21

Your Name: Niklas Verloh

Manuscript Title: Quantitative analysis of liver function: 3D variable-flip-angle versus Look-Locker T1 relaxometry in

hepatocyte-specific contrast-enhanced liver MR imaging

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.

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.

		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)
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.	Time frame: Since the initial XNone	planning of the work
		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	•	XNone	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	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	XNone	
13	Other financial or non- financial interests	XNone	
	Dlazca summariza th	ne above conflict of inter	est in the following hov:

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

No conflict of interest		

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

Date: 15.06.2021	
Your Name: Irene Fuhrmann	
Manuscript Title: Quantitative analysis of liver function: 3D variable-flip-angle versus Look-Locker T1 relaxometry is	n
hepatocyte-specific contrast-enhanced liver MR imaging	
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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	-	Time frame: Since the initial	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.		
	ino time initia for this term.		
		Time frame: past	36 months
2	Grants or contracts from	X None	30 months
-	any entity (if not indicated	^_None	
	in item #1 above).		
3	Royalties or licenses	X None	
	noyanics of necrises		
4	Consulting fees	XNone	

1			
5	5 Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	,		
7	Support for attending	X None	
•	meetings and/or travel		
	meetings and, or traver		
8	Patents planned, issued or	XNone	
	pending		
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	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
	Please summarize th	e above conflict of interes	t in the following box:
	No conflict of interest		

Date:	
Your Name:_Claudia Fellner	
Manuscript Title:_Quantitative analysis of liver function: 3D variable flip angle versus Look-Locker T1 re hepatocyte-specific contrast-enhanced liver MR imaging	elaxomatry in
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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		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.)	_xNone	
	No time limit for this item.	Time frame: past	26 months
2	Grants or contracts from	x None	
~	any entity (if not indicated	_xivorie	
	in item #1 above).		
3	Royalties or licenses	_xNone	

4	Consulting fees	_xNone	
_	Daymant and barranic fact	Nana	
5	Payment or honoraria for	_xNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_xNone	
	testimony		
7	Support for attending meetings and/or travel	_xNone	
8	Patents planned, issued or	_xNone	
	pending		
9	Participation on a Data	_xNone	
	Safety Monitoring Board or		
10	Advisory Board	Nana	
10	Leadership or fiduciary role in other board, society,	_xNone	
	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		
DI			fallowing how
Piea	ase summarize the above co	intlict of interest in the	following box:
	lo conflict of interest		
'	to conflict or interest		
Plea	ase place an "X" next to the	following statement to	o indicate your agreement:

Date: June 9th 2021	
Your Name: Dominik Nicke	
Manuscript Title: Quantita	tive analysis of liver function: 3D variable-flip-angle versus Look-Locker T1 relaxometry in
hepatocyte-specific contra	st-enhanced liver MR imaging
Manuscript number (if kno	own):

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 <u>current 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.

		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
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.	None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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 summarize the above conflict of interest in the following box:

I am an employee of Siemens Healthcare GmbH for more than 36 months and longer than the initial planning of this work. Employment is stated above the points above, but I would like to mention it here in case it is relevant.

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Dominik Wirk

Your Name: Florian Zeman

Manuscript Title: Quantitative analysis of liver function: 3D variable-flip-angle versus Look-Locker T1 relaxometry in

hepatocyte-specific contrast-enhanced liver MR imaging

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.

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	None	
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests	None	
	illianciai interests		
Ple	ease summarize the above o	onflict of interest in the foll	owing box:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Regensburg, 15 Jun 2021

	ur Name: Kand	NN-2021	
	anuscript Title: Quan hi ka h		ive fuction 30 variable flip angle
	anuscript number (if known)		Versing Look-Lodes Th
In rel pa to rel Th ma	the interest of transparency lated to the content of your rties whose interests may be transparency and does not lationship/activity/interest, e following questions apply anuscript only. e author's relationships/act the epidemiology of hypertedication, even if that medicated to the content of the content	, we ask you to disclose a manuscript. "Related" me affected by the content necessarily indicate a bias it is preferable that you do to the author's relationshivities/interests should be ension, you should declaration is not mentioned in apport for the work reporter.	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. It is a current edefined broadly. For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive
		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)
	ALL DESCRIPTION OF THE RESERVE	Time frame: Since the initia	al 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.	None	

