

ICMJE DISCLOSURE FORM

Date: _____ Sep. 1st, 2023 _____

Your Name: _____ Huaxia Pu _____

Manuscript Title: Metabolic heterogeneity in different subtypes of malformations of cortical development causing epilepsy: A proton magnetic resonance spectroscopy study

Manuscript number (if known): _____ QIMS-23-552 _____

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 current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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.

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None.

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ICMJE DISCLOSURE FORM

Date: _____ Sep. 1st, 2023 _____

Your Name: _____ Liping Wang _____

Manuscript Title: _____ Metabolic heterogeneity in different subtypes of malformations of cortical development causing epilepsy: A proton magnetic resonance spectroscopy study _____

Manuscript number (if known): _____ QIMS-23-552 _____

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ICMJE DISCLOSURE FORM

Date: _____ Sep. 1st, 2023 _____

Your Name: _____ Wenyu Liu _____

Manuscript Title: Metabolic heterogeneity in different subtypes of malformations of cortical development causing epilepsy: A proton magnetic resonance spectroscopy study

Manuscript number (if known): _____ QIMS-23-552 _____

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ICMJE DISCLOSURE FORM

Date: _____ Sep. 1st, 2023 _____

Your Name: _____ Qiaoyue Tan _____

Manuscript Title: _____ Metabolic heterogeneity in different subtypes of malformations of cortical development causing epilepsy: A proton magnetic resonance spectroscopy study _____

Manuscript number (if known): _____ QIMS-23-552 _____

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ICMJE DISCLOSURE FORM

Date: _____ Sep. 1st, 2023 _____

Your Name: _____ Xinyue Wan _____

Manuscript Title: _____ Metabolic heterogeneity in different subtypes of malformations of cortical development causing epilepsy: A proton magnetic resonance spectroscopy study _____

Manuscript number (if known): _____ QIMS-23-552 _____

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Date: _____ Sep. 1st, 2023 _____

Your Name: _____ Weina Wang _____

Manuscript Title: _____ Metabolic heterogeneity in different subtypes of malformations of cortical development causing epilepsy: A proton magnetic resonance spectroscopy study _____

Manuscript number (if known): _____ QIMS-23-552 _____

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Date: _____ Sep. 1st, 2023 _____

Your Name: _____ Xiaorui Su _____

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Date: _____ Sep. 1st, 2023 _____

Your Name: _____ Huaqiang Sun _____

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ICMJE DISCLOSURE FORM

Date: _____ Sep. 1st, 2023 _____

Your Name: _____ Simin Zhang _____

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4	Consulting fees	<input checked="" type="checkbox"/> X <input 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	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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	
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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: _____ Sep. 1st, 2023 _____

Your Name: _____ Qiyong Gong _____

Manuscript Title: _____ Metabolic heterogeneity in different subtypes of malformations of cortical development causing epilepsy: A proton magnetic resonance spectroscopy study _____

Manuscript number (if known): _____ QIMS-23-552 _____

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3	Royalties or licenses	__ X __ None	
4	Consulting fees	__ X __ 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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