Date: ____Oct. 2th, 2021____ Your Name: ___<u>Jibin Cao___</u> Manuscript Title: <u>_ Rapid quantification of global brain volumetry and relaxometry in patients with multiple sclerosis</u> <u>using synthetic MRI</u> Manuscript number (if known): __QIMS-21-970_____

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>.

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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	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
0	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
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	Possint of aquinment	X None	
12	Receipt of equipment, materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	other financial or non- financial interests		

None.

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

Date: ____Oct. 2th, 2021____ Your Name: ___<u>Xiaohan Xu___</u> Manuscript Title: <u>_ Rapid quantification of global brain volumetry and relaxometry in patients with multiple sclerosis</u> <u>using synthetic MRI</u> Manuscript number (if known): <u>___QIMS-21-970____</u>

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
0	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
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	Possint of aquinment	X None	
12	Receipt of equipment, materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	other financial or non- financial interests		

None.

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

Date: ___Oct. 2th, 2021___ Your Name: ___Jingyi Zhu ___ Manuscript Title: <u>Rapid quantification of global brain volumetry and relaxometry in patients with multiple sclerosis</u> <u>using synthetic MRI</u> Manuscript number (if known): <u>QIMS-21-970</u>____

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
0	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
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	Possint of aquinment	X None	
12	Receipt of equipment, materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	other financial or non- financial interests		

None.

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

Date: ____Oct. 2th, 2021____ Your Name: ____Puyeh Wu___ Manuscript Title: <u>Rapid quantification of global brain volumetry and relaxometry in patients with multiple sclerosis</u> <u>using synthetic MRI</u> Manuscript number (if known): <u>QIMS-21-970</u>____

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4	Consulting fees	XNone	

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
0	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
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	Possint of aquinment	X None	
12	Receipt of equipment, materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	other financial or non- financial interests		

None.

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

Date: ____Oct. 2th, 2021____ Your Name: <u>Huize Pang</u> Manuscript Title: <u>Rapid quantification of global brain volumetry and relaxometry in patients with multiple sclerosis</u> <u>using synthetic MRI</u> Manuscript number (if known): <u>QIMS-21-970</u>____

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
0	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
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	Possint of aquinment	X None	
12	Receipt of equipment, materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	other financial or non- financial interests		

None.

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

Date: ____Oct. 2th, 2021____ Your Name: ___<u>Guoguang Fan___</u> Manuscript Title: <u>Rapid quantification of global brain volumetry and relaxometry in patients with multiple sclerosis</u> <u>using synthetic MRI</u> Manuscript number (if known): <u>QIMS-21-970</u>____

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6	educational events Payment for expert	X None	
0	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Possint of aquinment	X None	
12	Receipt of equipment, materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests		

None.

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Date: ____Oct. 2th, 2021____ Your Name: ___<u>Lingling Cui___</u> Manuscript Title: <u>Rapid quantification of global brain volumetry and relaxometry in patients with multiple sclerosis</u> <u>using synthetic MRI</u> Manuscript number (if known): <u>QIMS-21-970</u>____

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3	Royalties or licenses	XNone			
4	Consulting fees	XNone			

5	Payment or honoraria for	XNone	
:	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
0	testimony		
	testimony		
7	Support for attending meetings and/or travel	X None	
,			
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Possint of aquinment	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests		

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