

ICMJE DISCLOSURE FORM

Date: Sep. 25th, 2021

Your Name: Yuhui Wang

Manuscript Title: Preserved Microstructural Integrity of Corticospinal Tract in Patients with Glioma-induced Motor Epilepsy: A Study Using Mean Apparent Propagator-MRI

Manuscript number (if known): QIMS-21-679-R3

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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Time frame: Since the initial planning of the work			
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.	__X__ None	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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Date: ___ Sep. 25th, 2021 ___

Your Name: ___ Kaiji Deng ___

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ICMJE DISCLOSURE FORM

Date: ___ Sep. 25th, 2021 ___

Your Name: ___ Xinming Huang ___

Manuscript Title: ___ Preserved Microstructural Integrity of Corticospinal Tract in Patients with Glioma-induced Motor Epilepsy: A Study Using Mean Apparent Propagator-MRI ___

Manuscript number (if known): ___ QIMS-21-679-R3 ___

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Date: ___ Sep. 25th, 2021 ___

Your Name: ___ Yihai Dai ___

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Date: Sep. 25th, 2021

Your Name: Weitao Chen

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Date: ___ Sep. 25th, 2021 ___

Your Name: ___ Xiaomei Hu ___

Manuscript Title: ___ Preserved Microstructural Integrity of Corticospinal Tract in Patients with Glioma-induced Motor Epilepsy: A Study Using Mean Apparent Propagator-MRI ___

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Your Name: ____ Rifeng Jiang ____

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