

Disclosure Purpose: Weekly disclosures

Disclosure Information:

1. **Are you the corresponding author?**

No.

2. **What is the Manuscript Title?**

PET/MRI in evaluating treatment failure of head and neck malignancies: A NI-RADS based study.

3. **What is the Manuscript Identifying Number (if you know it)?**

AJNR-21-00557

4. **Please select which of the following apply to each relationship or activity:**

You are not disclosing any interests to this organization.

5. **I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.**

Yes

6. **Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.**

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a. **Travel** Siemens

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 - a. **Employment** University of Maryland
The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived
5. **I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.**
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