	e: Nov. 25 th , 2022				
Your Name: Yiman Li					
Manuscript Title: An unusual case of necrobiotic xanthogranuloma with IgG- λ monoclonal gammopathy					
presenting as cerebral manifestations					
Manuscript number (if known): No.: QIMS-22-622-R2					
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	following questions apply to nuscript only.	o the author's relationships	s/activities/interests as they relate to the <u>current</u>		
to tl	• •	nsion, you should declare a	efined broadly. For example, if your manuscript pertains II relationships with manufacturers of antihypertensive e manuscript.		
	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other items,		
		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)		
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)		
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1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution) planning of the work		
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None	(e.g., if payments were made to you or to your institution) planning of the work		

Royalties or licenses

4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
"	pending	XNone	
	periang		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
12	Other financial arms	V None	
13	Other financial or non-	XNone	
	financial interests		

None	

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

Date	e: Nov. 25 th , 2022					
Your Name: Fengxi Chen						
Manuscript Title: An unusual case of necrobiotic xanthogranuloma with IgG- λ monoclonal gammopathy						
presenting as cerebral manifestations						
Mar	Manuscript number (if known): No.: QIMS-22-622-R2					
relate part to trelate man. The to the med. In it.	ted to the content of your name ies whose interests may be cansparency and does not not ionship/activity/interest, it following questions apply to interest only. author's relationships/activity e epidemiology of hyperterication, even if that medical	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. It is preferable that you do so the author's relationship wities/interests should be dension, you should declare a tion is not mentioned in the	s/activities/interests as they relate to the <u>current</u> <u>efined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive			
		·				
		Name all entities with	Specifications/Comments			
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your			
		none (add rows as	institution)			
		needed)				
		Time frame: Since the initia	planning of the work			
1	All support for the present	None				
_	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			
2	Grants or contracts from	XNone				
	any entity (if not indicated					

in item #1 above).

Royalties or licenses

4	Consulting fees	X None	
4	Consulting fees	^NUITE	_
			+
5	Payment or honoraria for	X None	
J	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	•		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
	Doubleinstie	V Non-	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board Leadership or fiduciary role	X None	
10	in other board, society,	XNone	+
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
-1	Stock of Stock Options		
12	Receipt of equipment,	Y None	
14	materials, drugs, medical	X_None	+
	writing, gifts or other		
	services		
		V	
13	Other financial or non-	XNone	
	financial interests		
Plan	se summarize the above co	nflict of interest in the fo	llowing hox:
. 164			
Dlaa	usa placa an "Y" novt to the	following statement to in	dicate vous agrooments

	e: Nov. 25 th , 2022					
	Your Name: Jie Cheng					
Manuscript Title: An unusual case of necrobiotic xanthogranuloma with IgG- λ monoclonal gammopathy						
presenting as cerebral manifestations						
Mar	nuscript number (if known):	No.: QIMS-22-622-R2				
relate to trelate	ted to the content of your management ies whose interests may be cansparency and does not not interest, it is following questions apply to	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. it is preferable that you do	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so. s/activities/interests as they relate to the current			
<u>man</u>	uscript only.					
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		whom you have this	(e.g., if payments were made to you or to your			
		whom you have this relationship or indicate	· ·			
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your			
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)			
1	All support for the present	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)			
1	All support for the present manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)			
1	All support for the present manuscript (e.g., funding, provision of study materials,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)			
1	manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)			
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1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)			
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)			
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)			
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)			
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)			
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1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)			
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None	(e.g., if payments were made to you or to your institution) I planning of the work			
1 2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution) I planning of the work			

in item #1 above).

