Date:_____December 1st, 2021_____ Your Name:____Jeong Woo Kim___ Manuscript Title:_____ Ultrasonographic Index for the Diagnosis of Non-Alcoholic Steatohepatitis in Patients with Non-Alcoholic Fatty Liver Disease _____ Manuscript number (if known):____ QIMS-21-895____

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

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		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	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

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Date:_____December 1st, 2021____ Your Name:____Chang Hee Lee___ Manuscript Title:_____ Ultrasonographic Index for the Diagnosis of Non-Alcoholic Steatohepatitis in Patients with Non-Alcoholic Fatty Liver Disease _____ Manuscript number (if known):____ QIMS-21-895____

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None.

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Date:_____December 1st, 2021____ Your Name:____Baek-Hui Kim__ Manuscript Title:_____ Ultrasonographic Index for the Diagnosis of Non-Alcoholic Steatohepatitis in Patients with Non-Alcoholic Fatty Liver Disease ____ Manuscript number (if known):____ QIMS-21-895___

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13	Other financial or non- financial interests	XNone	

None.

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Date:_____December 1st, 2021____ Your Name:___Young-Sun Lee__ Manuscript Title:_____ Ultrasonographic Index for the Diagnosis of Non-Alcoholic Steatohepatitis in Patients with Non-Alcoholic Fatty Liver Disease ____ Manuscript number (if known):____ QIMS-21-895___

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

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

 Date:
 ______December 1st, 2021_____

 Your Name:
 Soon-Young Hwang

 Manuscript Title:
 ______Ultrasonographic Index for the Diagnosis of Non-Alcoholic Steatohepatitis in Patients with Non

 Alcoholic Fatty Liver Disease

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.

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

Date:_____December 1st, 2021____ Your Name<u>:___Bit Na Park</u>___ Manuscript Title:_____ Ultrasonographic Index for the Diagnosis of Non-Alcoholic Steatohepatitis in Patients with Non-<u>Alcoholic Fatty Liver Disease</u>____ Manuscript number (if known):____<u>QIMS-21-895___</u>

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 Date:_____December 1st, 2021_____

 Your Name:____Yang Shin Park

 Manuscript Title:______Ultrasonographic Index for the Diagnosis of Non-Alcoholic Steatohepatitis in Patients with Non

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