

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) He	2. Surname (Last Name) Wang	3. Date 28-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name ZhipengLiu and Tao Yin
5. Manuscript Title Quantitative assessment of inter-individual variability in fMRI-based human brain atlas		
6. Manuscript Identifying Number (if you know it) QIMS-20-404		

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Dr. Wang has nothing to disclose.

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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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1. Given Name (First Name) Ying	2. Surname (Last Name) Li	3. Date 28-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Zhipeng Liu and Tao Yin
5. Manuscript Title Quantitative assessment of inter-individual variability in fMRI-based human brain atlas		
6. Manuscript Identifying Number (if you know it) QIMS-20-404-MS		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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1. Given Name (First Name)

Tao

2. Surname (Last Name)

Yin

3. Date

28-August-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

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