Dat	te:2023	3/2/3			
Υοι	ır Name:Y	ifei Wang			
Ma	nuscript Title: An	investigation of function	_	ll's palsy using functional magnetic resonar	nce
Ma	nuscript number (if kn	own): QIMS-22-911	-R2		
rela par to t rela	ated to the content of ties whose interests managed transparency and does ationship/activity/inte	your manuscript. "Relate nay be affected by the co not necessarily indicate rest, it is preferable that	d" means any relation intent of the manusc a bias. If you are in you do so.	/activities/interests listed below that are on with for-profit or not-for-profit third ript. Disclosure represents a commitment doubt about whether to list a	
	e following questions a nuscript only.	apply to the author's rela	tionships/activities/	interests as they relate to the <u>current</u>	
to t me	the epidemiology of hy dication, even if that r tem #1 below, report a	pertension, you should on medication is not mention	leclare all relationsh ned in the manuscrip eported in this manu	<u>dly.</u> For example, if your manuscript pertain ips with manufacturers of antihypertensive ot. uscript without time limit. For all other iten	2
		Name all entities wi	th Specification	s/Comments	
		whom you have this relationship or indic none (add rows as needed)	(e.g., if paym	ents were made to you or to your	
			e initial planning of th	e work	
	All support for the prese manuscript (e.g., fundin provision of study mater medical writing, article processing charges, etc.	g, rials,			
	No time limit for this ite	em.			
		Time fran	e: past 36 months		
	Grants or contracts from any entity (if not indicat				

in item #1 above).

Royalties or licenses

_X__None

3

4	Consulting fees	XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
6	Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None
13	Other financial or non- financial interests	XNone
Ple	ase summarize the above co	onflict of interest in the following box:

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

None.

Da	te:2023/2/	3		
Yo	ur Name:Aocai	Yang		
Ma	nuscript Title: An inv	estigation of functional con	nectivity in Bell's palsy using functional magnetic resona	ance
im	aging: a prospective cross-	sectional study		
Ma	nuscript number (if knowr	n): QIMS-22-911-R2		
rel pai to	ated to the content of you rties whose interests may l transparency and does not	r manuscript. "Related" me be affected by the content o	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so.	
	e following questions apply nuscript only.	y to the author's relationshi	ips/activities/interests as they relate to the current	
to	the epidemiology of hyper		defined broadly. For example, if your manuscript perta all relationships with manufacturers of antihypertensive the manuscript.	
	tem #1 below, report all so time frame for disclosure		ed in this manuscript without time limit. For all other ite	ems,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initia	l planning of the work	
	All support for the present manuscript (e.g., funding, provision of study materials,	XNone		
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: past	36 months	
	Grants or contracts from	X None		
	any entity (if not indicated			
	in item #1 above).			
	Royalties or licenses	XNone		

Consulting fees

	1	
Payment or honoraria for	XNone	
lectures, presentations,		
speakers bureaus,		
manuscript writing or		
educational events		
Payment for expert	XNone	
testimony		
Support for attending	X None	
.		
Patents planned, issued or	XNone	
pending		
Participation on a Data	XNone	
Safety Monitoring Board or		
Advisory Board		
Leadership or fiduciary role	XNone	
in other board, society,		
committee or advocacy		
group, paid or unpaid		
	X None	
occon or occon op none		
Possint of aguinment	V None	
_		
Other financial or non-	XNone	
financial interests		
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonX_None

None.			

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

Da	te:2023/2/3			
Yo	ur Name:Zeyu S	ong		
			nectivity in Bell's palsy using functional magnetic resonal	nce
im	aging: a prospective cross-so	ectional study		
IVI	anuscript number (if known)	: QIMS-22-911-R2		
In	the interest of transparency	, we ask you to disclose all	relationships/activities/interests listed below that are	
		_	ans any relation with for-profit or not-for-profit third	
-		-	of the manuscript. Disclosure represents a commitment	
	-	•	If you are in doubt about whether to list a	
rel	ationship/activity/interest,	it is preferable that you do	SO.	
Th	e following questions annly	to the author's relationshi	ps/activities/interests as they relate to the current	
	anuscript only.	to the duthor 5 relationsin	psy detivities, interests as they relate to the <u>earrent</u>	
Th	e author's relationships/act	ivities/interests should be	defined broadly. For example, if your manuscript pertain	าร
			all relationships with manufacturers of antihypertensive	<u> </u>
me	edication, even if that medic	ation is not mentioned in t	the manuscript.	
In	itam #1 halaw ranart all su	anart for the work renerte	d in this manuscript without time limit. For all other iter	
	e time frame for disclosure i		u in this manuscript without time innit. For an other iter	115,
CIIV	time frame for disclosure i	s the past so months.		
		<u> </u>		
		Name all entities with	Specifications/Comments	
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)	
		none (add rows as	institution	
		needed)		
		Time frame: Since the initia	planning of the work	
1	All support for the present	XNone		
	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	X None		
_	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	XNone		

Consulting fees

	1	
Payment or honoraria for	XNone	
lectures, presentations,		
speakers bureaus,		
manuscript writing or		
educational events		
Payment for expert	XNone	
testimony		
Support for attending	X None	
.		
Patents planned, issued or	XNone	
pending		
Participation on a Data	XNone	
Safety Monitoring Board or		
Advisory Board		
Leadership or fiduciary role	XNone	
in other board, society,		
committee or advocacy		
group, paid or unpaid		
	X None	
occon or occon op none		
Possint of aguinment	V None	
_		
Other financial or non-	XNone	
financial interests		
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonX_None

None.			

