Date:	Ma	y. 9th, 20	22				
Your Name:	Jiaiia Li	u					
Manuscript Title:	niniature U-	net for k-spo	ce based	Parallel magnetic	resonance imaging	reconstruction with a mixed	1100
Manuscript number	(if known):	QIMS-	21-1212		- 17	^	-
							nction

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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		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 initi	al planning or the work
100000		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	_X_None	
4	Consulting fees	None	

5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	X_None	
	9		
7	Support for attending meetings and/or travel	_X_None	
•	Detected in the second		
8	Patents planned, issued or pending	_X_None	
	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	
12	Receipt of any increase	V	
12	Receipt of equipment, materials, drugs, medical	None	
	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:

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

Date: May	. 9th .	2022						
Vous Name:	Lin	Xv						
Manuscript Title: Manuscript number (if	A minic	ture	U-net.	for k-space	bossel	parallel mager	tic resonance imagine	reconstruction
Manuscript number (if	known)	with a	mixed 1	clas funtion	Q2N	15-21-12/2		

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THE		Time frame: Since the initi	al planning of the work
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in myth	and the first of the public states and the second of the s	Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	151210 0 2		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	✓ Nana	
0	pending	None	
	pending		
9	Participation on a Data	V	
9	Safety Monitoring Board or	None	
	Advisory Board		
10		36.0	
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	★ None	
11	Stock of stock options	None	
12	Descipt of an invest	~ "	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
12	services		
13	Other financial or non-	None	
	financial interests		

None.				

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Date: May . 9th, 20	22				
Your Name: Tronwe	r Xu				
Manuscript Title: A miniature	1-net for k-space based	porollel magnetic	resonance imaging	reconstruction	nich a mixed
Manuscript number (if known):	Orns-21-12	1/2	1)		Los function
					- Jacks

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	in the file to the second of the state of the second of th	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>★</u> None	
3	Royalties or licenses	_X_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	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_X_None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests	None	
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None.		
9		

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

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

Date: /hay 95t 2222					
Your Name: Olan Zhong					N
Manuscript Title: A miniature	1-ret tox	K-Space	hased pomale	M22	Reconstruction
Manuscript number (if known): MIMS	-21-121V		Linch	ande	d loss function
			00/110	7-11-011-	

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建	出于自由的第三人称单数形式的	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	
MINNE STA	用系数循环运动数值整定区 1000	Time frame: pas	st 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			
	lectures, presentations,			
	speakers bureaus, manuscript writing or educational events			
6	Payment for expert	×_None		
	testimony			
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or	×_None		
	pending			
9	Posticipation and Date	✓ Name of the last of the las		
9	Participation on a Data Safety Monitoring Board or Advisory Board	None		
		CHAIRTEN AND AND AND AND AND AND AND AND AND AN		
10	Leadership or fiduciary role	None		
70.00	in other board, society,	None		
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
		,		
		a de la companya de l		
13	Other financial or non-	None		
	financial interests	But the state of t		

None.	
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Date: May 9th 2022.		
Your Name: J'anying Yuan	De IIal man and and vocament	· mading
Manuscript Title: A miniature Unet for k-space based	paroute may next reconstruction	
Manuscript number (if known): $Q J m S - J - J 2 I 2$	avith a mixed loss fu	

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		Time frame: Since the initia	l 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, pact	26 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Time frame: past	
3	Royalties or licenses	X None	
4	Consulting fees	None	

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

None			

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