Date:\_May 23rd, 2022

Your Name: Ibrahim Ibrahim

Manuscript Title: Magnetic resonance tractography of the brachial plexus: Step-by-step

Manuscript number (if known): QIMS-22-30

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)
		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.	Grant No. 17-28587A  Grant: IKEM, IN 00023001	Ministry of Health of the Czech Republic  Ministry of Health, Czech Republic - conceptual development of research organization
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	Learning that I have asswered every question and have
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or educational events	Publication of the second	crips Enter Magnetike visi onwese troublegments GFUs soriet sometien (it known), kittigs 22–39
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	And some contents of growing contents of the c
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8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	Addition London to the second

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

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Date:\_May 23<sup>rd</sup>, 2022

Your Name:

ANTONIN SKOCH

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Manuscript number (if known): QIMS-22-30

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Date:\_May 23<sup>rd</sup>, 2022 Your Name: Vít Herynek

Manuscript Title: Magnetic resonance tractography of the brachial plexus: Step-by-step

Manuscript number (if known): QIMS-22-30

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	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 pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
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Date:\_May 23<sup>rd</sup>, 2022

Your Name: Ivan Humhej, M.D., Ph.D.

Manuscript Title: Magnetic resonance tractography of the brachial plexus: Step-by-step

Manuscript number (if known): QIMS-22-30

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other	None	
13	services  Other financial or non-	None	
	financial interests		

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MUDI. Ivan Humhel, Ph.D.

Date:\_May 23rd, 2022

Your Name: Jan Beran, MUDr., PhD

Manuscript Title: Magnetic resonance tractography of the brachial plexus: Step-by-step

Manuscript number (if known): QIMS-22-30

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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Jan Deran

Date:\_May 23rd, 2022

Your Name: VLASTA FLUSSEROVA'

Manuscript Title: Magnetic resonance tractography of the brachial plexus: Step-by-step

Manuscript number (if known): QIMS-22-30

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28	Consulting fees	None	

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6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None .
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None
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13	Other financial or non- financial interests	None

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Elussum

Date:\_May 23<sup>rd</sup>, 2022 Your Name: Eva Rolencová

Manuscript Title: Magnetic resonance tractography of the brachial plexus: Step-by-step

Manuscript number (if known): QIMS-22-30

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5	Payment or honoraria for lectures, presentations,	None
	speakers bureaus, manuscript writing or educational events	Tame the Relationship of the Brachial pleases Step-by-E
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None . Authorities the same and
	e till or reitfer	eship/activity/lateress, it is preferable that you do o
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
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Date:\_May 23<sup>rd</sup>, 2022 Your Name: HWDr. HARTINA JUHANAKOVA

Manuscript Title: Magnetic resonance tractography of the brachial plexus: Step-by-step

Manuscript number (if known): QIMS-22-30

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Date:\_May 23<sup>rd</sup>, 2022 Your Name: Michal Brzák

Manuscript Title: Magnetic resonance tractography of the brachial plexus: Step-by-step

Manuscript number (if known): QIMS-22-30

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Murlel By

Date:\_May 23<sup>rd</sup>, 2022

Your Name: Markéta Nagy

Manuscript Title: Magnetic resonance tractography of the brachial plexus: Step-by-step

Manuscript number (if known): QIMS-22-30

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6	Payment for expert testimony	None	
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pragy pr.

Date:\_May 23rd, 2022

Your Name: Jaroslav Tintěra

Manuscript Title: Magnetic resonance tractography of the brachial plexus: Step-by-step

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