Time frame: past 36 months

None

None

None

Grants or contracts from

Royalties or licenses

Consulting fees

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any entity (if not indicated in item #1 above).

ectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert sestimony Support for attending meetings and/or travel Patents planned, issued or bending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy	None None None None				
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eadership or fiduciary role nother board, society,	None				
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group, paid or unpaid	10				
Stock or stock options	None				
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Receipt of equipment,	None				
materials, drugs, medical					
writing, gifts or other					
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	None				
financial interests					
se summarize the above c	onflict of interest in t	he following box:			
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NAV DATURAS PERSONAL	o following statement	to indicate your a	greement:		
se place an "X" next to the	e lollowing statement				
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i		se summarize the above conflict of interest in t	se summarize the above conflict of interest in the following box:	se summarize the above conflict of interest in the following box:	inancial interests

Date:12.06.2021	
Your Name: Matthias Hornung	
Manuscript Title: Quantitative analysis of liver function: 3D variable-flip-angle versus Look-I	Locker T
relaxometry in hepatocyte-specific contrast-enhanced liver MR imaging	
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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1000		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)
	4	Time frame: Since the initi	al 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: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

Advisory Boar	entations, eaus, writing or events expert ttending l/or travel	XNoneXNoneXNone			
educational ed Payment for ed testimony Support for at meetings and, Patents plann pending Participation of Safety Monitor Advisory Boar Leadership or in other board committee or group, paid or	expert extending l/or travel ned, issued or	_X_None			
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O Leadership or in other board committee or group, paid or	oring Board or	XNone			
	r fiduciary role d, society, r advocacy	XNone			
		XNone			
Receipt of equi materials, dru writing, gifts of services	ugs, medical	XNone			
3 Other financial financial inter		XNone			-n = 3

Please place an "X" next to the following statement to indicate your agreement:
__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this

Date: 13.06.2021
Your Name: Christian Stroszczynski
Manuscript Title: Quantitative analysis of liver function: 3D variable-flip-angle versus Look-Locker T1 relaxometry in
hepatocyte-specific contrast-enhanced liver MR imaging
Manuscript number (if known):

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		Time frame: Since the initial	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.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

1			
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	,		
7	Support for attending	X None	
•	meetings and/or travel		
	meetings and, or traver		
8	Patents planned, issued or	XNone	
	pending		
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	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
	Please summarize th	e above conflict of interes	t in the following box:
	No conflict of interest		

Your Name:Philipp Wiggermann					
Manuscript Title: Quantitative analysis of liver function: 3D variable-flip-angle versus Look-Locker T1 relaxometry					
Manuscript number (if known):					

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus, manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
	5 5 .	V 1			
9	Participation on a Data Safety Monitoring Board or	XNone			
	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			
12	Receipt of equipment,	XNone			
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
	Please summarize the above conflict of interest in the following box:				

No conflict of interest			

Your Name: Michael Haimerl

Manuscript Title: Quantitative analysis of liver function: 3D variable-flip-angle versus Look-Locker T1 relaxometry in

hepatocyte-specific contrast-enhanced liver MR imaging

Manuscript number (if known):_____

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	Time frame: Since the initial 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.					
		Time frame: past	36 months			
2	Grants or contracts from	XNone				
	any entity (if not indicated					
	in item #1 above).					
3	Royalties or licenses	XNone				
4	Consulting fees	XNone				

	T	T			
5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	X None			
Ü	testimony				
	testimony				
7	Support for attending	X None			
′	Support for attending	None			
	meetings and/or travel				
8	Patents planned, issued or	XNone			
	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	X None			
	Stock of Stock options				
12	Receipt of equipment,	X None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financial interests				
	Please summarize th	e above conflict of inter	est in the following box:		
	Please summarize the above conflict of interest in the following box:				
	No conflict of interest				
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No conflict of interest			