

ICMJE DISCLOSURE FORM

Date: 2021.8.19
 Your Name: Hanqi Wang
 Manuscript Title: The application value of computed tomography and magnetic resonance imaging sinography/fistulography in evaluating chronic wounds: a retrospective study
 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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3	Royalties or licenses	None	
4	Consulting fees	None	

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Date: 2021.8.19

Your Name: Aobuliximu Yakupu

Manuscript Title: The application value of computed tomography and magnetic resonance imaging sinography/fistulography in evaluating chronic wounds: a retrospective study

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 Your Name: Xian Ma
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Date: 2021.8.19
 Your Name: Guilu Tao
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Date: 2021.8.19
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Date: 2021.8.19
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Date: 2021.8.19
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 Your Name: Fuhua Yan
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7	Support for attending meetings and/or travel	<u> </u> None	
8	Patents planned, issued or pending	<u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
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:

There is no conflict of interest in this work.

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.

ICMJE DISCLOSURE FORM

Date: 2021.8.19
 Your Name: Yong Lu
 Manuscript Title: The application value of computed tomography and magnetic resonance imaging sinography/fistulography in evaluating chronic wounds: a retrospective study
 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)
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.	Action Plan of Major Diseases Prevention and Treatment (2017ZX01001-S12)	Payments were made to me
		Project of Integrating Chinese and Western Medicine in General Hospital (ZHYY-ZXYJHZX-201901)	Payments were made to me
		Project of Shanghai Science and Technology Committee (21ZR1439800)	Payments were made to me

Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

This work was financially supported by the Action Plan of Major Diseases Prevention and Treatment (2017ZX01001-S12), the Project of Integrating Chinese and Western Medicine in General Hospital (ZHYY-ZXYJHZX-201901), and the Project of Shanghai Science and Technology Committee (21ZR1439800).

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