

ICMJE DISCLOSURE FORM

Date: June 12, 2021

Your Name: Kun Wang

Manuscript Title: Retrospective study of the ultrasound characteristics of the tibial nerve in patients with type 2 diabetic peripheral neuropathy

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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4	Consulting fees	<u>None</u>	

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11	Stock or stock options	<u>      </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>      </u> None	
13	Other financial or non-financial interests	<u>      </u> None	

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

None
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Date: June 12, 2021

Your Name: Dong Yu

Manuscript Title: Retrospective study of the ultrasound characteristics of the tibial nerve in patients with type 2 diabetic peripheral neuropathy

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Date: June 12, 2021

Your Name: Taotao Yao

Manuscript Title: Retrospective study of the ultrasound characteristics of the tibial nerve in patients with type 2 diabetic peripheral neuropathy

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Your Name: Shuchen Zhang

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