

Instructions

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1. Given Name (Fin Ko-Ting	rst Name)	2. Surname (Last Name) Chen	3. Date 30-March-2020
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Dr. Huang has nothing to disclose.

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1. Given Name (Fi Jonh. S.	rst Name)	2. Surname (Last Name Kuo	e) 3. Date 30-March-2020
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Kuo-Chen Wei
			anscranial Blood-Brain Barrier Opening in Recurrent
6. Manuscript Ider ATM-20-344	ntifying Number (if you	know it)	

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🖌 No

Are there any relevant conflicts of interest?	Yes
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	🖌 No	
		•	



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1. Given Name (Fi Hao-Li	rst Name)	2. Surname (Last Name) Liu	3. Date 30-March-2020
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
NaviFUS			\checkmark		HL Liu serves as a technical consultant and has ownership in NaviFUS Inc.	

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Are there any relevant conflicts of interest? \Box Yes \checkmark No

Section 4.

Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Ves



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Dr. Liu reports non-financial support from NaviFUS, during the conduct of the study; .

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