

## ICMJE DISCLOSURE FORM

Date:20211031

Your Name:Jiabing Wang

Manuscript Title:Real-time shear wave elastography evaluation of the correlation between brain tissue stiffness and BMI in premature neonates

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.

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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)
<b>Time frame: Since the initial planning of the work</b>			
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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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13	Other financial or non-financial interests	None	

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

<p>The authors have no conflicts of interest to declare.</p>
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**Please place an "X" next to the following statement to indicate your agreement:**

**Jiabing Wang 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:20211031

Your Name: Zhilong Zhang

Manuscript Title:Real-time shear wave elastography evaluation of the correlation between brain tissue stiffness and BMI in premature neonates

Manuscript number (if known):\_\_\_\_\_

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**Zhilong Zhang 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:20211031

Your Name: Xin Xu

Manuscript Title:Real-time shear wave elastography evaluation of the correlation between brain tissue stiffness and BMI in premature neonates

Manuscript number (if known):\_\_\_\_\_

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**Xin Xu 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:20211031

Your Name: Xuefeng Lu

Manuscript Title:Real-time shear wave elastography evaluation of the correlation between brain tissue stiffness and BMI in premature neonates

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**Xuefeng Lu 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:20211031

Your Name: Tingting Wu

Manuscript Title:Real-time shear wave elastography evaluation of the correlation between brain tissue stiffness and BMI in premature neonates

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**Tingting Wu 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:20211031

Your Name: Minghui Tong

Manuscript Title:Real-time shear wave elastography evaluation of the correlation between brain tissue stiffness and BMI in premature neonates

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