

## ICMJE DISCLOSURE FORM

**Date:** 12/30/2021

**Your Name:** Giacomo Rebella

**Manuscript Title:** Calcifications in diffuse leptomenigeal glioneuronal tumors: a case series

**Manuscript Number (if known):** QIMS-21-741-R2

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

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**Your Name:** Claudia Milanaccio

**Manuscript Title:** Calcifications in diffuse leptomenigeal glioneuronal tumors: a case series

**Manuscript Number (if known):** QIMS-21-741-R2

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**Your Name:** Giovanni Morana

**Manuscript Title:** Calcifications in diffuse leptomenigeal glioneuronal tumors: a case series

**Manuscript Number (if known):** QIMS-21-741-R2

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**Your Name:** Domenico Tortora

**Manuscript Title:** Calcifications in diffuse leptomenigeal glioneuronal tumors: a case series

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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:** 12/30/2021

**Your Name:** Antonio Verrico

**Manuscript Title:** Calcifications in diffuse leptomenigeal glioneuronal tumors: a case series

**Manuscript Number (if known):** QIMS-21-741-R2

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 author's relationships/activities/interests should be defined broadly. 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.

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## ICMJE DISCLOSURE FORM

**Date:** 12/30/2021

**Your Name:** Gianluca Piatelli

**Manuscript Title:** Calcifications in diffuse leptomenigeal glioneuronal tumors: a case series

**Manuscript Number (if known):** QIMS-21-741-R2

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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## ICMJE DISCLOSURE FORM

**Date:** 12/30/2021

**Your Name:** Gabriele Gaggero

**Manuscript Title:** Calcifications in diffuse leptomenigeal glioneuronal tumors: a case series

**Manuscript Number (if known):** QIMS-21-741-R2

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## ICMJE DISCLOSURE FORM

**Date:** 12/30/2021

**Your Name:** Paolo Nozza

**Manuscript Title:** Calcifications in diffuse leptomenigeal glioneuronal tumors: a case series

**Manuscript Number (if known):** QIMS-21-741-R2

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## ICMJE DISCLOSURE FORM

**Date:** 12/30/2021

**Your Name:** Maria Luisa Garrè

**Manuscript Title:** Calcifications in diffuse leptomenigeal glioneuronal tumors: a case series

**Manuscript Number (if known):** QIMS-21-741-R2

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**Date:** 12/30/2021

**Your Name:** Andrea Rossi

**Manuscript Title:** Calcifications in diffuse leptomenigeal glioneuronal tumors: a case series

**Manuscript Number (if known):** QIMS-21-741-R2

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**Date:** 12/30/2021

**Your Name:** Mariasavina Severino

**Manuscript Title:** Calcifications in diffuse leptomenigeal glioneuronal tumors: a case series

**Manuscript Number (if known):** QIMS-21-741-R2

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		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)						
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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

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