Date:	July 2 <sup>nd</sup> , 2021
Your Name:	Ko Hashimoto
Manuscript Title:	Imaging Diagnosis of Lumbar Foraminal Stenosis in the Fifth Lumbar Nerve Root: Reliability and
Reproducibility of	T1-Weighted Three-Dimensional Lumbar MRI
Manuscript numb	per (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 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	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
7	Comment for attending	News		
/	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	None		
11	Stock of Stock options	None		
12	Receipt of equipement,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
<b>-</b> .				
Ple	Please summarize the above conflict of interest in the following box:			

I have no conflict of interest to declare.		

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

Date:	July 2 <sup>nd</sup> , 20	21
Your Name:	Yasuhisa	Tanaka
<b>Manuscript Title:</b>	Imaging	g Diagnosis of Lumbar Foraminal Stenosis in the Fifth Lumbar Nerve Root: Reliability and
Reproducibility of	T1-Weight	ed Three-Dimensional Lumbar MRI
Manuscript numb	per (if know	n):

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		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	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
7	Comment for attending	News		
/	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	None		
11	Stock of Stock options	None		
12	Receipt of equipement,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
<b>-</b> .				
Ple	Please summarize the above conflict of interest in the following box:			

I have no conflict of interest to declare.		

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

Date:	_July 2 <sup>nd</sup> , 2021
Your Name:	_Takumi Tsubakino
Manuscript Title	: Imaging Diagnosis of Lumbar Foraminal Stenosis in the Fifth Lumbar Nerve Root: Reliability and
Reproducibility o	f T1-Weighted Three-Dimensional Lumbar MRI
Manuscript num	ber (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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		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)  No time limit for this item.		
	No time limit for this item.		
		<del>-</del> : ,	26 1
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
_	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
	Fe.138		
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	None	
12	Receipt of equipement,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

I have no conflict of interest to declare.			

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

Date:	_July 2 <sup>nd</sup> , 2021
Your Name:	Takeshi Hoshikawa
Manuscript Title	: Imaging Diagnosis of Lumbar Foraminal Stenosis in the Fifth Lumbar Nerve Root: Reliability and
Reproducibility of	of T1-Weighted Three-Dimensional Lumbar MRI
Manuscript num	nber (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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		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)  No time limit for this item.		
	No time limit for this item.		
		<del>-</del> : ,	26 1
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
_	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
	Fe.138		
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	None	
12	Receipt of equipement,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

I have no conflict of interest to declare.									

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

Date:	July 2 <sup>nd</sup> , 2021	
Your Name:	Tomowaki. Naliagang	
Manuscript Title:	Imaging Diagnosis of Lumbar Foraminal Stenosis in the Fifth Lumbar	Nerve Root: Reliability and
Reproducibility of	f T1-Weighted Three-Dimensional Lumbar MRI	
Manuscript numb	ber (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	al 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: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	se place and X, most to the inflowing statement to inter-
4	Consulting fees	None	FALL

		- MROV SRI	ien pela tatuer
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events	ar un reconsegue	Tomovski Kniegova
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	et at the group at the construction of a participation of a participation of the construction of the const
	DANGERUSES E STOLEN BURNE	there: I duals of a con-	
8	Patents planned, issued or	None	and state and reported by an advanced by the son by the
	pending	e descriptions	Ave also cathers a forther and or vibus businesses and or
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board Leadership or fiduciary role	None	
10	in other board, society,	, None	ted validation for a malification for the control of
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipement,	None	
	materials, drugs, medical writing, gifts or other services	(intent	
13	Other financial or non- financial interests	None	

					declar	est to	of inter	nflict	e no co

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

Date:	_July 2 <sup>nd</sup> , 2021
Your Name:	_takashi INAWASHIRO
Manuscript Title	: Imaging Diagnosis of Lumbar Foraminal Stenosis in the Fifth Lumbar Nerve Root: Reliability and
Reproducibility of	of T1-Weighted Three-Dimensional Lumbar MRI
Manuscript num	nber (if known):

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		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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
	Fe.138		
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	None	
12	Receipt of equipement,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

I have no conflict of interest to declare.									

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

Date:	_July 2 <sup>nd</sup> , 2021
Your Name:	Kohei Takahashi
Manuscript Title	e:Imaging Diagnosis of Lumbar Foraminal Stenosis in the Fifth Lumbar Nerve Root: Reliability and
Reproducibility of	of T1-Weighted Three-Dimensional Lumbar MRI
Manuscript nun	nber (if known):

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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	pranting of the work
		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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
	Fe.138		
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	None	
12	Receipt of equipement,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

I have no conflict of interest to declare.			

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

Date:	_July 2 <sup>nd</sup> , 2021
Your Name:	_Masaru Suda
Manuscript Title	: Imaging Diagnosis of Lumbar Foraminal Stenosis in the Fifth Lumbar Nerve Root: Reliability and
Reproducibility of	of T1-Weighted Three-Dimensional Lumbar MRI
Manuscript num	nber (if known):

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		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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
	Fe.138		
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	None	
12	Receipt of equipement,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

I have no conflict of interest to declare.			

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

Date:	_July 2 <sup>nd</sup> , 2021
Your Name:	_Toshimi Aizawa
Manuscript Title	: Imaging Diagnosis of Lumbar Foraminal Stenosis in the Fifth Lumbar Nerve Root: Reliability and
Reproducibility of	of T1-Weighted Three-Dimensional Lumbar MRI
Manuscript num	nber (if known):

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1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)  No time limit for this item.		
	No time limit for this item.		
		<del>-</del> : ,	26 1
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
_	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
	Fe.138		
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	None	
12	Receipt of equipement,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

I have no conflict of interest to declare.			

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