ICMJE DISCLOSURE FORM

Date: December 30, 2021
Your Name: Mengshu Wang
Manuscript Title: Protocol for developing the reporting guidelines for radiological case reports: Case Report for Radiology (CARR) statement
Manuscript number (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 current manuscript only.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| Item | 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.** | _X__None                                                                        |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | _X__None                                                                        |
| 3    | Royalties or licenses | _X__None                                                                        |
| 4    | Consulting fees | _X__None                                                                        |
| **Time frame: past 36 months** |

_Updated to reflect new content._
|   | Description                                                                 | Answer | Notes |
|---|-----------------------------------------------------------------------------|--------|-------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |       |
| 6 | Payment for expert testimony                                                | _X_ None |       |
| 7 | Support for attending meetings and/or travel                                 | _X_ None |       |
| 8 | Patents planned, issued or pending                                          | _X_ None |       |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | _X_ None |       |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |       |
| 11| Stock or stock options                                                       | _X_ None |       |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |       |
| 13| Other financial or non-financial interests                                   | _X_ 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:

_X_ 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: __ December 30, 2021
Your Name: Ying Zhu
Manuscript Title: Protocol for developing the reporting guidelines for radiological case reports: Case Report for Radiology (CARR) statement
Manuscript number (if known): __________________________

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| 3 | Royalties or licenses                                                                         | _X__None                                                                          |
| 4 | Consulting fees                                                                               | _X__None                                                                          |
### Conflict of Interest

**Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events**

|   |   |
|---|---|
| 5 | _X_ None |

**Payment for expert testimony**

|   |   |
|---|---|
| 6 | _X_ None |

**Support for attending meetings and/or travel**

|   |   |
|---|---|
| 7 | _X_ None |

**Patents planned, issued or pending**

|   |   |
|---|---|
| 8 | _X_ None |

**Participation on a Data Safety Monitoring Board or Advisory Board**

|   |   |
|---|---|
| 9 | _X_ None |

**Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid**

|   |   |
|---|---|
| 10 | _X_ None |

**Stock or stock options**

|   |   |
|---|---|
| 11 | _X_ None |

**Receipt of equipment, materials, drugs, medical writing, gifts or other services**

|   |   |
|---|---|
| 12 | _X_ None |

**Other financial or non-financial interests**

|   |   |
|---|---|
| 13 | _X_ None |

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**Please summarize the above conflict of interest in the following box:**

None.

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**Please place an “X” next to the following statement to indicate your agreement:**

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ICMJE DISCLOSURE FORM

Date: ___ December 30, 2021  
Your Name: Xufei Luo

Manuscript Title: Protocol for developing the reporting guidelines for radiological case reports: Case Report for Radiology (CARR) statement  
Manuscript number (if known): 

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|   | _X__None                                                                                       | No time limit for this item.                                                      |
|   |                                                                                                 |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                        | _X__None                                                                         |
| 3 | Royalties or licenses                                                                          | _X__None                                                                         |
| 4 | Consulting fees                                                                               | _X__None                                                                         |
|   | Question                                                                 | Status         |
|---|--------------------------------------------------------------------------|----------------|
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|   | manuscript writing or educational events                                 |                |
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| 3 | Royalties or licenses                                                                         | _X_ None                                                                          |
| 4 | Consulting fees                                                                               | _X_ None                                                                          |
|   | **Time frame: past 36 months**                                                                 |                                                                                   |
|   |                                                                                           | __X__ None |
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|11 | Stock or stock options                                                                     | __X__ None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services            | __X__ None |
|13 | Other financial or non-financial interests                                                   | __X__ None |

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ICMJE DISCLOSURE FORM

Date: December 30, 2021

Your Name: Ling Wang

Manuscript Title: Protocol for developing the reporting guidelines for radiological case reports: Case Report for Radiology (CARR) statement

Manuscript number (if known): ____________________________________________________________________

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| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
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| 11| Stock or stock options                                                       | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13| Other financial or non-financial interests                                    | X None |

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None.

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

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
Date: December 30, 2021

Your Name: Meng Lv

Manuscript Title: Protocol for developing the reporting guidelines for radiological case reports: Case Report for Radiology (CARR) statement

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|   |                                                                                               |                                                                                  |
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|   |                                                                                               |                                                                                  |
| 4 | Consulting fees                                                                              | _X_ None                                                                         |
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| 13 | Other financial or non-financial interests | __X__ None |

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Date: __December 30, 2021______________________________
Your Name: Qi Wang____________________________________
Manuscript Title: Protocol for developing the reporting guidelines for radiological case reports: Case Report for Radiology (CARR) statement
Manuscript number (if known): ______________________________________

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|   |                                                                                             |                                                                                   |
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|   |                                                                                             |                                                                                   |
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|   |                                                                                             |                                                                                   |
| 4 | Consulting fees                                                                             | _X__None                                                                          |

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|   |                                                                                             |                                                                                   |
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Please summarize the above conflict of interest in the following box:

None.

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__X__ 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: __ December 30, 2021

Your Name: Yaolong Chen

Manuscript Title: Protocol for developing the reporting guidelines for radiological case reports: Case Report for Radiology (CARR) statement

Manuscript number (if known): 

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ICMJE DISCLOSURE FORM

Date: ___ December 30, 2021
Your Name: Junqiang Lei
Manuscript Title: Protocol for developing the reporting guidelines for radiological case reports: Case Report for Radiology (CARR) statement
Manuscript number (if known): __________________________

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Date: December 30, 2021
Your Name: Jinhui Tian
Manuscript Title: Protocol for developing the reporting guidelines for radiological case reports: Case Report for Radiology (CARR) statement
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