

## ICMJE DISCLOSURE FORM

Date: Jul. 19<sup>th</sup>, 2021

Your Name: Zhiwei Zhou

Manuscript Title: Magnetic resonance spectroscopy and gadolinium enhancement assist the diagnosis of non-alcoholic Marchiafava-Bignami disease with necrosis lesions: a case description

Manuscript number (if known): QIMS-21-632

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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		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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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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Date: Jul. 19<sup>th</sup>, 2021

Your Name: Qinghui Li

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Date: Jul. 19<sup>th</sup>, 2021

Your Name: Chengyu Pan

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Your Name: Tao Liang

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Date: Jul. 19<sup>th</sup>, 2021

Your Name: Tijiang Zhang

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Your Name: Ping Xu

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