |
| Inc | ncluding Two-dimension Real-time Shear Wave Elastography and Noninvasive Fibrotic Biomarker Scores | | | | |
| Ma | Manuscript number (if known): QIMS-21-700-R1 | | | | |
| rel pa to rel The ma | ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/act the epidemiology of hypert | manuscript. "Related" mee affected by the content necessarily indicate a bias it is preferable that you d to the author's relationshivities/interests should be ension, you should declare | hips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript perta e all relationships with manufacturers of antihypertensiv | ins | |
| | edication, even if that medic | | · | | |
| | item #1 below, report all su e time frame for disclosure i | | ed in this manuscript without time limit. For all other ite | ems, | |
| | | Name all entities with | Specifications/Comments | | |
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| | | relationship or indicate | institution) | | |
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| | | none (add rows as | | | |
| | | needed) | | | |
| | | needed) Time frame: Since the initia | al planning of the work | | |
| L | All support for the present | needed) | al planning of the work | | |
| L | manuscript (e.g., funding, | needed) Time frame: Since the initia | al planning of the work | | |
| L | manuscript (e.g., funding, provision of study materials, | needed) Time frame: Since the initia | al planning of the work | | |
| L | manuscript (e.g., funding, provision of study materials, medical writing, article | needed) Time frame: Since the initia | al planning of the work | | |
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| <u>1</u> | manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from | needed) Time frame: Since the initionXNone | | | |
| 2 | manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated | needed) Time frame: Since the initionXNone Time frame: pas | | | |
| | manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). | needed) Time frame: Since the initionXNone | | | |
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Consulting fees

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| 5 | lectures, presentations, | XNone | |
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| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | V N | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| , | meetings and/or travel | ^_None | |
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| 8 | Patents planned, issued or | X None | |
| 0 | pending | | |
| | pending | | |
| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | XNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | X None | |
| 13 | financial interests | XNone | |
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| | ease summarize the above control into | | llowing box: |
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| Da | te:2021-10-15 | | | | | |
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| Yo | ur Name: | Huan Zh | ang | | | |
| Ma | nuscript Title:Diagnosi | is of Steatohepatitis and Fi | ibrosis in Biopsy-proven Nonalcoholic Fatty Liver Diseases: | | | |
| Inc | Including Two-dimension Real-time Shear Wave Elastography and Noninvasive Fibrotic Biomarker Scores | | | | | |
| Ma | anuscript number (if known) |): QIMS-21-7(| 00-R1 | | | |
| rel pa to rel The ma | 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. The author's relationships/activities/interests should be defined broadly. 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. | | | | | |
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| | | relationship or indicate | institution) | | | |
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| | | needed) | I planning of the cook | | | |
| • | All of d | Time frame: Since the initia | il planning of the work | | | |
| L | All support for the present | XNone | | | | |
| | manuscript (e.g., funding, provision of study materials, | | | | | |
| | medical writing, article | | | | | |
| | processing charges, etc.) | | | | | |
| | No time limit for this item. | | | | | |
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| | | Time frame: pas | t 36 months | | | |
| 2 | Grants or contracts from | X None | | | | |
| | any entity (if not indicated | | | | | |
| | in item #1 above). | | | | | |
| 3 | Royalties or licenses | XNone | | | | |
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Consulting fees

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| 5 | Payment or honoraria for | XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | V. None | |
| 6 | Payment for expert testimony | XNone | |
| | Lestimony | | |
| 7 | Support for attending | X None | |
| , | meetings and/or travel | XNone | |
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| 9 | Participation on a Data | _XNone | |
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| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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| Ple | ease summarize the above o | onflict of interest in the fo | llowing box: |
| | I have no relevant financial inte | erests to disclose. | |
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| Date: | 2021-10-15 |
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| Your Name: | Rui Yang |
| Manuscript Tit | tle:Diagnosis of Steatohepatitis and Fibrosis in Biopsy-proven Nonalcoholic Fatty Liver Diseases |
| Including Two | -dimension Real-time Shear Wave Elastography and Noninvasive Fibrotic Biomarker Scores |
| Manuscript nu | ımber (if known): QIMS-21-700-R1 |
| | |
| | of transparency, we ask you to disclose all relationships/activities/interests listed below that are |
| | content of your manuscript. "Related" means any relation with for-profit or not-for-profit third |
| • | interests may be affected by the content of the manuscript. Disclosure represents a commitment |
| to transparence | cy and does not necessarily indicate a bias. If you are in doubt about whether to list a |

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

relationship/activity/interest, it is preferable that you do so.

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) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| | | Time frame: Since the initial | planning of the work |
| | 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

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| | | | |
| 5 | lectures, presentations, | XNone | |
| | | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | V N | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| , | meetings and/or travel | ^_None | |
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| 8 | Patents planned, issued or | X None | |
| 0 | pending | | |
| | pending | | |
| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | XNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | X None | |
| 13 | financial interests | XNone | |
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| Ma | nuscript Title:Diagnos | sis of Steatohepatitis and Fi | brosis in Biopsy-proven Nonalcoholic Fatty Liver Diseases | : |
| Incl | uding Two-dimension Rea | l-time Shear Wave Elastogr | aphy and Noninvasive Fibrotic Biomarker Scores | |
| Ma | nuscript number (if known | n): QIMS-21-70 | 0-R1 | |
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| In i | tem #1 below, report all su | apport for the work reporte | d in this manuscript without time limit. For all other iten | ۱S, |
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| | | none (add rows as | | |
| | | needed) Time frame: Since the initia | Inlanning of the work | |
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| L | All support for the present | XNone | | |
| ļ | manuscript (e.g., funding, | | | |

| | | whom you have this relationship or indicate none (add rows as needed) | (e.g., if payments were made to you or to your institution) |
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| | | Time frame: Since the initia | l planning of the work |
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| | | Time frame: pas | t 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | X_None | |
| 4 | Consulting fees | XNone | |

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| 5 | Payment or honoraria for | XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| - | educational events | V. Nana | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
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| 7 | Support for attending meetings and/or travel | XNone | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | _XNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
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| 42 | 5 | V N | |
| 12 | Receipt of equipment, | XNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | X None | |
| 13 | financial interests | XNone | |
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| Ple | Please summarize the above conflict of interest in the following box: | | |
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| | I have no relevant financial inte | erests to disclose. | |
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