Da	te:Apr.7.2022					
	ur Name: Wanyao Li					
			atured as FLAIR-hyperintense lesions in anti-MOG-associ	ated		
	encephalitis with seizures (FLAMES) accompanied with anti-IgLON5 antibody					
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rel par to rel The ma	ated to the content of your ries whose interests may be transparency and does not ationship/activity/interest, at following questions apply muscript only. e author's relationships/act the epidemiology of hypert	manuscript. "Related" me e affected by the content on necessarily indicate a bias. it is preferable that you do to the author's relationshi ivities/interests should be ension, you should declare	ps/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			
me	dication, even if that medic	cation is not mentioned in	the manuscript.			
	tem #1 below, report all su time frame for disclosure i	• •	d in this manuscript without time limit. For all other iter	ns,		
		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	institution			
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		needed)				
		Time frame: Since the initia	I planning of the work			
	All support for the present	×None				
	manuscript (e.g., funding,					
	provision of study materials,					
	medical writing, article					
	processing charges, etc.)					
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	No time initial for this item.					
		Time frame: past	36 months			
	Grants or contracts from	×None				
	any entity (if not indicated					
	in item #1 above).					
,	Royalties or licenses	× None				
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	Consulting fees	× None				
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	×_None	
6	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	x_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	×_None	
13	Other financial or non- financial interests	×_None	
	ease summarize the above c	onflict of interest in the	following box:

	te:Apr.7.2022			
	ur Name:Wei Du			
		•	eatured as FLAIR-hyperintense lesions in anti-MOG-asso	ciated
	•	•	anti-IgLON5 antibody	
IVIa	inuscript number (if known)):QIIVIS-21-1213-R2_		
rela par to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment i. If you are in doubt about whether to list a lo so.	
	e following questions apply inuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current	
to		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript perta e all relationships with manufacturers of antihypertensi the manuscript.	
		pport for the work report	ed in this manuscript without time limit. For all other it	
the	e time frame for disclosure i	s the past 36 months.	·	ems,
the	e time frame for disclosure i	s the past 36 months. Name all entities with	Specifications/Comments	ems,
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the	All support for the present	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)	ems,
the	All support for the present manuscript (e.g., funding,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution)	ems,
the	All support for the present manuscript (e.g., funding, provision of study materials,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution)	ems,
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution)	ems,
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution)	ems,
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution)	ems,
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution)	ems,
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi×None	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work	ems,
the	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.	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initixNone Time frame: pas	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work	ems,
the	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. Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi×None	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work	ems,
the	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. Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initixNone Time frame: pas	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work	ems,
the	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. Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initixNone Time frame: pas	Specifications/Comments (e.g., if payments were made to you or to your institution) al planning of the work	ems,

Consulting fees

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	×None	
6	Payment for expert testimony	×None	
7	Support for attending meetings and/or travel	×None	
8	Patents planned, issued or pending	xNone	
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	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	×None	
13	Other financial or non- financial interests	x_None	
Г	ease summarize the above c	onflict of interest in the fo	llowing box:

Dat	:e:Apr.7.2022			
Υοι	ır Name:Yuhan Jiang	B		
Ma	nuscript Title:Rare au	itoimmune encephalitis fo	eatured as FLAIR-hyperintense lesions in anti-MOG-as	sociated
	•	•	anti-IgLON5 antibody	
Ma	nuscript number (if known)):QIMS-21-1213-R2		-
rela par to 1	ated to the content of your ties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that a eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitme s. If you are in doubt about whether to list a lo so.	
	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>	
to t me In i	the epidemiology of hypertodication, even if that medic	ension, you should declar ation is not mentioned in pport for the work report	e defined broadly. For example, if your manuscript per e all relationships with manufacturers of antihyperter the manuscript. ed in this manuscript without time limit. For all other Specifications/Comments (e.g., if payments were made to you or to your	sive
		relationship or indicate none (add rows as	institution)	
		needed)		
		Time frame: Since the initi	al planning of the work	_
•	All support for the present manuscript (e.g., funding, provision of study materials,	×_None		
	medical writing, article processing charges, etc.)			4
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	any entity (if not indicated			1
	in item #1 above).			
2	Royalties or licenses	× None		

Consulting fees

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	×_None	
6	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	x_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None	
13	Other financial or non- financial interests	×_None	
	ease summarize the above o	onflict of interest in the f	ollowing box:

Dat	te: Apr.7.2022			
	ur Name:Yangyingqi	u Liu		
Ma	nuscript Title:Rare au	itoimmune encephalitis fo	eatured as FLAIR-hyperintense lesions in anti-MOG-ass	ociated
end	cephalitis with seizures (FLA	MES) accompanied with	anti-IgLON5 antibody	
Ma	nuscript number (if known)):QIMS-21-1213-R2		-
rela par to 1	ated to the content of your ties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	all relationships/activities/interests listed below that a eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitme s. If you are in doubt about whether to list a lo so.	
	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>	
to t me In i	the epidemiology of hypertodication, even if that medic	ension, you should declar cation is not mentioned in pport for the work report	e defined broadly. For example, if your manuscript per e all relationships with manufacturers of antihyperten the manuscript. ed in this manuscript without time limit. For all other Specifications/Comments	sive
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)	
		none (add rows as needed)		
		Time frame: Since the initi	al planning of the work	
	All support for the present	× None	al planning of the work	
•	manuscript (e.g., funding,	^_NONE		1
	provision of study materials,			
	medical writing, article			†
	processing charges, etc.)			1
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	any entity (if not indicated			4
	in item #1 above).			1
	Royalties or licenses	× None		

