

ICMJE DISCLOSURE FORM

Date: Mar. 25th, 2021

Your Name: Ren Wang

Manuscript Title: Value of magnetic resonance imaging indices of left renal vein entrapment in the diagnosis of nutcracker syndrome in children

Manuscript number (if known): TP-20-466

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: Mar. 25th, 2021

Your Name: Meiqiu Wang

Manuscript Title: Value of magnetic resonance imaging indices of left renal vein entrapment in the diagnosis of nutcracker syndrome in children

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Your Name: Zhengkun Xia

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Your Name: Chunlin Gao

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Date: Mar. 25th, 2021

Your Name: Qianhuining Kuang

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Date: Mar. 25th, 2021

Your Name: Xiang Fang

Manuscript Title: Value of magnetic resonance imaging indices of left renal vein entrapment in the diagnosis of nutcracker syndrome in children

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Your Name: Yingchao Peng

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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 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.