Royalties or licenses

4	Consulting fees	X None	
4	Consulting fees	^NUITE	_
			+
5	Payment or honoraria for	X None	
J	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	•		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
	Doubleinstie	V Non-	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board Leadership or fiduciary role	X None	
10	in other board, society,	XNone	+
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
-1	Stock of Stock Options		
12	Receipt of equipment,	Y None	
14	materials, drugs, medical	X_None	+
	writing, gifts or other		
	services		
		V	
13	Other financial or non-	XNone	
	financial interests		
Plan	se summarize the above co	nflict of interest in the fo	llowing hox:
. 164			
Dlaa	usa placa an "Y" novt to the	following statement to in	dicate vous agrooments

	e: Nov. 25 th , 2022				
Your Name: Hongqin Liang					
Manuscript Title: An unusual case of necrobiotic xanthogranuloma with IgG- λ monoclonal gammopathy					
presenting as cerebral manifestations					
Manuscript number (if known): No.: QIMS-22-622-R2					
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	following questions apply to uscript only.	o the author's relationships	s/activities/interests as they relate to the <u>current</u>		
to t	• •	nsion, you should declare a	efined broadly. For example, if your manuscript pertains II relationships with manufacturers of antihypertensive e manuscript.		
	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other items,		
		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)		
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)		
1	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.	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None	(e.g., if payments were made to you or to your institution) planning of the work		
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution) planning of the work		

Royalties or licenses

4	Consulting fees	X None	
4	Consulting fees	^NUITE	_
			+
5	Payment or honoraria for	X None	
J	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	•		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
	Doubleinstie	V Non-	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board Leadership or fiduciary role	X None	
10	in other board, society,	XNone	+
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
-1	Stock of Stock Options		
12	Receipt of equipment,	Y None	
14	materials, drugs, medical	X_None	+
	writing, gifts or other		
	services		
		V	
13	Other financial or non-	XNone	
	financial interests		
Plan	se summarize the above co	nflict of interest in the fo	llowing hox:
. 164			
Dlaa	usa placa an "Y" novt to the	following statement to in	dicate vous agrooments

	e: Nov. 25 th , 2022				
Your Name: Kang Chen					
Manuscript Title: An unusual case of necrobiotic xanthogranuloma with IgG- λ monoclonal gammopathy					
presenting as cerebral manifestations					
Manuscript number (if known): No.: QIMS-22-622-R2					
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	following questions apply touscript only.	o the author's relationship:	s/activities/interests as they relate to the <u>current</u>		
to th	• •	nsion, you should declare a	efined broadly. For example, if your manuscript pertains II relationships with manufacturers of antihypertensive e manuscript.		
In it		nort for the work reported	in this manuscript without time limit. For all other items,		
the	em #1 below, report all sup time frame for disclosure is	•	•		
the		the past 36 months.			
the		the past 36 months. Name all entities with	Specifications/Comments		
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the		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your		
the		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)		
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the		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)		
	All support for the present	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)		
	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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)		
	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 initial	Specifications/Comments (e.g., if payments were made to you or to your institution)		
	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 initial	Specifications/Comments (e.g., if payments were made to you or to your institution)		
	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 initial	Specifications/Comments (e.g., if payments were made to you or to your institution)		
	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 initial	Specifications/Comments (e.g., if payments were made to you or to your institution)		
	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 initial	Specifications/Comments (e.g., if payments were made to you or to your institution)		
	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 initial	Specifications/Comments (e.g., if payments were made to you or to your institution)		
	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 initial	Specifications/Comments (e.g., if payments were made to you or to your institution)		
	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 initial	Specifications/Comments (e.g., if payments were made to you or to your institution)		
	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 initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work		
	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 initial None	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work		
1	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.	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work		

Royalties or licenses

4	Consulting fees	X None	
4	Consulting fees	^NUITE	+
			+
5	Payment or honoraria for	X None	
J	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	•		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
	Doubleinstie	V Non-	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board Leadership or fiduciary role	X None	
10	in other board, society,	XNone	+
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
-1	Stock of Stock Options		
12	Receipt of equipment,	Y None	
14	materials, drugs, medical	X_None	+
	writing, gifts or other		
	services		
		V	
13	Other financial or non-	XNone	
	financial interests		
Plan	se summarize the above co	nflict of interest in the fo	llowing hox:
. 164			
Dlaa	usa placa an "Y" novt to the	following statement to in	dicate vous agrooments

You Mar pres	e: Nov. 25 th , 2022 r Name: Jing Li nuscript Title: An unus senting as cerebral manifest nuscript number (if known):	ations	nthogranuloma with IgG- λ monoclonal gammopathy
rela part to to	ted to the content of your miles whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	elationships/activities/interests listed below that are as any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so.
	following questions apply to uscript only.	o the author's relationships	s/activities/interests as they relate to the <u>current</u>
to th	• •	nsion, you should declare a	efined broadly. For example, if your manuscript pertains II relationships with manufacturers of antihypertensive e manuscript.
	em #1 below, report all supp time frame for disclosure is	·	in this manuscript without time limit. For all other items,
		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)
		Time frame: Since the initial	planning of the work
1	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.	None Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	

