

ICMJE DISCLOSURE FORM

Date: 2022/4/23

Your Name: Xiaobo Ma

Manuscript Title: Intrinsic network changes associated with cognitive impairment in patients with hearing loss and tinnitus : a resting-state functional magnetic resonance imaging study

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.

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ICMJE DISCLOSURE FORM

Date: 2022/4/23

Your Name: Wei Li

Manuscript Title: Intrinsic network changes associated with cognitive impairment in patients with hearing loss and tinnitus : a resting-state functional magnetic resonance imaging study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/4/23

Your Name: Qian Wang

Manuscript Title: Intrinsic network changes associated with cognitive impairment in patients with hearing loss and tinnitus : a resting-state functional magnetic resonance imaging study

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ICMJE DISCLOSURE FORM

Date: 2022/4/23

Your Name: Xueying He

Manuscript Title: Intrinsic network changes associated with cognitive impairment in patients with hearing loss and tinnitus : a resting-state functional magnetic resonance imaging study

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Date: 2022/4/23

Your Name: Xiaoxia Qu

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ICMJE DISCLOSURE FORM

Date: 2022/4/23

Your Name: Ting Li

Manuscript Title: Intrinsic network changes associated with cognitive impairment in patients with hearing loss and tinnitus : a resting-state functional magnetic resonance imaging study

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Your Name: Lirong Zhang

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Your Name: Zhaohui Liu

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