Date:____Apr. 27th, 2022____ Your Name:___Ruixin Zhang__ Manuscript Title:_____Diagnostic value of non-contrast-enhanced magnetic resonance imaging in breast digital mammography nonpalpable breast imaging reporting and data system category 0 lesions____ Manuscript number (if known):_____

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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)
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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
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	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	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	2 Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.

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Date:____Apr. 27th, 2022 ____

Your Name:__Maosheng Xu_ Manuscript Title:____Diagnostic value of non-contrast-enhanced magnetic resonance imaging in breast digital mammography nonpalpable breast imaging reporting and data system category 0 lesions____ Manuscript number (if known):____QIMS-21-968-R4___

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5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	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	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, materials, drugs, medical	X_None	
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.

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Date:____Apr. 27th, 2022 ___

Your Name:__Changyu Zhou_ Manuscript Title:____Diagnostic value of non-contrast-enhanced magnetic resonance imaging in breast digital mammography nonpalpable breast imaging reporting and data system category 0 lesions____ Manuscript number (if known):____QIMS-21-968-R4___

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5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	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	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, materials, drugs, medical	X_None	
	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:

Date:____Apr. 27th, 2022 ____

Your Name:___Xuewei Ding_ Manuscript Title:_____Diagnostic value of non-contrast-enhanced magnetic resonance imaging in breast digital mammography nonpalpable breast imaging reporting and data system category 0 lesions____ Manuscript number (if known):_____QIMS-21-968-R4____

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4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	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	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, materials, drugs, medical	X_None	
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.

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Date:____Apr. 27th, 2022 ____

Your Name:__Huan Lu_ Manuscript Title:____Diagnostic value of non-contrast-enhanced magnetic resonance imaging in breast digital mammography nonpalpable breast imaging reporting and data system category 0 lesions____ Manuscript number (if known):____QIMS-21-968-R4___

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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	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	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, materials, drugs, medical	X_None	
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.

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Date:____Apr. 27th, 2022 ____

Your Name:__Min Ge_ Manuscript Title:____Diagnostic value of non-contrast-enhanced magnetic resonance imaging in breast digital mammography nonpalpable breast imaging reporting and data system category 0 lesions____ Manuscript number (if known):____QIMS-21-968-R4___

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5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	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	XNone	
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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	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

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Date:_____Apr. 27th, 2022 ____

Your Name:__Liang Du_ Manuscript Title:____Diagnostic value of non-contrast-enhanced magnetic resonance imaging in breast digital mammography nonpalpable breast imaging reporting and data system category 0 lesions____ Manuscript number (if known):____QIMS-21-968-R4___

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5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
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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	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	
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13	Other financial or non- financial interests	XNone	

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Date:____Apr. 27th, 2022 ____

Your Name:__Yangyang Bu_ Manuscript Title:____Diagnostic value of non-contrast-enhanced magnetic resonance imaging in breast digital mammography nonpalpable breast imaging reporting and data system category 0 lesions____ Manuscript number (if known):____QIMS-21-968-R4___

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10	Leadership or fiduciary role in other board, society,	XNone	
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