

## ICMJE DISCLOSURE FORM

**Date:** 8/31/2022

**Your Name:** Funan Wang

**Manuscript Title:** **The ability of three-dimensional 3-tesla ultrashort time of echo–magnetic resonance imaging to display the morphological characteristics of pulmonary nodules: sensitivity analysis**

**Manuscript Number (if known):** Click or tap here to enter text.

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 author’s relationships/activities/interests should be defined broadly. 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.

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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:** 9/1/2022

**Your Name:** Xi Lin

**Manuscript Title:** The ability of three-dimensional 3-tesla ultrashort time of echo–magnetic resonance imaging to display the morphological characteristics of pulmonary nodules: sensitivity analysis

**Manuscript Number (if known):** Click or tap here to enter text.

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## ICMJE DISCLOSURE FORM

**Date:** 9/1/2022

**Your Name:** Chong Lin

**Manuscript Title:** The ability of three-dimensional 3-tesla ultrashort time of echo-magnetic resonance imaging to display the morphological characteristics of pulmonary nodules: sensitivity analysis

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 9/2/2022

**Your Name:** Guoqiang Huang

**Manuscript Title:** **The ability of three-dimensional 3-tesla ultrashort time of echo–magnetic resonance imaging to display the morphological characteristics of pulmonary nodules: sensitivity analysis**

**Manuscript Number (if known):** Click or tap here to enter text.

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## ICMJE DISCLOSURE FORM

**Date:** 9/2/2022

**Your Name:** Min Li

**Manuscript Title:** The ability of three-dimensional 3-tesla ultrashort time of echo – magnetic resonance imaging to display the morphological characteristics of pulmonary nodules: sensitivity analysis

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 9/6/2022

**Your Name:** LiuHong Zhu

**Manuscript Title:** The ability of three-dimensional 3-tesla ultrashort time of echo – magnetic resonance imaging to display the morphological characteristics of pulmonary nodules: sensitivity analysis

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