Date: _____August 22, 2022_____ Your Name: ____Yuman Xue ___ Manuscript Title: _____ Therapeutic effect of scalp-based acupuncture and moxibustion as an adjunctive treatment on children with cerebral palsy comparing to conventional rehabilitation therapy: a systematic review and meta-analysis of randomized controlled trial _____ Manuscript number (if known): _____

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
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		Time frame: past	36 months
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
	lectures, presentations, speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	X_None
	testimony	
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or	XNone
	pending	
9	Participation on a Data	XNone
	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	X None
12	Receipt of equipment,	X_None
	materials, drugs, medical	
	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:

Date: _____August 22, 2022_____ Your Name: ____Shuai Shi ___ Manuscript Title: _____Therapeutic effect of scalp-based acupuncture and moxibustion as an adjunctive treatment on children with cerebral palsy comparing to conventional rehabilitation therapy: a systematic review and meta-analysis of randomized controlled trial _____ Manuscript number (if known): _____

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3	Royalties or licenses	XNone	

4	Consulting fees	XNone
5	Payment or honoraria for	XNone
	lectures, presentations, speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	X_None
	testimony	
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or	XNone
	pending	
9	Participation on a Data	XNone
	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	X None
12	Receipt of equipment,	X_None
	materials, drugs, medical	
	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:

Date: _____August 22, 2022_____ Your Name: ____Shuang Zheng___ Manuscript Title: _____Therapeutic effect of scalp-based acupuncture and moxibustion as an adjunctive treatment on children with cerebral palsy comparing to conventional rehabilitation therapy: a systematic review and meta-analysis of randomized controlled trial _____ Manuscript number (if known): _____

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		Time frame: past	36 months
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3	Royalties or licenses	XNone	

4	Consulting fees	XNone
5	Payment or honoraria for	XNone
	lectures, presentations, speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	X_None
	testimony	
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or	XNone
	pending	
9	Participation on a Data	XNone
	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	X None
12	Receipt of equipment,	X_None
	materials, drugs, medical	
	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:

Date: _____August 22, 2022_____ Your Name: ____Zhongfeng Yang___ Manuscript Title: _____Therapeutic effect of scalp-based acupuncture and moxibustion as an adjunctive treatment on children with cerebral palsy comparing to conventional rehabilitation therapy: a systematic review and meta-analysis of randomized controlled trial _____ Manuscript number (if known): _____

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3	Royalties or licenses	XNone	

4	Consulting fees	XNone
5	Payment or honoraria for	XNone
	lectures, presentations, speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	X_None
	testimony	
7	Support for attending meetings and/or travel	X_None
8	Patents planned, issued or	XNone
	pending	
9	Participation on a Data	XNone
	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	X None
12	Receipt of equipment,	X_None
	materials, drugs, medical	
	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:

Date: _____August 22, 2022_____ Your Name: ____Jiaben Xu___ Manuscript Title: _____ Therapeutic effect of scalp-based acupuncture and moxibustion as an adjunctive treatment on children with cerebral palsy comparing to conventional rehabilitation therapy: a systematic review and meta-analysis of randomized controlled trial _____ Manuscript number (if known): _____

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	lectures, presentations, speakers bureaus,	
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	educational events	
6	Payment for expert	X_None
	testimony	
7	Support for attending meetings and/or travel	X_None
8	Patents planned, issued or	XNone
	pending	
9	Participation on a Data	XNone
	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	X None
12	Receipt of equipment,	X_None
	materials, drugs, medical	
	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:

Date: _____August 22, 2022_____ Your Name: ____Feifei Gong ___ Manuscript Title: _____Therapeutic effect of scalp-based acupuncture and moxibustion as an adjunctive treatment on children with cerebral palsy comparing to conventional rehabilitation therapy: a systematic review and meta-analysis of randomized controlled trial _____ Manuscript number (if known): _____

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4	Consulting fees	XNone
5	Payment or honoraria for	XNone
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	educational events	
6	Payment for expert	X_None
	testimony	
7	Support for attending meetings and/or travel	X_None
8	Patents planned, issued or	XNone
	pending	
9	Participation on a Data	XNone
	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	X None
12	Receipt of equipment,	X_None
	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non-	X_None
	financial interests	

None.

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