

ICMJJE DISCLOSURE FORM

Date: 09.16.2023
 Your Name: Yuhan Li
 Manuscript Title: Kimura Disease with Optic Nerve and Intracranial Involvement: A Case Description
 Manuscript number (if known): QIMS-23-852-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.

The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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none

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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 Your Name: Jiamei Zhao
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