

ICMJE DISCLOSURE FORM

Date: Apr 25th, 2021

Your Name: Jun Hu

Manuscript Title: Imaging Features of MR Enterography for Identifying Symptomatic Meckel's Diverticulum in Pediatric Patients: a case series of Retrospective Observational Study in 31 Cases

Manuscript number (if known): TP-20-419

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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			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>_X_ None</u>	
3	Royalties or licenses	<u>_X_ None</u>	
4	Consulting fees	<u>_X_ None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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None

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

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Date: Apr 25th, 2021
 Your Name: Chuan-Gao Yin
 Manuscript Title: Imaging Features of MR Enterography for Identifying Symptomatic Meckel's Diverticulum in Pediatric Patients: a case series of Retrospective Observational Study in 31 Cases
 Manuscript number (if known): _____

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Date: Apr 25th, 2021
 Your Name: Ke-Fei Hu
 Manuscript Title: Imaging Features of MR Enterography for Identifying Symptomatic Meckel's Diverticulum in Pediatric Patients: a case series of Retrospective Observational Study in 31 Cases
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Date: Apr 25th, 2021
 Your Name: Geng-Wu Li
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