

## ICMJE DISCLOSURE FORM

Date:     Nov. 19<sup>th</sup>, 2022    

Your Name:     Chengxiang Liu    

Manuscript Title:     Altered functional connectivity density and structural covariance networks in women with premenstrual syndrome    

Manuscript number (if known):             QIMS-22-506-R1            

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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		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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None.

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Date:     Nov. 19<sup>th</sup>, 2022    

Your Name:     Shuming Zhang    

Manuscript Title: Altered functional connectivity density and structural covariance networks in women with premenstrual syndrome

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Your Name:     Lingyan Liang    

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Your Name: \_\_\_ Bowen Geng \_\_\_

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