Consulting fees

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	×_None	
6	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	x_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None	
13	Other financial or non- financial interests	×_None	
	ease summarize the above o	onflict of interest in the f	ollowing box:

Da	te:Apr.7.2022			
Yo	ur Name:Na Liu			
			eatured as FLAIR-hyperintense lesions in anti-MOG-ass	ociated
			anti-IgLON5 antibody	
Ma	anuscript number (if known):QIMS-21-1213-R2_		-
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		relationship or indicate	institution)	
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Consulting fees

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	×_None	
6	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	x_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None	
13	Other financial or non- financial interests	×_None	
	ease summarize the above o	onflict of interest in the f	ollowing box:

		icivist Discessi	SHE I SHIM			
Da	te:Apr.7.2022					
Yo	Your Name:Yanwei Miao					
			eatured as FLAIR-hyperintense lesions in anti-MOG-asso	ociated		
en	encephalitis with seizures (FLAMES) accompanied with anti-IgLON5 antibody					
Ma	anuscript number (if known)	:QIMS-21-1213-R2_				
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitmen . If you are in doubt about whether to list a o so.			
	e following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>			
to		ension, you should declare	e <u>defined broadly</u> . For example, if your manuscript pert e all relationships with manufacturers of antihypertens the manuscript.			
	item #1 below, report all su e time frame for disclosure i	•	ed in this manuscript without time limit. For all other in	tems,		
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		Name all entities with	Specifications/Comments			
		whom you have this	(e.g., if payments were made to you or to your			
		relationship or indicate none (add rows as	institution)			
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		Time frame: Since the initia	al planning of the work			
1	All support for the present	× None	8			
_	manuscript (e.g., funding,					
	provision of study materials,					
	medical writing, article					
	processing charges, etc.)					
	No time limit for this item.					
		Time frame: pas	t 36 months			
2	Grants or contracts from	× None				
_	any entity (if not indicated					
	in item #1 above).					
3	Royalties or licenses	×None				

Consulting fees

×__None

4

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	×_None	
6	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	x_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None	
13	Other financial or non- financial interests	×_None	
	ease summarize the above o	onflict of interest in the f	ollowing box:

Da	to. Amu 7 2022			
	te:Apr.7.2022 ur Name:Zhe Wang _			
			atured as FLAIR-hyperintense lesions in anti-MOG-ass	ociatod
			nti-lgLON5 antibody	ociateu
	•	•	nti-igtoria antibody	
IVIC	andscript number (ii known)	JQIIVIS-21-1215-K2_		-
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that ar ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitmen If you are in doubt about whether to list a o so.	
	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare cation is not mentioned in pport for the work reporte	defined broadly. For example, if your manuscript perion all relationships with manufacturers of antihypertensithe manuscript. Ed in this manuscript without time limit. For all other	sive
		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	
-	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		
-	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past×None	36 months	

Royalties or licenses

Consulting fees

_×__None

×__None

5	Payment or honoraria for lectures, presentations,	x_None		
	speakers bureaus, manuscript writing or			
	educational events			
6	Payment for expert testimony	x_None		
7	Support for attending meetings and/or travel	×None		
8	Patents planned, issued or	x_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	x_None		
12	Descipt of a suings out	y None		
12	Receipt of equipment, materials, drugs, medical	×None		
	writing, gifts or other			
	services			
13	Other financial or non- financial interests	×None		
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PI	Please summarize the above conflict of interest in the following box:			
	None.			
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	te:Apr.7.2022			
	ur Name:Ying Wang_			
Ma	nuscript Title:Rare au	itoimmune encephalitis fo	eatured as FLAIR-hyperintense lesions in anti-MOG-ass	ociated
end	cephalitis with seizures (FLA	MES) accompanied with	anti-IgLON5 antibody	
Ma	nuscript number (if known)):QIMS-21-1213-R2_		_
rela par to 1	ated to the content of your ties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that a eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitme s. If you are in doubt about whether to list a lo so.	
	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>	
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	tem #1 below, report all sup time frame for disclosure in		ed in this manuscript without time limit. For all other	items,
		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)	
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		needed)		
		Time frame: Since the initi	al planning of the work	
-	All support for the present	×None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			1
	processing charges, etc.)			Ī
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)	Grants or contracts from	× None		
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3	<u>'</u>	× None		1
3	Royalties or licenses	×None		

Consulting fees

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	×_None		
6	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	x_None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None		
13	Other financial or non- financial interests	×_None		
Please summarize the above conflict of interest in the following box: None.				