

ICMJE DISCLOSURE FORM

Date: July 14, 2021

Your Name: Ya-nan Zhang

Manuscript Title: Abnormal interhemispheric functional connectivity in patients with primary dysmenorrhea: a resting-state fMRI study

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.

The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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3	Royalties or licenses	None	
4	Consulting fees	None	

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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

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

have no conflicts of interest to declare

Please place an "X" next to the following statement to indicate your agreement:

Ya-nan Zhang I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: July 14, 2021

Your Name: Yiran Huang

Manuscript Title: Abnormal interhemispheric functional connectivity in patients with primary dysmenorrhea: a resting-state fMRI study

Manuscript number (if known): _____

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Yiran Huang I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: July 14, 2021

Your Name: Ni Liu

Manuscript Title: Abnormal interhemispheric functional connectivity in patients with primary dysmenorrhea: a resting-state fMRI study

Manuscript number (if known): _____

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Ni Liu I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: July 14, 2021

Your Name: Zhenjia Wang

Manuscript Title: Abnormal interhemispheric functional connectivity in patients with primary dysmenorrhea: a resting-state fMRI study

Manuscript number (if known): _____

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Zhenjia Wang I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: July 14, 2021

Your Name: Junchen Wu

Manuscript Title: Abnormal interhemispheric functional connectivity in patients with primary dysmenorrhea: a resting-state fMRI study

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Junchen Wu _ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: July 14, 2021

Your Name: Wenxun Li

Manuscript Title: Abnormal interhemispheric functional connectivity in patients with primary dysmenorrhea: a resting-state fMRI study

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Wenxun Li I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: July 14, 2021

Your Name: Jing Xia

Manuscript Title: Abnormal interhemispheric functional connectivity in patients with primary dysmenorrhea: a resting-state fMRI study

Manuscript number (if known): _____

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Jing Xia I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: July 14, 2021

Your Name: Zhidan Liu

Manuscript Title: Abnormal interhemispheric functional connectivity in patients with primary dysmenorrhea: a resting-state fMRI study

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Zhidan Liu I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: July 14, 2021

Your Name: Yingqiu Li

Manuscript Title: Abnormal interhemispheric functional connectivity in patients with primary dysmenorrhea: a resting-state fMRI study

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Yingqiu Li I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: July 14, 2021

Your Name: Ying Hao

Manuscript Title: Abnormal interhemispheric functional connectivity in patients with primary dysmenorrhea: a resting-state fMRI study

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ICMJE DISCLOSURE FORM

Date: July 14, 2021

Your Name: Jianwei Huo

Manuscript Title: Abnormal interhemispheric functional connectivity in patients with primary dysmenorrhea: a resting-state fMRI study

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