Date: _____Aug. 21th, 2022 _____

 Your Name: ____Haiqiang Jin___

 Manuscript Title: _____Application of oligoclonal bands in multiple sclerosis and other neuroimmunological diseases _____

 Manuscript number (if known): __ATM-21-3073 ______

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/interestsas they relate to the <u>current</u> <u>manuscript only</u>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity(if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
5	Payment or honoraria for	X None	
5	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
0	testimony		
	,		
7	Support for attending meetings and/or travel	XNone	
	5 /		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	V. Nene	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		

None.

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

Date:____Aug. 21th, 2022____ Your Name:___Qianshuo Lu__ Manuscript Title:___ Application of oligoclonal bands in multiple sclerosis and other neuroimmunological diseases ____ Manuscript number (if known):__ATM-21-3073_____

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6	educational events Payment for expert	X None	
0	testimony		
	,		
7	Support for attending meetings and/or travel	XNone	
	5 /		
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	pending		
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
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	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	V. Nene	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		

None.

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

 Date: _____Aug. 21th, 2022 _____

 Your Name: ____Feng Gao ____

 Manuscript Title: _____Application of oligoclonal bands in multiple sclerosis and other neuroimmunological diseases _____

 Manuscript number (if known): __ATM-21-3073 _____

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3	Royalties or licenses	XNone	

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6	educational events Payment for expert	X None	
0	testimony		
	,		
7	Support for attending meetings and/or travel	XNone	
	5 /		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	V. Nene	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		

None.

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

 Date: _____Aug. 21th, 2022 _____

 Your Name: ____Hongjun Hao ____

 Manuscript Title: _____Application of oligoclonal bands in multiple sclerosis and other neuroimmunological diseases _____

 Manuscript number (if known): __ATM-21-3073 ______

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	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		

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