

## ICMJE DISCLOSURE FORM

**Date:** 2022/07/19

**Your Name:** Meng Liao

**Manuscript Title:** CT findings of chronic isolated fallopian tubal torsion: a case description

**Manuscript number (if known):** QIMS-22-124

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)
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Please summarize the above conflict of interest in the following box:

None.

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**Date:** 2022/07/19

**Your Name:** Xiaojun Long

**Manuscript Title:** CT findings of chronic isolated fallopian tubal torsion: a case description

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**Date:** 2022/07/19

**Your Name:** Mingyue Tang

**Manuscript Title:** CT findings of chronic isolated fallopian tubal torsion: a case description

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**Your Name:** Xu Cao

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**Your Name:** Gao Liang

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**Your Name:** Mingguo Xie

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