

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Section 1.	Identifying Inform	ation			
1. Given Name (First Name) Yi-He		2. Surname (Last Name) Wang	3. Date 11-October-2020		
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Jie Lu and Guo-Guang Zhao		
 Manuscript Title Lateralizing the affected side of hippocampal sclerosis with quantitative high angular resolution diffusion scalars: a preliminary approach validated by diffusion spectrum imaging Manuscript Identifying Number (if you know it) ATM-20-5719 			itative high angular resolution diffusion scalars: a		
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Dr. Wang has nothing to disclose.

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1. Given Name (First Name) Zhen-Ming		2. Surname (Last Name) Wang	3. Date 11-October-2020		
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1. Given Name (First Name) Peng-Hu		2. Surname (Last Name) Wei	3. Date 11-October-2020	
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Jie Lu and Guo-Guang Zhao	
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Section 1.	Identifying Inform	ation		
1. Given Name (First Name) Yong-Zhi		2. Surname (Last Name) Shan	3. Date 11-October-2020	
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Jie Lu and Guo-Guang Zhao	
 Manuscript Title Lateralizing the affected side of hippocampal sclerosis with quantitative high angular resolution diffusion scalars: a preliminary approach validated by diffusion spectrum imaging Manuscript Identifying Number (if you know it) ATM-20-5719 				
Section 2. The Work Under Consideration for Publication				
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Section 4.	Intellectual Proper	ty Patents & Copyrig	hts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes 🖌 No				



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