

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Yan

2. Surname (Last Name)

Zou

3. Date

08-February-1992

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ji Li

5. Manuscript Title

Aberrant Modulations of Static Functional Connectivity and Dynamic Functional Network Connectivity in Chronic Migraine

6. Manuscript Identifying Number (if you know it)

QIMS-20-588-R2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Zou has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Wei-Jun	2. Surname (Last Name) Tang	3. Date 03-August-1971
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ji Li
5. Manuscript Title Aberrant Modulations of Static Functional Connectivity and Dynamic Functional Network Connectivity in Chronic Migraine		
6. Manuscript Identifying Number (if you know it) QIMS-20-588-R2		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Dr. Tang has nothing to disclose.

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1. Given Name (First Name) Xiang-Yang	2. Surname (Last Name) Qiao	3. Date 04-July-1969
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ji Li
5. Manuscript Title Aberrant Modulations of Static Functional Connectivity and Dynamic Functional Network Connectivity in Chronic Migraine		
6. Manuscript Identifying Number (if you know it) QIMS-20-588-R2		

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Ji

2. Surname (Last Name)

Li

3. Date

04-November-1968

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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