

## ICMJE DISCLOSURE FORM

**Date:** 2021/11/23

**Your Name:** Pingping Zhang

**Manuscript Title:** Family research and literature review of familial episodic pain syndrome

**Manuscript number (if known):** \_\_\_\_\_

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/interests as they relate to the current manuscript only.

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<b>Time frame: Since the initial planning of the work</b>			
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	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

**Please summarize the above conflict of interest in the following box:**

None.

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

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

**Date:** 2021/11/23

**Your Name:** Feng Xiao

**Manuscript Title:** Family research and literature review of familial episodic pain syndrome

**Manuscript number (if known):** \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

**Date:** 2021/11/23

**Your Name:** Xiaofeng Li

**Manuscript Title:** Family research and literature review of familial episodic pain syndrome

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**Date:** 2021/11/23

**Your Name:** Ying Liang

**Manuscript Title:** Family research and literature review of familial episodic pain syndrome

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## ICMJE DISCLOSURE FORM

**Date:** 2021/11/23

**Your Name:** Huan Yi

**Manuscript Title:** Family research and literature review of familial episodic pain syndrome

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## ICMJE DISCLOSURE FORM

**Date:** 2021/11/23

**Your Name:** Minghui Hou

**Manuscript Title:** Family research and literature review of familial episodic pain syndrome

**Manuscript number (if known):** \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

**Date:** 2021/11/23

**Your Name:** Yikun Mou

**Manuscript Title:** Family research and literature review of familial episodic pain syndrome

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## ICMJE DISCLOSURE FORM

**Date:** 2021/11/23

**Your Name:** Zhuanggui Chen

**Manuscript Title:** Family research and literature review of familial episodic pain syndrome

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