	te:2022.3.15 'our Name:Zhi-Qun Li			
re۱	nuscript Title:Diagno view and meta-analysis nuscript number (if known)		rs by multimodal magnetic resonance imaging: sys	stematic
to par to	the content of your manuscrties whose interests may be	ript. "Related" means any e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitmen If you are in doubt about whether to list a so.	
The on		to the author's relationshi	ps/activities/interests as they relate to the <u>current</u> <u>ma</u>	anuscript
to me	the epidemiology of hyperto edication, even if that medic item #1 below, report all su	ension, you should declare ation is not mentioned in toport for the work reported	defined broadly. For example, if your manuscript pert all relationships with manufacturers of antihypertens the manuscript. d in this manuscript without time limit. For all other in	ive
tim	ne frame for disclosure is the		Constitution (Comments	
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as	,	
		needed)		
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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.)			
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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	None	
	meetings and/or travel		
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	
42	Descipt of any t	Al	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
13	financial interests	10110	
Ple	ease summarize the above co	onflict of interest in the fol	lowing box:
No conflict of interest.			

Date:2022.3.15_	
Your Name:	_Jin-Niao Gao
Manuscript Title: review and meta-a	Diagnosis of parotid gland tumors by multimodal magnetic resonance imaging: systematic inalysis
Manuscript number	· (if known):

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	pending		
9	Participation on a Data	None	
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42	Descint of any t	Al	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
13	financial interests	10110	
Ple	ease summarize the above co	onflict of interest in the fol	lowing box:
No conflict of interest.			

Date:2022.3.15_	
Your Name:	_Shan Xu
Manuscript Title:	Diagnosis of parotid gland tumors by multimodal magnetic resonance imaging: systematic
review and meta-a	ınalysis
Manuscript number	r (if known):

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	manuscript writing or		
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	testimony		
7	Support for attending	None	
	meetings and/or travel		
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	pending		
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11	Stock or stock options	None	
42	Descint of any t	Al	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
13	financial interests	10110	
Ple	ease summarize the above co	onflict of interest in the fol	lowing box:
No conflict of interest.			

Date:_	2022.3.15	
Your N	ame:	_Yusen Shi
Manus	cript Title:	Diagnosis of parotid gland tumors by multimodal magnetic resonance imaging: systematic
review	and meta-a	nalysis
Manus	cript numbe	r (if known):

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	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
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	committee or advocacy		
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42	Descipt of any t	Al	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
13	financial interests	10110	
Ple	ease summarize the above co	onflict of interest in the fol	lowing box:
No conflict of interest.			

Date:2022.3.15	
Your Name:	_Xudong Liu
Manuscript Title:	Diagnosis of parotid gland tumors by multimodal magnetic resonance imaging: systematic
review and meta-a	analysis
Manuscript numbe	r (if known):
-	

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4	Consulting fees	None	

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	testimony			
7	Support for attending	None		
	meetings and/or travel			
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role in other board, society,	None		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
42	Descipt of any t	N. s. s. s		
12	Receipt of equipment,	None		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-	None		
13	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			
	-			
	No conflict of interest.			

Date:_	2022.3.15	
Your N	ame:	_Xiuzhu Li
Manus	cript Title:	Diagnosis of parotid gland tumors by multimodal magnetic resonance imaging: systematic
review	and meta-a	nalysis
Manus	cript numbe	r (if known):

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13	Other financial or non-	None		
13	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			
	-			
	No conflict of interest.			

Date:2022.3.15_	
Your Name:	_Jianghua Wan
Manuscript Title: review and meta-a	Diagnosis of parotid gland tumors by multimodal magnetic resonance imaging: systematic nalysis
Manuscript number	(if known):

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7	Support for attending	None		
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8	Patents planned, issued or	None		
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9	Participation on a Data	None		
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12	Receipt of equipment,	None		
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13	Other financial or non-	None		
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	No conflict of interest.			