

ICMJE DISCLOSURE FORM

Date: 2023.10.5

Your Name: Yan Xie

Manuscript Title: The impact of paramagnetic rim lesions on cortical thickness and gray to white matter contrast in relapsing-remitting multiple sclerosis

Manuscript number (if known): _____

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.

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		The National Natural Science Foundation of China (Grant No. 81730049)	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated)	<u> X </u> None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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Date: 2023.10.5

Your Name: Yihao Yao

Manuscript Title: The impact of paramagnetic rim lesions on cortical thickness and gray to white matter contrast in relapsing-remitting multiple sclerosis

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Date: 2023.10.5

Your Name: Nanxi Shen

Manuscript Title: The impact of paramagnetic rim lesions on cortical thickness and gray to white matter contrast in relapsing-remitting multiple sclerosis

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Your Name: Yuanhao Li

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Manuscript Title: The impact of paramagnetic rim lesions on cortical thickness and gray to white matter contrast in relapsing-remitting multiple sclerosis

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Your Name: Dong Liu

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Your Name: Yujie Ding

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Your Name: Yan Zhang

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

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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.