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

Da	te:2023/2/3		
	ur Name: Bing Li		
Ma	anuscript Title: An inve	stigation of functional cor	nnectivity in Bell's palsy using functional magnetic resonance
	anuscript number (if known		
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.
	e following questions apply anuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current
to	•	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i	• •	ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	
			institution)
		none (add rows as	institution)
		-	institution)
		none (add rows as	
	All support for the present	none (add rows as needed) Time frame: Since the initi	
	All support for the present	none (add rows as needed)	
	manuscript (e.g., funding,	none (add rows as needed) Time frame: Since the initi	
	manuscript (e.g., funding, provision of study materials,	none (add rows as needed) Time frame: Since the initi	
	manuscript (e.g., funding, provision of study materials, medical writing, article	none (add rows as needed) Time frame: Since the initi	
	manuscript (e.g., funding, provision of study materials,	none (add rows as needed) Time frame: Since the initi	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	none (add rows as needed) Time frame: Since the initi	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	none (add rows as needed) Time frame: Since the initi	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	none (add rows as needed) Time frame: Since the initi XNone	al planning of the work
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	none (add rows as needed) Time frame: Since the initi	al planning of the work
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	none (add rows as needed) Time frame: Since the initi XNone	al planning of the work
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated	none (add rows as needed) Time frame: Since the initi XNone Time frame: pas	al planning of the work
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	none (add rows as needed) Time frame: Since the initi XNone Time frame: pas	al planning of the work
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated	none (add rows as needed) Time frame: Since the initi XNone Time frame: pas	al planning of the work

Consulting fees

	1	
Payment or honoraria for	XNone	
lectures, presentations,		
speakers bureaus,		
manuscript writing or		
educational events		
Payment for expert	XNone	
testimony		
Support for attending	X None	
.		
Patents planned, issued or	XNone	
pending		
Participation on a Data	XNone	
Safety Monitoring Board or		
Advisory Board		
Leadership or fiduciary role	XNone	
in other board, society,		
committee or advocacy		
group, paid or unpaid		
	X None	
occon or occon op none		
Possint of aguinment	V None	
_		
Other financial or non-	XNone	
financial interests		
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonX_None

None.			

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

Da	te:2023/2/3	4		
	ur Name: YuChe			
Ma	anuscript Title: An inve	stigation of functional con	nectivity in Bell's palsy using functional magnetic resona	nce
		_		
	and on principle (in known)			
rel parto rel The ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only.	manuscript. "Related" mean e affected by the content of necessarily indicate a bias. it is preferable that you do to the author's relationshit ivities/interests should be ension, you should declare	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertai all relationships with manufacturers of antihypertensiv	
ln i	item #1 below, report all su e time frame for disclosure i	•	d in this manuscript without time limit. For all other ite	ms,
In i		s the past 36 months.	d in this manuscript without time limit. For all other ite	ms,
In i		s the past 36 months. Name all entities with	d in this manuscript without time limit. For all other ite Specifications/Comments	ms,
In i		Name all entities with whom you have this	d in this manuscript without time limit. For all other ite Specifications/Comments (e.g., if payments were made to you or to your	ms,
In i		Name all entities with whom you have this relationship or indicate	d in this manuscript without time limit. For all other ite Specifications/Comments	ems,
In i		Name all entities with whom you have this relationship or indicate none (add rows as	d in this manuscript without time limit. For all other ite Specifications/Comments (e.g., if payments were made to you or to your	ms,
In i		Name all entities with whom you have this relationship or indicate none (add rows as needed)	d in this manuscript without time limit. For all other ite Specifications/Comments (e.g., if payments were made to you or to your institution)	ems,
In i		Name all entities with whom you have this relationship or indicate none (add rows as	d in this manuscript without time limit. For all other ite Specifications/Comments (e.g., if payments were made to you or to your institution)	ems,
In i		Name all entities with whom you have this relationship or indicate none (add rows as needed)	d in this manuscript without time limit. For all other ite Specifications/Comments (e.g., if payments were made to you or to your institution)	ems,
In i	e time frame for disclosure i	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	d in this manuscript without time limit. For all other ite Specifications/Comments (e.g., if payments were made to you or to your institution)	ms,
In i	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	d in this manuscript without time limit. For all other ite Specifications/Comments (e.g., if payments were made to you or to your institution)	ms,
In i	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	d in this manuscript without time limit. For all other ite Specifications/Comments (e.g., if payments were made to you or to your institution)	ms,
In i	All support for the present manuscript (e.g., funding, provision of study materials,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	d in this manuscript without time limit. For all other ite Specifications/Comments (e.g., if payments were made to you or to your institution)	ms,
In i	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	d in this manuscript without time limit. For all other ite Specifications/Comments (e.g., if payments were made to you or to your institution)	ms,
In i	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	d in this manuscript without time limit. For all other ite Specifications/Comments (e.g., if payments were made to you or to your institution)	ms,
In i	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	d in this manuscript without time limit. For all other ite Specifications/Comments (e.g., if payments were made to you or to your institution)	ms,
In i	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 XNone	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work	ms,
In ithe	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 initia _XNone	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work	ems,
In i	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. Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial XNone	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work	ms,
In ithe	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. Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia _XNone	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work	ms,
In ithe	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. Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia _XNone	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work	ms,

