

## ICMJJE DISCLOSURE FORM

Date: Oct.14th,2021

Your Name: Xue-Yu Liu

Manuscript Title: Perivascular space is associated with brain atrophy in patients with 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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**Please summarize the above conflict of interest in the following box:**

None.

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Date: Oct. 14th, 2021

Your Name: Gai-Ying Ma

Manuscript Title: Perivascular space is associated with brain atrophy in patients with multiple sclerosis

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: Oct.14th,2021

Your Name: Shi Wang

Manuscript Title: Perivascular space is associated with brain atrophy in patients with multiple sclerosis

Manuscript number (if known): \_\_\_\_\_

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## ICMJJE DISCLOSURE FORM

Date: Oct.14th,2021

Your Name: Qian Gao

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Manuscript number (if known): \_\_\_\_\_

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Date: Oct.14th,2021

Your Name: Qiao Wei

Manuscript Title: Perivascular space is associated with brain atrophy in patients with multiple sclerosis

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Date: Oct.14th,2021

Your Name: Xuan Zhou

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Date: Oct.14th,2021

Your Name: Li-Ping Chen

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