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Yo Ma Pa	Date:Nov.3 rd , 2023 Your Name:Jiayu Huang Manuscript Title: Tumor Characteristics, Brain Functional Activity and Connectivity of Tinnitus in Patients with Vestibular Schwannoma: A Pilot Study Manuscript number (if known):QIMS-23-721				
tha	the interest of transparency, we ask you to disclose all relationships/activities/interests listed below at are ated to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit				
•	rd rties whose interests may be affected by the content of the manuscript. Disclosure represents a mmitment				
	transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a ationship/activity/interest, it is preferable that you do so.				
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pe to	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.				
oth	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.				
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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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	X_None	

	in item #1 above).		
3	Royalties or licenses	XNone	
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4	Consulting fees	X None	
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5	Payment or honoraria for	XNone	
J	lectures, presentations,	X14611C	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
0	testimony	XNone	
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7	Support for attending	X None	
'	meetings and/or travel	XNone	
	meetings and/or traver		
8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	XNone	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		
Ple	ease summarize the abo	ve conflict of interest in	the following box:
	None.		

None.	

Ple	Please place an "X" next to the following statement to indicate your agreement:					
	X 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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		nor Characteristics. Bra	in Functional Activity and Connectivity of Tinni	tus in		
	tients with Vestibular Sc	•				
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uie	the time frame for disclosure is the past 36 months.					
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1	All support for the	X_None				
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	study materials, medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	X_None	
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	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	X_None	

Please summarize the above conflict of interest in the following box:

None.
Please place an "X" next to the following statement to indicate your agreement:
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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)
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	-	Time frame: past	36 months
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4	Consulting fees	X_None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	X_None X_None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	X_None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
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12	Receipt of equipment,	XNone	

	materials, drugs, medical writing, gifts or other services		
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			ICMJE DISCLOSURE FORM
	ate:Nov.3 rd , 2023		
	our Name:Xiaolong Li_		
	anuscript Title: Tur atients with Vestibular So		s, Brain Functional Activity and Connectivity of Tinnitus in of Study
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		Time frame: past	36 months
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3	Royalties or licenses	X_None	
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6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	X_None	
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	XNone	
11	unpaid Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non-financial interests	X_None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	

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Patents planned, issued	X_None	
or pending		
Participation on a Data	X None	
Safety Monitoring Board	XNONE	
or Advisory Board		
0 Leadership or fiduciary	X_None	
role in other board, society, committee or		
advocacy group, paid or		
unpaid		
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writing, gifts or other services		
3 Other financial or non-	X None	
financial interests		
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None. Please place an "X" next	to the following stat	ement to indicate your agreement:

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3	Royalties or licenses	X_None	
4	Consulting fees	X_None	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	X_None	

	manuscript writing or educational events	
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7	Support for attending meetings and/or travel	X_None
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Date:Nov.3 rd , 2023	
Your Name:Haoxuan Lu	
Manuscript Title: Tumor Characteristics, Brain Functional A	ctivity and Connectivity of Tinnitus in
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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

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

None.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	XNone			

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7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued	XNone	
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9	Participation on a Data	XNone	
	Safety Monitoring Board		
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10	Leadership or fiduciary	XNone	
	role in other board,		
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11	Stock or stock options	XNone	
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	v r	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)		

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2	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 in item #1 above).	XNone
	Royalties or licenses	
4	Consulting fees	X_None
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7	Support for attending meetings and/or travel	XNone
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11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone

13	Other financial or non- financial interests	XNone		
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13	Other financial or non- financial interests	X_None			
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	nte:Nov.3 rd , 2023 our Name:Jun Zhang				

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non-financial interests	X_None	
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