## ICMJE DISCLOSURE FORM

You Ma an	te:5/8/2021 ur Name:Ming Lei inuscript Title:Brain fu fMRI study based on region inuscript number (if known)	al homogeneity(ReHo)_	nases and its relationship with clinical symptoms of mig 	graine:
rela par to	ated to the content of your rties whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hyperted dication, even if that medic	ension, you should declare ation is not mentioned in toport for the work reported	defined broadly. For example, if your manuscript perta all relationships with manufacturers of antihypertension he manuscript. d in this manuscript without time limit. For all other ite	ve
		Name all entities with	Specifications/Comments	
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)	
		none (add rows as	,	
		needed)		
		Time frame: Since the initial	planning of the work	
L	All support for the present	XNone		
	manuscript (e.g., funding, provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			

Time frame: past 36 months

\_X\_\_None

X\_\_None

X\_\_None

Grants or contracts from

in item #1 above).
Royalties or licenses

Consulting fees

3

any entity (if not indicated

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5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	testimony		
7	Support for attending	X None	
•	meetings and/or travel		
	, , , , , , , , , , , , , , , , , , , ,		
8	Patents planned, issued or	X None	
J	pending		
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0	Daubiainabian au - Data	V None	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	ase summarize the above o	onflict of interest in the fo	llowing box:
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	None.		
L			
Ple	ase place an "X" next to the	e following statement to in	ndicate your agreement:

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

## **ICMJE DISCLOSURE FORM**

	te:5/8/2021			
	ur Name:Junjian Zhang	<del></del>		_
	<del></del>	<del>-</del>	hases and its relationship with clinical symptoms of mig	raine:
	fMRI study based on region	- ·	<del></del>	
Ma	anuscript number (if known)	):		
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	I relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.	
	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare cation is not mentioned in	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript.  End in this manuscript without time limit. For all other ite	re
	item #1 below, report all su	pport for the work reports	ed in this manuscript without time mint. For an other ite	ems,
	e time frame for disclosure i	•	eu in this manuscript without time innit. For an other ite	ems,
	• •	•	Specifications/Comments	ems,
	• •	s the past 36 months.	·	ems,
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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)	ems,
	• •	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	ems,
	All support for the present manuscript (e.g., funding,	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)	ems,
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	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	ems,
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	ems,
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	ems,
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)	ems,
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)  I planning of the work	ems,
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	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.  Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia  _XNone  Time frame: pas	Specifications/Comments (e.g., if payments were made to you or to your institution)  I planning of the work	ems,

Consulting fees

X\_\_None

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5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	testimony		
7	Support for attending	X None	
•	meetings and/or travel		
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8	Patents planned, issued or	X None	
J	pending		
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0	Daubiainabian au - Data	V None	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	ase summarize the above o	onflict of interest in the fo	llowing box:
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	None.		
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Ple	ase place an "X" next to the	e following statement to in	ndicate your agreement:

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