Date:_2021/11/24
Your Name:Ying Yang
Manuscript Title:_Identifying functional brain abnormalities in migraine and depression comorbidity
Manuscript number (if known):_QIMS-21-667-R2

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1	All support for the present manuscript (e.g., funding,	_ √None	
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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
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	any entity (if not indicated in item #1 above).		
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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		
10	Advisory Board		
10	Leadership or fiduciary role 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	
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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	√None	
	financial interests		

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

Date:\_2021/11/24\_

Your Name:\_\_Hongchun Zhang\_

Manuscript Title:\_Identifying functional brain abnormalities in migraine and depression comorbidity\_\_\_\_\_ Manuscript number (if known):\_QIMS-21-667-R2\_\_\_\_\_\_

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All support for the present manuscript (e.g., funding, provision of study materials, medical writing article	_√None	
processing charges, etc.) No time limit for this item.		
	Time frame: past	36 months
Grants or contracts from any entity (if not indicated in item #1 above).	None	
Royalties or licenses	None	
Consulting fees	_√None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b> Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	whom you have this relationship or indicate none (add rows as needed)    Time frame: Since the initial    All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) None    No time limit for this item. None    Grants or contracts from any entity (if not indicated in item #1 above). None    Royalties or licenses None

5	Payment or honoraria for	√None	
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	educational events		
6	Payment for expert	√None	
	testimony		
7	Support for attending meetings and/or travel	None	
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9	Participation on a Data	None	
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10	Advisory Board		
10	Leadership or fiduciary role in other board, society,	√None	
	committee or advocacy		
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12	Receipt of equipment,	None	
	materials, drugs, medical		
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13	Other financial or non-	√None	
	financial interests		

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Date:\_2021/11/24\_\_\_\_\_ Your Name:\_\_Hongyun Hu\_\_\_\_\_ Manuscript Title:\_Identifying functional brain abnormalities in migraine and depression comorbidity\_\_\_\_\_\_ Manuscript number (if known):\_QIMS-21-667-R2\_\_\_\_\_\_

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3	Royalties or licenses	√ None	
4	Consulting fees	_√None	

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	committee or advocacy		
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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	√None	
	financial interests		

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

Date:_2021/11/24	
Your Name:Li Yan	
Manuscript Title:_Identifying functional brain abnormalities in migraine and depression comorbidity	
Manuscript number (if known): QIMS-21-667-R2	

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2	•		
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4	Consulting fees	_ √None	

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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	√None	
	pending		
9	Participation on a Data	None	
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10	Advisory Board		
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	materials, drugs, medical		
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13	Other financial or non-	√None	
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# Please place an "X" next to the following statement to indicate your agreement:

Date:_2021/11/24
Your Name:Wei Gui
Manuscript Title:_Identifying functional brain abnormalities in migraine and depression comorbidity
Manuscript number (if known): QIMS-21-667-R2

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	testimony		
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9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role in other board, society,	√None	
	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-	√None	
	financial interests		

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

Date:_2021/11/24	
Your Name:Ying Liu	
Manuscript Title:_Identifying functional brain abnormalities in migraine and depression comorbidity	
Manuscript number (if known): QIMS-21-667-R2	

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12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	√None	
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# Please place an "X" next to the following statement to indicate your agreement:

Date:_2021/11/24	
Your Name:Xin Chen	
Manuscript Title:_Identifying functional brain abnormalities in migraine and depression comorbidity	
Manuscript number (if known): QIMS-21-667-R2	

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