ICMJE DISCLOSURE FORM

Date: June 6th, 2022  
Your Name: Yurui Qian  
Manuscript Title: Inhomogeneous liver fibrosis distribution revealed by Macromolecular Proton Fraction quantification based on Spin-Lock MRI  
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.

|   | 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                                                                          |
| **Time frame: past 36 months** |                                                                                   |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                |                                                                                 |
| 3 | Royalties or licenses                                                                     | _X_ None                                                                         |
|   |   |   |
|---|---|---|
| 4 | Consulting fees |   |
| 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 |   |
| 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 |   |

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

Yurui Qian has no conflicts of interest to declare.

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

Yurui Qian 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: June 6th, 2022
Your Name: Vincent Wai-Sun Wong
Manuscript Title: Inhomogeneous liver fibrosis distribution revealed by Macromolecular Proton Fraction quantification based on Spin-Lock MRI
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.

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|---|---|---|
|   | 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.) | _X_ None |
|   | No time limit for this item. |   |

|   | Time frame: past 36 months |   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Innovation and Technology Commission of the Hong Kong SAR |
|   | | Hong Kong Health and Medical Research |
|   |   |   |
|---|---|---|
| Fund | Faculty Innovation Award from the Faculty of Medicine, the Chinese University of Hong Kong |   |
| Research Grants Council of the Hong Kong SAR |   |   |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees |   |
| 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 |   |
| 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 | shareholders of Illuminatio Medical |
|   |   | Weitian Chen, Winnie Chiu-Wing Chu and Vincent Wai-Sun Wong are shareholders of |
Please summarize the above conflict of interest in the following box:

Vincent Wai-Sun Wong is a shareholder of Illuminatio Medical Technology Limited. Vincent Wong also served as a speaker and advisory board member for Echosens.

This study is supported by a grant from the Innovation and Technology Commission of the Hong Kong SAR (Project MRP/046/20X), a grant from the Hong Kong Health and Medical Research Fund (HMRF) 06170166, Faculty Innovation Award from the Faculty of Medicine, the Chinese University of Hong Kong, and a grant from the Research Grants Council of the Hong Kong SAR (Project SEG CUHK02).

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

Vincent Wai-Sun Wong 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: June 6th, 2022  
Your Name: Jian Hou  
Manuscript Title: Inhomogeneous liver fibrosis distribution revealed by Macromolecular Proton Fraction quantification based on Spin-Lock MRI  
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.

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|   | 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                                                                                     |
|   |                                                                                                                                                     |                                                                                                 |
|   | Time frame: past 36 months                                                                                                                          |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                                                                          | _X__ None                                                                                     |
|   |                                                                                                                                                     | _X__ None                                                                                     |
|   |                                                                                                                                                     | _X__ None                                                                                     |
| 3 | Royalties or licenses                                                                                                                               | _X__ None                                                                                     |
|   | Description                                                                 |   |
|---|------------------------------------------------------------------------------|---|
| 4 | Consulting fees                                                             |   |
| 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                                           | US 11,280,867 B2  
System and Method for Quantitative Magnetization Transfer Imaging Based on Spin-Lock |
| 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                                   |   |

Please summarize the above conflict of interest in the following box:
An USA patent of MPF-SL (US 11,280,867 B2) is granted.

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

Jian Hou  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: June 6th, 2022
Your Name: Baiyan Jiang
Manuscript Title: Inhomogeneous liver fibrosis distribution revealed by Macromolecular Proton Fraction quantification based on Spin-Lock MRI
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.

|   | 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                                                                         |
|   |                                                                                   |                                                                                  |
|   |                                                                                   |                                                                                  |
| **Time frame: past 36 months** |                                                                                   |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).            | _X_ None                                                                         |
|   |                                                                                   | _X_ None                                                                         |
|   |                                                                                   | _X_ None                                                                         |
|   |                                                                                   | _X_ None                                                                         |
| 3 | Royalties or licenses                                                             | _X_ None                                                                         |
|   |                                                                                   |                                                                                  |
|   | Description                                                                 | Entry |
|---|-----------------------------------------------------------------------------|-------|
| 4 | Consulting fees                                                            |       |
| 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                                          | US 11,280,867 B2  
    System and Method for Quantitative Magnetization Transfer Imaging Based on Spin-Lock |
| 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                                   | Employment  
    Baiyan Jiang is an employee of Illuminatio Medical Technology Limited. |

Please summarize the above conflict of interest in the following box:
Baiyan Jiang is an employee of Illuminatio Medical Technology Limited.

