Date:July 14,2021	
Your Name:_ Ya-nan Zhang	
Manuscript Title:_ Abnormal interhemispheric functional connectivity in patients with primary dysmenorrhea	: a resting-
state fMRI studystate 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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	None	
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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	

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

ICMJE DISCLOSURE FORM	
Date:July 14,2021	
Your Name:_ Yiran Huang	
<b>Manuscript Title:</b> _ Abnormal interhemispheric functional connectivity in patients with primary dysmenorrhea: a state fMRI study	a resting-
Manuscript number (if known):	
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that a 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 commitme 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.	l
The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u> .	
The author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript per to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihyperten medication, even if that medication is not mentioned in the manuscript.	
In item #1 below, report all support for the work reported in this manuscript without time limit. For all other the time frame for disclosure is the past 36 months.	items,

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	None None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	36 months
4	Royalties or licenses  Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert	None	
0	testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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	

have no conflicts of interest to declare			

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

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

	ICMJE DISC	LOSURE FORM	
<b>Date:</b> July 14,2021			
Your Name:_ Ni Liu			
Manuscript Title:_ Abnormal	interhemispheric functional	connectivity in patients with primary dysmenorrhea: a re	esting-
state fMRI study			
Manuscript number (if know	n):		
related to the content of you parties whose interests may to transparency and does not relationship/activity/interest.  The following questions applimanuscript only.  The author's relationships/activity of the epidemiology of hyper	r manuscript. "Related" me be affected by the content of t necessarily indicate a bias. It, it is preferable that you do by to the author's relationship etivities/interests should be tension, you should declare	ips/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertain all relationships with manufacturers of antihypertensive	ins
medication, even if that med	ication is not mentioned in	the manuscript.	
In item #1 below, report all so the time frame for disclosure		ed in this manuscript without time limit. For all other ite	ems,
	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)	
	Time frame: Since the initia	l planning of the work	
1 All support for the present	None		
/			

		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descint of annings out	Nava	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

have no conflicts of interest to declare		

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

\_ Ni Liu \_ I certify that I have answered every question and have not altered the wording of any of the questions on this 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):
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
		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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert	None	
0	testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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	

have no conflicts of interest to declare		

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

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

Date:July 14,2021	-
Your Name:_ Junchen Wu	
Manuscript Title:_ Abnormal interhemispheric functional connectivity in patients with primary dysmenorrhea state fMRI study	: a resting
Manuscript number (if known):	
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit this parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitre 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.	rd

manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
		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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or	None
	pending	
9	Participation on a Data	None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	None
	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	None
4.0	5	
12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non-	None
	financial interests	

have no conflicts of interest to declare			

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

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

ICIVIJE DISCLOSURE FORIVI
Date:July 14,2021
Your Name:_ Wenxun Li
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.
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3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None  None	36 months
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or	None
	pending	
9	Participation on a Data	None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	None
	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	None
4.0	5	
12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non-	None
	financial interests	

have no conflicts of interest to declare			

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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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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u> .
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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	36 months
4	Royalties or licenses  Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or	None
	pending	
9	Participation on a Data	None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	None
	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	None
4.0	5	
12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non-	None
	financial interests	

have no conflicts of interest to declare		

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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

	ICMJE DISC	LOSURE FORM
Date:July 14,2021		
Your Name:_ Znidan Liu		
Manuscript Title:_ Abnormal i	nterhemispheric functional	connectivity in patients with primary dysmenorrhea: a res
state fMRI study		
Manuscript number (if known	n):	
related to the content of your parties whose interests may be to transparency and does not relationship/activity/interest	manuscript. "Related" me be affected by the content of necessarily indicate a bias , it is preferable that you do	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment. If you are in doubt about whether to list a o so.  ips/activities/interests as they relate to the current
to the epidemiology of hypermedication, even if that medi	tension, you should declare cation is not mentioned in upport for the work reporte	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive the manuscript.  Ed in this manuscript without time limit. For all other iten
	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)
	Time frame: Since the initia	l planning of the work
1 All support for the present	None	

		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or	None
	pending	
9	Participation on a Data	None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	None
	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	None
4.0		
12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non-	None
	financial interests	

have no conflicts of interest to declare		

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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

Date:July 14,2021	
/our Name:_ Yingqiu Li	
<b>Manuscript Title:</b> Abnormal interhemispheric functional connectivity in patients with primary dysmenorrhea: a rest	ting-
Vanuscript number (if known):	
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
3	Safety Monitoring Board or	Hone	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	
	illiancial litterests		

have no conflicts of interest to declare		

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

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

	ICMJE DISCLOSURE FORM					
Dat	te: July 14,2021					
You	ur Name:_ Ying Hao					
Ma	nuscript Title:_ Abnormal in	terhemispheric functional of	connectivity in patients with primary dysmenorrhea: a i	resting-		
sta	te fMRI study					
Ma	nuscript number (if known)	:				
In t	the interest of transparency	. we ask you to disclose all	relationships/activities/interests listed below that are	2		
rela par to t	ated to the content of your ries whose interests may be	manuscript. "Related" mea e affected by the content on necessarily indicate a bias.	ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitmen If you are in doubt about whether to list a			
	e following questions apply nuscript only.	to the author's relationship	os/activities/interests as they relate to the current			
to t		ension, you should declare	defined broadly. For example, if your manuscript pertall relationships with manufacturers of antihypertensine manuscript.			
	tem #1 below, report all sup time frame for disclosure is	•	d in this manuscript without time limit. For all other it	tems,		
		Name all entities with	Specifications/Comments			
		whom you have this	(e.g., if payments were made to you or to your			
		relationship or indicate	institution)			
		none (add rows as				
		needed)				

		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)	
		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.	None		
Time frame: past 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	None		
4	Consulting fees	None		

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
_			
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

have no conflicts of interest to declare			

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

\_ Ying Hao \_ I certify that I have answered every question and have not altered the wording of any of the questions on this

Date:July 14,2021	
Your Name:_ Jianwei Huo	
Manuscript Title:_ Abnormal interhemispheric functional connectivity in patients with primary dysmenorrhea: a resstate fMRI study	sting-
Manuscript number (if known):	
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Time frame: past 36 months			
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4	Consulting fees	None	

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8	Patents planned, issued or pending	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

have no conflicts of interest to declare			

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\_ Jianwei Huo\_ I certify that I have answered every question and have not altered the wording of any of the questions on this