

ICMJE DISCLOSURE FORM

Date: Aug. 05, 2024

Your Name: Jaime Isern-Kebschull

Manuscript Title: Magnetic resonance classification proposal for medial gastrocnemius muscle injuries

Manuscript number (if known): QIMS-24-298

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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Date: Aug. 05, 2024

Your Name: CARLES PEDRET

Manuscript Title: Magnetic resonance classification proposal for medial gastrocnemius muscle injuries

Manuscript number (if known): QIMS-24-298

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Date: Aug. 05, 2024

Your Name: Ana Isabel García-Diez

Manuscript Title: Magnetic resonance classification proposal for medial gastrocnemius muscle injuries

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Date: Aug. 05, 2024

Your Name: Montserrat Del Amo

Manuscript Title: Magnetic resonance classification proposal for medial gastrocnemius muscle injuries

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Date: Aug. 05, 2024

Your Name: Ramón Balius

Manuscript Title: Magnetic resonance classification proposal for medial gastrocnemius muscle injuries

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Your Name: Xavier Alomar

Manuscript Title: Magnetic resonance classification proposal for medial gastrocnemius muscle injuries

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Date: Aug. 05, 2024

Your Name: Juan Carlos Soler-Perromat

Manuscript Title: Magnetic resonance classification proposal for medial gastrocnemius muscle injuries

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Date: Aug. 05, 2024

Your Name: Alvaro Bartolomé-Solanas

Manuscript Title: Magnetic resonance classification proposal for medial gastrocnemius muscle injuries

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Date: Aug. 05, 2024

Your Name: Marta Porta-Vilaró

Manuscript Title: Magnetic resonance classification proposal for medial gastrocnemius muscle injuries

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Date: Aug. 05, 2024

Your Name: Gil Rodas

Manuscript Title: Magnetic resonance classification proposal for medial gastrocnemius muscle injuries

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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 summarize the above conflict of interest in the following box:

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.