Consulting fees

	1	
Payment or honoraria for	XNone	
lectures, presentations,		
speakers bureaus,		
manuscript writing or		
educational events		
Payment for expert	XNone	
testimony		
Support for attending	X None	
.		
Patents planned, issued or	XNone	
pending		
Participation on a Data	XNone	
Safety Monitoring Board or		
Advisory Board		
Leadership or fiduciary role	XNone	
in other board, society,		
committee or advocacy		
group, paid or unpaid		
	X None	
occon or occon op none		
Possint of aguinment	V None	
_		
Other financial or non-	XNone	
financial interests		
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonX_None

None.			

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

Dat	e:	_2023/2/3			
			v		
Maı	nuscript Title:	_ An inve	stigation of functional co	nnectivity in Bell's palsy using functional magnetic reson	ance
ima	ging: a prospecti	ve cross-se	ectional study		
Maı	nuscript number	(if known)	: QIMS-22-911-R2		
rela part to t	ted to the conte ties whose intere ransparency and	nt of your ests may be does not i	manuscript. "Related" me affected by the content	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment is. If you are in doubt about whether to list a lo so.	
	following questi nuscript only.	ons apply	to the author's relationsl	nips/activities/interests as they relate to the current	
to ti med In it	he epidemiology dication, even if t em #1 below, re	of hyperto that medic port all su	ension, you should declar ation is not mentioned in	e <u>defined broadly</u> . For example, if your manuscript perta e all relationships with manufacturers of antihypertensi the manuscript. red in this manuscript without time limit. For all other it	ve
			Name all entities with	Specifications/Comments	
			whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
			Time frame: Since the initi	al planning of the work	
	All				
	All support for the manuscript (e.g., f		XNone		
	provision of study				
	medical writing, ar				
	processing charge				
	No time limit for t	his item.			
			Time frame: pas	st 36 months	
	Grants or contract		XNone		
	any entity (if not in	ndicated			

in item #1 above).

Royalties or licenses

_X__None

3

4	Consulting fees	XNone				
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone				
6	Payment for expert testimony	XNone				
7	Support for attending meetings and/or travel	XNone				
8	Patents planned, issued or pending	XNone				
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone				
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone				
11	Stock or stock options	XNone				
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None				
13	Other financial or non- financial interests	XNone				
Ple	Please summarize the above conflict of interest in the following box:					

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

None.

Da	te:2023/2/3		
Yo	ur Name: Guolin	Ma	
Ma	nuscript Title: An inve	stigation of functional cor	nnectivity in Bell's palsy using functional magnetic resonance
		_	
	nnuscript number (if known)		
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.
	e following questions apply inuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current
to me	the epidemiology of hyperto edication, even if that medic item #1 below, report all su	ension, you should declar cation is not mentioned in pport for the work report	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. The manuscript without time limit. For all other items,
tne	e time frame for disclosure i	s the past 36 months.	
		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as	
		needed)	
		Time frame: Since the initi	al planning of the work
	All support for the present	X None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	st 36 months
	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		
	Royalties or licenses	XNone	

Consulting fees

	_		
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
O	testimony	XNOTIE	
	testimony		
7	Support for attending	XNone	
•	meetings and/or travel		
	G ,		
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	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.			

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

Da	te:2023/2/3	3	
Yo	ur Name:Xiaoy	ing Tang	
Ma im	inuscript Title: An inve aging: a prospective cross-s	estigation of functional cor sectional study	nnectivity in Bell's palsy using functional magnetic resonance
rel pai to	ated to the content of your ties whose interests may b	manuscript. "Related" me be affected by the content necessarily indicate a bias	Ill relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.
	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current
to	•	tension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	tem #1 below, report all su time frame for disclosure	• •	ed 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 initi	al planning of the work
	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.	XNone	
	Grants or contracts from	Time frame: pas	st 36 months
	any entity (if not indicated	XNone	
	in item #1 above).		
	Royalties or licenses	XNone	

Consulting fees

	_		
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
O	testimony	XNOTIE	
	testimony		
7	Support for attending	XNone	
•	meetings and/or travel		
	G ,		
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	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.			

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