An USA patent of MPF-SL (US 11,280,867 B2) is granted.

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

Baiyan Jiang  I certify that I have answered every question and have not altered the wording of any of the questions on this form.
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Date: June 6th, 2022
Your Name: Winnie Chiu-Wing Chu
Manuscript Title: Inhomogeneous liver fibrosis distribution revealed by Macromolecular Proton Fraction quantification based on Spin-Lock MRI
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.

|   | 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                                                                           |
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| **Time frame: past 36 months** |                                                                                   |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Innovation and Technology Commission of the Hong Kong SAR |
|   |                                                                                                 | Hong Kong Health and Medical Research                                             |
|   | Fund                                                                 | Research Grants Council of the Hong Kong SAR |
|---|----------------------------------------------------------------------|-----------------------------------------------|
| 3 | Royalties or licenses                                                | _X_ None                                     |
| 4 | Consulting fees                                                     |                                               |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,  | _X_ None                                     |
|   | manuscript writing or educational events                             |                                               |
| 6 | Payment for expert testimony                                         | _X_ None                                     |
| 7 | Support for attending meetings and/or travel                         | _X_ None                                     |
| 8 | Patents planned, issued or pending                                   |                                               |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board    | _X_ None                                     |
|10 | Leadership or fiduciary role in other board, society, committee or   | _X_ None                                     |
|   | advocacy group, paid or unpaid                                       |                                               |
|11 | Stock or stock options                                               | _X_ None                                     |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or    | _X_ None                                     |
|   | other services                                                       |                                               |
|13 | Other financial or non-financial interests                           | shareholders of Illuminatio Medical           |
|   |                                                                      | Weitian Chen, Winnie Chiu-Wing Chu and        |
|   |                                                                      | Vincent Wai-Sun Wong are shareholders of    |
Please summarize the above conflict of interest in the following box:

Winnie Chiu-Wing Chu is a shareholder of Illuminatio Medical Technology Limited.

This study is supported by a grant from the Innovation and Technology Commission of the Hong Kong SAR (Project MRP/046/20X), a grant from the Hong Kong Health and Medical Research Fund (HMRF) 06170166, Faculty Innovation Award from the Faculty of Medicine, the Chinese University of Hong Kong, and a grant from the Research Grants Council of the Hong Kong SAR (Project SEG CUHK02).

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

Winnie Chiu-Wing Chu 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: June 6th, 2022
Your Name: Weitian Chen
Manuscript Title: Inhomogeneous liver fibrosis distribution revealed by Macromolecular Proton Fraction quantification based on Spin-Lock MRI
Manuscript number (if known):

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|---|---|---|
| **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.)<br>No time limit for this item. | __X__ None |
| **Time frame: past 36 months** |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Innovation and Technology Commission of the Hong Kong SAR<br>Hong Kong Health and Medical Research |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 1 | Fund                                                                        |        |
|   | Faculty Innovation Award from the Faculty of Medicine, the Chinese University of Hong Kong |        |
|   | Research Grants Council of the Hong Kong SAR                               |        |
| 2 | Royalties or licenses                                                       | None   |
| 3 | Consulting fees                                                             | None   |
| 4 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None   |
| 5 | Payment for expert testimony                                                | None   |
| 6 | Support for attending meetings and/or travel                                | None   |
| 7 | Patents planned, issued or pending                                          | US 11,280,867 B2 System and Method for Quantitative Magnetization Transfer Imaging Based on Spin-Lock |
| 8 | Participation on a Data Safety Monitoring Board or Advisory Board           | None   |
| 9 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None   |
| 10| Stock or stock options                                                      | None   |
| 11| Receipt of equipment, materials, drugs, medical                             | None   |
|   | writing, gifts or other services | shareholders of Illuminatio Medical Technology Limited | Weitian Chen, Winnie Chiu-Wing Chu and Vincent Wai-Sun Wong are shareholders of Illuminatio Medical Technology Limited |
|---|---------------------------------|---------------------------------|-----------------------------------------------------------------------------|

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

Weitian Chen is a shareholder of Illuminatio Medical Technology Limited.

An USA patent of MPF-SL (US 11,280,867 B2) is granted.

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Weitian Chen  I certify that I have answered every question and have not altered the wording of any of the questions on this form.