Date: <u>2022-10-26</u>
Your Name: Wenchao Zhang
Manuscript Title: Modified pedicled temporoparietal fascial flap combined revascularization in adult Moyamoya
angiopathy: a case series
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 <u>current manuscript only</u>.

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		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	None	
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	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity(if not indicated in		
	item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5 Payment or honoraria for lectures, presentations,	None	
speakers bureaus, manuscript writing or educational events		
6 Payment for expert testimony	None	
7 Support for attending meetings and/or travel	None	
go a.r.a, e.r.a.a.r.a.		
8 Patents planned, issued or	None	
pending		
9 Participation on a Data	None	
Safety Monitoring Board or		
Advisory Board		
10 Leadership or fiduciary role	None	
in other board, society,		
committee or advocacy group, paid or unpaid		
11 Stock or stock options	None	
12 Receipt of equipment,	None	
materials, drugs, medical		
writing, gifts or other services		
13 Other financial or non-	None	
financial interests		
Please summarize the above	conflict of interest in the fol	owing box:

None support			

Date: <u>2022-10-26</u>
Your Name: Xiaoguang Tong
Manuscript Title: Modified pedicled temporoparietal fascial flap combined revascularization in adult Moyamoya
angiopathy: a case series
Manuscript number (if known):

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3	Grants or contracts from any entity(if not indicated in item #1 above).  Royalties or licenses	None None	36 months
4	Consulting fees	None	

5 Payment or honoraria for lectures, presentations,	None	
speakers bureaus, manuscript writing or educational events		
6 Payment for expert testimony	None	
7 Support for attending meetings and/or travel	None	
go a.r.a, e.r.a.a.r.a.		
8 Patents planned, issued or	None	
pending		
9 Participation on a Data	None	
Safety Monitoring Board or		
Advisory Board		
10 Leadership or fiduciary role	None	
in other board, society,		
committee or advocacy group, paid or unpaid		
11 Stock or stock options	None	
12 Receipt of equipment,	None	
materials, drugs, medical		
writing, gifts or other services		
13 Other financial or non-	None	
financial interests		
Please summarize the above	conflict of interest in the fol	owing box:

None support			

Date: <u>2022-10-26</u>
Your Name: Xuan Wang
Manuscript Title: Modified pedicled temporoparietal fascial flap combined revascularization in adult Moyamoya
angiopathy: a case series
Manuscript number (if known):

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3	Grants or contracts from any entity(if not indicated in item #1 above).  Royalties or licenses	None None	36 months
4	Consulting fees	None	

5 Payment or honoraria for lectures, presentations,	None	
speakers bureaus, manuscript writing or educational events		
6 Payment for expert testimony	None	
7 Support for attending meetings and/or travel	None	
go a.r.a, e.r.a.a.r.a.		
8 Patents planned, issued or	None	
pending		
9 Participation on a Data	None	
Safety Monitoring Board or		
Advisory Board		
10 Leadership or fiduciary role	None	
in other board, society,		
committee or advocacy group, paid or unpaid		
11 Stock or stock options	None	
12 Receipt of equipment,	None	
materials, drugs, medical		
writing, gifts or other services		
13 Other financial or non-	None	
financial interests		
Please summarize the above	conflict of interest in the fol	owing box:

None support			

Date: <u>2022-10-26</u>
Your Name: Yang Sun
Manuscript Title: Modified pedicled temporoparietal fascial flap combined revascularization in adult Moyamoya
angiopathy: a case series
Manuscript number (if known):

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4	Consulting fees	None			

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speakers bureaus, manuscript writing or educational events			
6 Payment for expert testimony	None		
7 Support for attending meetings and/or travel	None		
meenings and, or traver			
8 Patents planned, issued or	None		
pending			
9 Participation on a Data	None		
Safety Monitoring Board or			
Advisory Board			
10 Leadership or fiduciary role	None		
in other board, society,			
committee or advocacy group, paid or unpaid			
11 Stock or stock options	None		
12 Receipt of equipment,	None		
materials, drugs, medical			
writing, gifts or other services			
13 Other financial or non-	None		
financial interests			
Please summarize the above conflict of interest in the following box:			

None support		

Date: <u>2022-10-26</u>
Your Name: Tang Li
Manuscript Title: Modified pedicled temporoparietal fascial flap combined revascularization in adult Moyamoya
angiopathy: a case series
Manuscript number (if known):

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3	Royalties or licenses	None	
4	Consulting fees	None	

5 Payment or honoraria for lectures, presentations,	None		
speakers bureaus, manuscript writing or educational events			
6 Payment for expert testimony	None		
7 Support for attending meetings and/or travel	None		
meenings and, or traver			
8 Patents planned, issued or	None		
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9 Participation on a Data	None		
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materials, drugs, medical			
writing, gifts or other services			
13 Other financial or non-	None		
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None support		