Date:2021	
Your Name:	Lin Zhang
Manuscript Ti	tle: The application of magnetic resonance imaging and diffusion-weighted imaging in the diagnosis o
hypoxic-ische	mic encephalopathy and kernicterus in premature infants
Manuscript n	umber (if known):
In the interes	t of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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	<u> </u>	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_☑_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>✓</u> None	
4	Consulting fees	<u>✓</u> None	

5	Payment or honoraria for	<u>✓</u> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<u>☑</u> None	
	testimony		
7	Support for attending meetings and/or travel	None	
	-		
8	Patents planned, issued or	<u>✓</u> None	
	pending		
9	Participation on a Data	<u>✓</u> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<u>☑</u> None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>☑</u> None	
12	Receipt of equipment,	_ <u>✓</u> None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	<u>✓</u> None	
	financial interests		
Plea	ise summarize the above co	oflict of interest in the following box:	

The authors have no conflicts of interest to declare.

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:	2021/03/27
Your N	
	cript Title: The application of magnetic resonance imaging and diffusion-weighted imaging in the diagnosis of c-ischemic encephalopathy and kernicterus in premature infants
Manus	cript number (if known):
related parties	nterest of transparency, we ask you to disclose all relationships/activities/interests listed below that are to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third whose interests may be affected by the content of the manuscript. Disclosure represents a commitment sparency and does not necessarily indicate a bias. If you are in doubt about whether to list a
to tran	· · · · · · · · · · · · · · · · · · ·

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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.	None	
		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	
4	Consulting fees	_☑_None	

5	Payment or honoraria for	<u> </u>	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<u> </u>	
	testimony		
7	Support for attending	<u> </u>	
	meetings and/or travel		
8	Patents planned, issued or	<u>☑</u> None	
	pending		
9	Participation on a Data	<u> </u>	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<u>✓</u> None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>✓</u> None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Dloo	sco cummariza tha abaya ca	affict of interest in the fall	owing hove

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

The authors have no conflicts of interest to declare.	

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.

te:2021/03/27
ur Name: Yibin Zhao
anuscript Title: The application of magnetic resonance imaging and diffusion-weighted imaging in the diagnosis of
poxic-ischemic encephalopathy and kernicterus in premature infants
anuscript number (if known):
the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are ated to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third rties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment
transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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.	None	
		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	
4	Consulting fees	_☑_None	

5	Payment or honoraria for	<u>✓</u> None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	<u>✓</u> None		
	testimony			
	-			
7	Support for attending	<u> </u>		
	meetings and/or travel			
8	Patents planned, issued or	<u>✓</u> None		
	pending			
9	Participation on a Data	<u>✓</u> None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	<u>✓</u> None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
12	Descipt of agricument	□ Name		
12	Receipt of equipment, materials, drugs, medical	<u> </u>		
	writing, gifts or other			
	services			
13	Other financial or non-	☑ None		
_	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			

The	authors have no conflicts of interest to declare.

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

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

Date: 2021/03/27	
Manuscript Title: The application of magnetic resonance imaging and diffusion-weighted imaging in the diagnoshypoxic-ischemic encephalopathy and kernicterus in premature infants	sis of
Manuscript number (if known):	
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.	

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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	<u> </u>	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)	_	
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_☑_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>✓</u> None	
4	Consulting fees	_☑_None	

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

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

The authors have no conflicts of interest to declare.	

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	e:2021/03/27			
	Your Name: Jiantian Lu			
	Manuscript Title: The application of magnetic resonance imaging and diffusion-weighted imaging in the diagnosis of			
			ature infants	
Mar	iuscript number (if known):		-	
rela part to ti	ted to the content of your n ies whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	elationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a	
	following questions apply to uscript only.	o the author's relationships	s/activities/interests as they relate to the <u>current</u>	
to tl	- · · · · · · · · · · · · · · · · · · ·	nsion, you should declare a	efined broadly. For example, if your manuscript pertains II relationships with manufacturers of antihypertensive e manuscript.	
	em #1 below, report all sup time frame for disclosure is	·	in this manuscript without time limit. For all other items,	
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as needed)		
		Time frame: Since the initial	planning of the work	
1	All support for the present	☑ None	pranting or the tront	
_	manuscript (e.g., funding,	<u></u>		
	provision of study materials,			
	medical writing, article			
	processing charges, etc.) No time limit for this item.			
	No time limit for this item.			

Time frame: past 36 months

✓ None

✓ None

✓ None

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

3

4

any entity (if not indicated

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<u>✓</u> None	
	testimony		
_			
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	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>✓</u> None	
12	Descint of anytheres	[Z] Nana	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
DI.		fl: f : ! f ll	dia a la acce

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

The authors have no conflicts of interest to declare.	

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.

Data	2021/02/27
Your Na	
Manusc hypoxic	ript Title: The application of magnetic resonance imaging and diffusion-weighted imaging in the diagnosis of -ischemic encephalopathy and kernicterus in premature infants
iviaiiuse	inpt number (ii known)
related parties to trans	nterest of transparency, we ask you to disclose all relationships/activities/interests listed below that are to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third whose interests may be affected by the content of the manuscript. Disclosure represents a commitment parency and does not necessarily indicate a bias. If you are in doubt about whether to list a ship/activity/interest, it is preferable that you do so.
	owing questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> ript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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	<u> </u>	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)	_	
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_☑_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>✓</u> None	
4	Consulting fees	_☑_None	

		1	
5	Payment or honoraria for	<u></u> ✓_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<u>☑</u> None	
	testimony		
	7		
7	Support for attending	☑ None	
	meetings and/or travel		
	meetings array or traver		
8	Patents planned, issued or	<u> </u>	
	pending		
9	Participation on a Data	<u> </u>	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	☑ None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	☑ None	
	Stock of Stock options		
12	Receipt of equipment,	☑ None	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	☑ None	
13		<u> </u>	
	financial interests		
	-		
Plea	ise summarize the above co	nflict of interest in the follo	owing box:

The authors have no conflicts of interest to declare.

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.