

ICMJE DISCLOSURE FORM

Date: ____ Nov. 19th, 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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Time frame: past 36 months			
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Date: ____ Nov. 19th, 2022 ____

Your Name: ____ Gaoxiong Duan ____

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Date: ____ Nov. 19th, 2022 ____

Your Name: ____ Shuming Zhang ____

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

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Date: ____ Nov. 19th, 2022 ____

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Your Name: ____ Bowen Geng ____

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

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Date: ____ Nov. 19th, 2022 ____

Your Name: ____ Pengyu Li ____

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Your Name: ____Xiao Zeng____

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: ____ Nov. 19th, 2022 ____

Your Name: ____ Demao Deng ____

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

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

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: ____ Nov. 19th, 2022 ____

Your Name: ____ Peng Liu ____

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

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

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