ICMJE DISCLOSURE FORM

Date: ___2022.2.22___
Your Name: ___Xinping Ren___
Manuscript Title: The value of two ultrasound attenuation parameters in the quantitative assessment of liver steatosis
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.** | None |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |

**Time frame: 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) |
|---|-----------------------------------------------------------------|----------------------------------------------------------------------------------|
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |

**Notes:**
- **None** indicates that there is no relationship/interest to report.
- If you are in doubt about whether to list a relationship/interest, it is preferable that you do so.
- All support for the present manuscript includes, but is not limited to, funding, provision of study materials, medical writing, article processing charges, etc.
- Grants or contracts should include any entity, regardless of their size or relationship to the current manuscript.
- Royalties or licenses are payments received for the use or sale of intellectual property.
- Consulting fees include payments received for providing professional services.
|   | Description                                                                 | Response |
|---|-----------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None     |
| 6 | Payment for expert testimony                                               | None     |
| 7 | Support for attending meetings and/or travel                                | None     |
| 8 | Patents planned, issued or pending                                         | None     |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | None     |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None     |
| 11| Stock or stock options                                                      | None     |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None     |
| 13| Other financial or non-financial interests                                  | 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: ___2022.2.22___
Your Name: ___ Junqing Wang ___
Manuscript Title: The value of two ultrasound attenuation parameters in the quantitative assessment of liver steatosis
Manuscript number (if known): ________________________________

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| 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. | None |
|   | Time frame: Since the initial planning of the work                                               |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                       | None |
| 3 | Royalties or licenses                                                                             | None |
| 4 | Consulting fees                                                                                  | None |
|   | Time frame: past 36 months                                                                       |                                                                                   |
|   |                                                                 |     |     |
|---|-----------------------------------------------------------------|-----|-----|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ___None |     |
| 6 | Payment for expert testimony                                   | ___None |     |
| 7 | Support for attending meetings and/or travel                    | ___None |     |
| 8 | Patents planned, issued or pending                              | ___None |     |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ___None |     |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ___None |     |
|11 | Stock or stock options                                         | ___None |     |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___None |     |
|13 | Other financial or non-financial interests                      | ___None |     |

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ICMJE DISCLOSURE FORM

Date: ___ 2022.2.22 ____________________________________________________________

Your Name: ___ Shujun Xia _____________________________________________________

Manuscript Title: The value of two ultrasound attenuation parameters in the quantitative assessment of liver steatosis

Manuscript number (if known): ________________________________________________

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ____ None |
| 3 | Royalties or licenses | ____ None |
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Time frame: Since the initial planning of the work

Time frame: past 36 months
### Conflict of Interest

|   | Description                                                                 | Response |
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| 11| Stock or stock options                                                      | None     |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None     |
| 13| Other financial or non-financial interests                                  | 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:

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ICMJE DISCLOSURE FORM

Date: ___2022.2.22___
Your Name: ___Weiwei Zhan___

Manuscript Title: The value of two ultrasound attenuation parameters in the quantitative assessment of liver steatosis
Manuscript number (if known): ________________________________

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|   |                                                                                          |                                                                                              |
|   |                                                                                          |                                                                                              |
|   |                                                                                          |                                                                                              |
|   |                                                                                          |                                                                                              |
|   |                                                                                          |                                                                                              |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | **None**                                                                                     |
|   |                                                                                          |                                                                                              |
| 3 | Royalties or licenses                                                                       | **None**                                                                                     |
|   |                                                                                          |                                                                                              |
| 4 | Consulting fees                                                                            | **None**                                                                                     |

Time frame: Since the initial planning of the work

Time frame: past 36 months
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|   | Stock or stock options | None |
|   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
|   | Other financial or non-financial interests | None |

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Date: ___2022.2.22______________________________________________________________
Your Name: ___ Ruokun Li ...........................................................................

Manuscript Title: The value of two ultrasound attenuation parameters in the quantitative assessment of liver steatosis
Manuscript number (if known): _______________________________________________________________________________________

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|   | **No time limit for this item.** |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ____None |
| 3 | Royalties or licenses | ____None |
| 4 | Consulting fees | ____None |
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|---|-----------------------------------------------------------------------------|--------|
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| 6 | Payment for expert testimony                                                 | None   |
| 7 | Support for attending meetings and/or travel                                 | None   |
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| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None   |
| 11| Stock or stock options                                                       | None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None   |
| 13| Other financial or non-financial interests                                   | 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:

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Date: ___2022.2.22______________________________
Your Name: ___ Zhijie Chen __________________________________________________________________
Manuscript Title: The value of two ultrasound attenuation parameters in the quantitative assessment of liver steatosis
Manuscript number (if known): __________________________________________________________________

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|   | **No time limit for this item.**                                                               |                                                                                     |
| 2 | **Time frame: past 36 months**                                                                 |                                                                                     |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | ____None                                                                          |
| 3 | Royalties or licenses                                                                          | ____None                                                                          |
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| 8 | Patents planned, issued or pending                                          | None       |
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| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None       |
| 11| Stock or stock options                                                      | None       |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None       |
| 13| Other financial or non-financial interests                                   | To be a technology clinical application doctor of Shenzhen Mindray Biomedical Electronics Co. LTD. |

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

ZC is from Shenzhen Mindray Biomedical Electronic Co., Ltd. As a doctor of clinical application of technology, ZC provided a lot of help to the use and adjustment of the machine during the development of the project.

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: 2022.2.22
Your Name: Jingyan Tian

Manuscript Title: The value of two ultrasound attenuation parameters in the quantitative assessment of liver steatosis
Manuscript number (if known):

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |

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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 3 | Royalties or licenses | None |

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| 4 | Consulting fees | None |
|   | Description                                                                 | Answer |
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| 7 | Support for attending meetings and/or travel                               | None   |
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| 13| Other financial or non-financial interests                                  | None   |

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None.

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