

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Wenwen

2. Surname (Last Name)  
Gao

3. Date  
19-March-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Guolin Ma

5. Manuscript Title  
Altered brain language network in idiopathic peripheral facial paralysis patients with dysarthria

6. Manuscript Identifying Number (if you know it)  
ATM-2019-MAIR-04(ATM-19-2390)

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Gao has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

|  |   |  |
|--|---|--|
| 1. Given Name (First Name)<br>Xiaowei  | 2. Surname (Last Name)<br>Han                                       | 3. Date<br>18-March-2020                 |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Guolin Ma |
| 5. Manuscript Title<br>Altered brain language network in idiopathic peripheral facial paralysis patients with dysarthria |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>ATM-2019-MAIR-04(ATM-19-2390)                                       |   |  |

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Dr. Han has nothing to disclose.

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|  |   |  |
|--|---|--|
| 1. Given Name (First Name)<br>Haimei   | 2. Surname (Last Name)<br>Li  | 3. Date<br>18-March-2020                 |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Guolin Ma |
| 5. Manuscript Title<br>Altered brain language network in idiopathic peripheral facial paralysis patients with dysarthria |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>ATM-2019-MAIR-04(ATM-19-2390)                                       |   |  |

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Dr. Li has nothing to disclose.

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### Section 1. Identifying Information

|  |   |  |
|--|---|--|
| 1. Given Name (First Name)<br>Yijiang  | 2. Surname (Last Name)<br>Zhu                                       | 3. Date<br>18-March-2020                 |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Guolin Ma |
| 5. Manuscript Title<br>Altered brain language network in idiopathic peripheral facial paralysis patients with dysarthria |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>ATM-2019-MAIR-04(ATM-19-2390)                                       |   |  |

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Dr. Zhu has nothing to disclose.

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|  |   |  |
|--|---|--|
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| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Guolin Ma |
| 5. Manuscript Title<br>Altered brain language network in idiopathic peripheral facial paralysis patients with dysarthria |   |  |
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Dr. Du has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Yuli

2. Surname (Last Name)

Wang

3. Date

18-March-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Guolin Ma

5. Manuscript Title

Altered brain language network in idiopathic peripheral facial paralysis patients with dysarthria

6. Manuscript Identifying Number (if you know it)

ATM-2019-MAIR-04(ATM-19-2390)

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Wang has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|  |   |  |
|--|---|--|
| 1. Given Name (First Name)<br>Sumin  | 2. Surname (Last Name)<br>Shi                                       | 3. Date<br>18-March-2020                 |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Guolin Ma |
| 5. Manuscript Title<br>Altered brain language network in idiopathic peripheral facial paralysis patients with dysarthria |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>ATM-2019-MAIR-04(ATM-19-2390)                                       |   |  |

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Shi has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|  |   |  |
|--|---|--|
| 1. Given Name (First Name)<br>Jing   | 2. Surname (Last Name)<br>Liu                                       | 3. Date<br>18-March-2020                 |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Guolin Ma |
| 5. Manuscript Title<br>Altered brain language network in idiopathic peripheral facial paralysis patients with dysarthria |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>ATM-2019-MAIR-04(ATM-19-2390)                                       |   |  |

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Liu has nothing to disclose.

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|  |   |  |
|--|---|--|
| 1. Given Name (First Name)<br>Chao   | 2. Surname (Last Name)<br>Fu  | 3. Date<br>18-March-2020                 |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Guolin Ma |
| 5. Manuscript Title<br>Altered brain language network in idiopathic peripheral facial paralysis patients with dysarthria |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>ATM-2019-MAIR-04(ATM-19-2390)                                       |   |  |

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Dr. Fu has nothing to disclose.Dr. Fu has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Lu

2. Surname (Last Name)  
Zhang

3. Date  
18-March-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Guolin Ma

5. Manuscript Title

Altered brain language network in idiopathic peripheral facial paralysis patients with dysarthria

6. Manuscript Identifying Number (if you know it)

ATM-2019-MAIR-04(ATM-19-2390)

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**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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**Pending:** The patent has been filed but not issued

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Guolin

2. Surname (Last Name)

Ma

3. Date

19-March-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Altered brain language network in idiopathic peripheral facial paralysis patients with dysarthria

6. Manuscript Identifying Number (if you know it)

ATM-2019-MAIR-04(ATM-19-2390)

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Ma has nothing to disclose.

### Evaluation and Feedback

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