

ICMJE DISCLOSURE FORM

Date: Apr. 19th, 2022

Your Name: Chengcheng Kong

Manuscript Title: Amplitude of Low-Frequency Fluctuations in Multiple-Frequency Bands in Patients with intracranial tuberculosis: a prospective cross-sectional study

Manuscript number (if known): QIMS-22-17-R3

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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Date: ____ Apr. 19th, 2022 ____

Your Name: ____ Bing Wang ____

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Date: Apr. 19th, 2022

Your Name: Jianjie Wen

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Date: ___ Apr. 19th, 2022 ___

Your Name: ___ Xinguang Wang ___

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