

ICMJE DISCLOSURE FORM

Date: 5/20/2022

Your Name: Lena Marie Wilms

Manuscript Title: UTE-T2* Versus Conventional T2* Mapping to Assess Posterior Cruciate Ligament Ultrastructure and Integrity – An In-Situ Study

Manuscript Number (if known): QIMS-22-251

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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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.

ICMJE DISCLOSURE FORM

Date: 5/20/2022

Your Name: Karl Ludger Radke

Manuscript Title: UTE-T2* Versus Conventional T2* Mapping to Assess Posterior Cruciate Ligament Ultrastructure and Integrity – An In-Situ Study

Manuscript Number (if known): QIMS-22-251

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Date: 5/20/2022

Your Name: David Latz

Manuscript Title: UTE-T2* Versus Conventional T2* Mapping to Assess Posterior Cruciate Ligament Ultrastructure and Integrity – An In-Situ Study

Manuscript Number (if known): QIMS-22-251

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Date: 5/20/2022

Your Name: Thomas Andreas Thiel

Manuscript Title: UTE-T2* Versus Conventional T2* Mapping to Assess Posterior Cruciate Ligament Ultrastructure and Integrity – An In-Situ Study

Manuscript Number (if known): QIMS-22-251

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Date: 5/20/2022

Your Name: Miriam Frenken

Manuscript Title: UTE-T2* Versus Conventional T2* Mapping to Assess Posterior Cruciate Ligament Ultrastructure and Integrity – An In-Situ Study

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Date: 5/20/2022

Your Name: Benedikt Kamp

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ICMJE DISCLOSURE FORM

Date: 5/20/2022

Your Name: Timm Joachim Filler

Manuscript Title: UTE-T2* Versus Conventional T2* Mapping to Assess Posterior Cruciate Ligament Ultrastructure and Integrity – An In-Situ Study

Manuscript Number (if known): QIMS-22-251

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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ICMJE DISCLOSURE FORM

Date: 5/20/2022

Your Name: Armin Michael Nagel

Manuscript Title: UTE-T2* Versus Conventional T2* Mapping to Assess Posterior Cruciate Ligament Ultrastructure and Integrity – An In-Situ Study

Manuscript Number (if known): QIMS-22-251

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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ICMJE DISCLOSURE FORM

Date: 5/20/2022

Your Name: Anja Müller-Lutz

Manuscript Title: UTE-T2* Versus Conventional T2* Mapping to Assess Posterior Cruciate Ligament Ultrastructure and Integrity – An In-Situ Study

Manuscript Number (if known): QIMS-22-251

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ICMJE DISCLOSURE FORM

Date: 5/20/2022

Your Name: Daniel Benjamin Abrar

Manuscript Title: UTE-T2* Versus Conventional T2* Mapping to Assess Posterior Cruciate Ligament Ultrastructure and Integrity – An In-Situ Study

Manuscript Number (if known): QIMS-22-251

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ICMJE DISCLOSURE FORM

Date: 5/20/2022

Your Name: Sven Nebelung

Manuscript Title: UTE-T2* Versus Conventional T2* Mapping to Assess Posterior Cruciate Ligament Ultrastructure and Integrity – An In-Situ Study

Manuscript Number (if known): QIMS-22-251

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

		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)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			