Royalties or licenses

4	Consulting fees	X None	
4	consulting rees	^NUITE	+
			+
5	Payment or honoraria for	X None	
J	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
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7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
	Doubleinstie	V Non-	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board Leadership or fiduciary role	X None	
10	in other board, society,	XNone	+
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
-1	Stock of Stock Options		
12	Receipt of equipment,	Y None	
14	materials, drugs, medical	X_None	+
	writing, gifts or other		
	services		
		V	
13	Other financial or non-	XNone	
	financial interests		
Plan	se summarize the above co	nflict of interest in the fo	llowing hox:
. 164			
Dlaa	usa placa an "Y" novt to the	following statement to in	dicate vous agrooments

Date: Nov. 25 th , 2022
Your Name: Jian Wang
Manuscript Title: An unusual case of necrobiotic xanthogranuloma with IgG- λ monoclonal gammopathy
presenting as cerebral manifestations
Manuscript number (if known): No.: QIMS-22-622-R2

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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) planning of the work
1	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.	None funding	JW reports that this study was supported by the National Key Research and Development Program of China (No. 2016YFC0107101).
2	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: pastX_None	36 months

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4	Consulting fees	XNone	
-	Daymant and an anadia fan	V None	
5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony	 	
7	Support for attending meetings and/or travel	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

JW reports that this study was supported by the National Key Research and Development Program of China (No. 2016YFC0107101).

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

Date: Nov. 25 th , 2022 Your Name: Ping Cai Manuscript Title: An unusual case of necrobiotic xanthogranuloma with IgG- λ monoclonal gammopathy presenting as cerebral manifestations Manuscript number (if known): No.: QIMS-22-622-R2								
rela part to to	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.							
	following questions apply to uscript only.	o the author's relationships	s/activities/interests as they relate to the <u>current</u>					
to th	-	nsion, you should declare a	efined broadly. For example, if your manuscript pertains II relationships with manufacturers of antihypertensive manuscript.					
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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)					
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1	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.	None						
		Time frame: past	36 months					
2	Grants or contracts from any entity (if not indicated	XNone						

in item #1 above).

Royalties or licenses

4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
Ü	testimony		
	,		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11		V None	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests		

None			

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

You Mar pres	e: Nov. 25 th , 2022 r Name: Jiang Zhu nuscript Title: An unus senting as cerebral manifest nuscript number (if known):	ations	nthogranuloma with IgG- λ monoclonal gammopathy
relate part to tr	ted to the content of your miles whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	elationships/activities/interests listed below that are as any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so.
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1	Consulting foos	V None	
4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
0	pending		
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Possint of aguinment	V None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the foll	owing hox.

None			

	e: Nov. 25 th , 2022							
Your Name: Hong Lu								
Manuscript Title: An unusual case of necrobiotic xanthogranuloma with IgG- λ monoclonal gammopathy presenting as cerebral manifestations								
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IVIAI	Manuscript number (if known): No.: QIMS-22-622-R2							
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1	All support for the present	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)					
	All support for the present manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)					
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	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution) planning of the work					
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5	Payment or honoraria for	XNone	
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	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	5 ,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
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11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None			

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	e: Nov. 25 th , 2022		
You	r Name: Xiaoming Li_	_	
	-		thogranuloma with IgG- λ monoclonal gammopathy
-	senting as cerebral manifest		
Mar	nuscript number (if known):	No.: QIMS-22-622-R2	
rela part to to	ted to the content of your nices whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	elationships/activities/interests listed below that are as any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a
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to th		nsion, you should declare a	efined broadly. For example, if your manuscript pertains II relationships with manufacturers of antihypertensive e manuscript.
	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other items,
		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)
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
1	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.	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None	(e.g., if payments were made to you or to your institution) planning of the work
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution) planning of the work

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13	Other financial or non-	XNone	
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