

ICMJE DISCLOSURE FORM

Date: 2021/12/17
 Your Name: Xueyin Liao
 Manuscript Title: Assessment of Facial Autologous Fat Grafts using Dixon MRI
 Manuscript number (if known): QIMS-21-570

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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

None

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

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 Your Name: Zhentan Xu
 Manuscript Title: Assessment of Facial Autologous Fat Grafts using Dixon MRI
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Date: 2021/12/17
 Your Name: Yu Chen
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 Your Name: Huadan Xue
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Date: 2021/12/17
 Your Name: Mingyong Yang
 Manuscript Title: Assessment of Facial Autologous Fat Grafts using Dixon MRI
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Please summarize the above conflict of interest in the following box:

None

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.