

ICMJE DISCLOSURE FORM

Date: Aug. 13th, 2021

Your Name: Jia Li

Manuscript Title: Experience-dependent Associations of Distinct Subtypes of Childhood Trauma with Brain Function and Architecture

Manuscript number (if known): QIMS-21-435

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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Date: Aug. 13th, 2021

Your Name: Guiling Zhang

Manuscript Title: Experience-dependent Associations of Distinct Subtypes of Childhood Trauma with Brain Function and Architecture

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ICMJE DISCLOSURE FORM

Date: Aug. 13th, 2021

Your Name: Jian Wang

Manuscript Title: Experience-dependent Associations of Distinct Subtypes of Childhood Trauma with Brain Function and Architecture

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Date: Aug. 13th, 2021

Your Name: Dong Liu

Manuscript Title: Experience-dependent Associations of Distinct Subtypes of Childhood Trauma with Brain Function and Architecture

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Date: Aug. 13th, 2021

Your Name: Changhua Wan

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Date: Aug. 13th, 2021

Your Name: Jicheng Fang

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Your Name: Tian Tian

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Your Name: Wenzhen Zhu

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