Date:Aug. 25 <sup>th</sup> , 2021
Your Name:Zhan Zhang
Manuscript Title: Identification of the clinical and neuroimaging characteristics in children with neuromyelitis
optica spectrum disorders
Manuscript number (if known): TP-21-370

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1	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.	XNone	
		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	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
0	Detents planned issued as	V. 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	X None	
-	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock Options		
12	Descript of any i	V Name	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Dia	ease summarize the above c	onflict of interest in the	following have
rie	ase summarize the above t	omnet of interest in the	TOHOWING DOX.
	None		
	None.		
Dla	ase place an "Y" next to the	following statement to	indicate your agreement:

Date:Aug. 25 <sup>th</sup> , 2021
Your Name: Hua Zhou
Manuscript Title: Identification of the clinical and neuroimaging characteristics in children with neuromyelitis
optica spectrum disorders
Manuscript number (if known): TP-21-370

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			-
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
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	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
-	educational events	V 1	
6	Payment for expert	XNone	
	testimony		
7	Cuppert for attending	V None	
/	Support for attending meetings and/or travel	XNone	
	meetings and/or traver		
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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	
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	committee or advocacy		
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11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
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	None.		
∟ Ple	ase place an "X" next to the	e following statement to in	ndicate your agreement:

Date:Aug. 25 <sup>th</sup> , 2021
Your Name: Xinglou Liu
Manuscript Title: Identification of the clinical and neuroimaging characteristics in children with neuromyelitis
optica spectrum disorders
Manuscript number (if known): TP-21-370
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4	Consulting fees	X None	

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	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V. Nava	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
	Stock or stock options	X None	
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12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
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	None.		
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Ple	ease place an "X" next to the	following statement to	indicate your agreement:

Date:Aug. 25 <sup>th</sup> , 2021
Your Name: Lingling Liu
Manuscript Title: Identification of the clinical and neuroimaging characteristics in children with neuromyelitis
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Manuscript number (if known): TP-21-370

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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	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V. Nava	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
	Stock or stock options	X None	
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12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the	following box:
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Ple	ease place an "X" next to the	following statement to	indicate your agreement:

ate:Aug. 25 <sup>th</sup> , 2021	
our Name: Sainan Shu	
anuscript Title: Identification of the clinical and neuroimaging characteristics in children with neuromyelit otica spectrum disorders	:is
anuscript number (if known): TP-21-370	
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6	Payment for expert	X None	
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7	Support for attending	XNone	
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10	Advisory Board	V. Nava	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Receipt of equipment,	X_None	
	materials, drugs, medical writing, gifts or other		
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13	Other financial or non- financial interests	XNone	
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	None.		
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Date:Aug. 25 <sup>th</sup> , 2021	
Your Name: Feng Fang	
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