Date:
 January 9,2022

 Your Name:
 Renjie Liu

 Manuscript Title:
 Dural arteriovenous fistula presenting as thalamic dementia: a case description with rare imaging findings

 findings

 Manuscript number (if known):
 QIMS-21-1054-R1

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	Royalties or licenses	xNone	
4	Consulting fees	xNone	

lecture	nt or honoraria for s, presentations, rs bureaus,	xNone	
manuso	cript writing or onal events		
5 Paymer testime	nt for expert ony	xNone	
	t for attending gs and/or travel	xNone	
B Patents pending	planned, issued or g	xNone	
-	ation on a Data	xNone	
-	y Board		
	hip or fiduciary role	xNone	
commit	tee or advocacy		
.1 Stock o	r stock options	xNone	
-	of equipment,	xNone	
	gifts or other		
.3 Other f	inancial or non-	xNone	
financia	al interests		
Pending Particip Safety M Advisor OLeaders in other commit group, 1 Stock o 2 Receipt materia writing, services 3 Other f	ation on a Data Monitoring Board or y Board ship or fiduciary role r board, society, ttee or advocacy paid or unpaid r stock options c of equipment, als, drugs, medical gifts or other s	xNone xNone xNone xNone xNone	

None.

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_ X __ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date: January 9,2022

Your Name: Yuhao Zhao

Manuscript Title: <u>Dural arteriovenous fistula presenting as thalamic dementia: a case description with rare imaging</u> <u>findings</u>

Manuscript number (if known): ____QIMS-21-1054-R1__

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	No time limit for this item.		
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2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	
5	Payment or honoraria for	xNone	

6	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or pending	xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone	
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	xNone	

None.

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Date: <u>January 9,2022</u> Your Name: <u>Haoyuan Yin</u> Manuscript Title: <u>Dural arteriovenous fistula presenting as thalamic dementia: a case description with rare imaging</u> <u>findings</u> Manuscript number (if known): <u>QIMS-21-1054-R1</u>

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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

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

None.

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

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form.

Date: <u>January 9,2022</u> Your Name: <u>Zhongqiang Shi</u> Manuscript Title: <u>Dural arteriovenous fistula presenting as thalamic dementia: a case description with rare imaging</u> <u>findings</u>

Manuscript number (if known): <u>QIMS-21-1054-R1</u>_____

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2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or pending	xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone	
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	xNone	

None.

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Date: <u>January 9,2022</u> Your Name: <u>Xuan Chen</u> Manuscript Title: <u>Dural arteriovenous fistula presenting as thalamic dementia: a case description with rare imaging</u> <u>findings</u> Manuscript number (if known): <u>QIMS-21-1054-R1</u>

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3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	xNone	
6	Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or pending	xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone	
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None	
13	Other financial or non- financial interests	x_None	

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