Date:Feb. 19 th , 2022
Your Name:Xiuming Wang
Manuscript Title: Assessment on ultrasound shear wave elastography within muscles between different regions of
interest sizes, manufacturers, probes and acquisition angles: an ex-vivo study
Manuscript number (if known):QIMS-21-1072

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 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	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	
	G ,		
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,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.			

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

	ICIVIJE DISC	LUSURE FURIVI	
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related to the content of y parties whose interests m to transparency and does	your manuscript. "Related" me ay be affected by the content	Il relationships/activities/interests listed below thateans any relation with for-profit or not-for-profit the of the manuscript. Disclosure represents a commiter. If you are in doubt about whether to list a so.	nird
The following questions a manuscript only.	pply to the author's relationsh	nips/activities/interests as they relate to the <u>curren</u>	<u>t</u>
to the epidemiology of hy		e <u>defined broadly</u> . For example, if your manuscript e all relationships with manufacturers of antihyper the manuscript.	•
	Ill support for the work report ure is the past 36 months.	ed in this manuscript without time limit. For all oth	ner 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)	
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		Time frame: pas	st 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	X None	

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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		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
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9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
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	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.			

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

Date:Feb. 19 th , 2022	
Your Name:Junxue Gao	
Manuscript Title: Assessment	on ultrasound shear wave elastography within muscles between different regions o
interest sizes, manufacturers, prol	pes and acquisition angles: an ex-vivo study
Manuscript number (if known):	QIMS-21-1072

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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	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
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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		
	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	
11	Stock of Stock options	x_none	
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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None.			

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

Yo Ma of		- ment on ultrasound shear was, probes and acquisition a	wave elastography within muscles between different re ngles: an ex-vivo study	gions
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
	e following questions apply inuscript only.	to the author's relationship	os/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare ration is not mentioned in to proper the porter the work reported	defined broadly. For example, if your manuscript pertainall relationships with manufacturers of antihypertensive he manuscript. d in this manuscript without time limit. For all other iter	⁄e
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate none (add rows as	institution)	
		needed)		
		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

X__None

X__None

X__None

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

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Payment or honoraria for	XNone	
lectures, presentations,		
speakers bureaus,		
manuscript writing or		
educational events		
Payment for expert	XNone	
testimony		
Support for attending	X None	
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Patents planned, issued or	XNone	
pending		
Participation on a Data	XNone	
Safety Monitoring Board or		
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Leadership or fiduciary role	XNone	
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Other financial or non-	XNone	
financial interests		
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None.			

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

You Ma int	te:Feb. 19 th , 2022 ur Name:Yiqun Liu anuscript Title: Assessmo erest sizes, manufacturers, j anuscript number (if known)	probes and acquisition ang		ns of
rela par to	ated to the content of your rties whose interests may be	manuscript. "Related" mea e affected by the content on necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of the second of	
	e following questions apply inuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to i	the epidemiology of hyperto edication, even if that medic	ension, you should declare ation is not mentioned in t pport for the work reporte	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other iter	•
		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		
	educational events	V None	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
•	meetings and/or travel		
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8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
	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,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
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	None.		

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

Da	ite:Feb. 20***, 2022	_		
Yo	ur Name:Wenxue Li			
Ma	anuscript Title: Assess	ment on ultrasound shear	wave elastography within muscles between different re	gions
of	interest sizes, manufacturer	rs, probes and acquisition a	angles: an ex-vivo study	
Ma	anuscript number (if known)	: QIMS-21-1072_		
In	the interest of transparency	, we ask you to disclose all	relationships/activities/interests listed below that are	
		-	ans any relation with for-profit or not-for-profit third	
ра	rties whose interests may be	e affected by the content o	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	
rel	ationship/activity/interest,	it is preferable that you do) so.	
		to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
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			defined broadly. For example, if your manuscript pertai	
	edication, even if that medic		all relationships with manufacturers of antihypertensives manuscript	e
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	e time frame for disclosure i	•	a in this manuscript without time innit. Tor an other ite	1113,
	e time mame for disclosure i	s the past 30 months.		
		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)		
		Time frame: Since the initia	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.			
	No time illinit for tims item.			
		Time frame: past	36 months	
2	Grants or contracts from	XNone		
	any entity (if not indicated			
)	in item #1 above). Royalties or licenses	V None		
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Consulting fees

X__None

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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		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	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,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.			

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

Date:Feb. 20th, 2022_	
Your Name:Si Chen	
Manuscript Title: Asse	ssment on ultrasound shear wave elastography within muscles between different regions of
interest sizes, manufacture	rs, probes and acquisition angles: an ex-vivo study
Manuscript number (if known	wn): QIMS-21-1072

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		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	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
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	manuscript writing or		
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6	Payment for expert	XNone	
	testimony		
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8	Patents planned, issued or	X None	
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9	Participation on a Data	XNone	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	XNone	
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	committee or advocacy		
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11	Stock or stock options	X None	
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.			

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

Date:Feb. 20 th , 2022	
Your Name:Feifei Liu	
Manuscript Title: Assessment on ultraso	ound shear wave elastography within muscles between different regions of
interest sizes, manufacturers, probes and ac	quisition angles: an ex-vivo study
Manuscript number (if known):	QIMS-21-1072

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6	Payment for expert	XNone	
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7	Support for attending	XNone	
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