

Instructions

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Royalties: Funds are coming in to you or your institution due to your

Huang 1



| Section 1. Ide | entifying Informat | tion | | | |
|---|---|---|---|--|--|
| 1. Given Name (First Na Chun-yu | | 2. Surname (Last Name) Huang | | 3. Date 21-July-2020 | |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Nan Yin-mei Dai | ne | |
| 5. Manuscript Title The clinical character | istics of pregnant wo | omen with epilepsy in | China | | |
| 6. Manuscript Identifyir | ng Number (if you knov | v it) | | | |
| | | | | | |
| Section 2. The | e Work Under Con | sideration for Publ | lication | | |
| Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No | | | | | |
| Section 3. Rel | evant financial ac | tivities outside the | submitted work. | | |
| Place a check in the a of compensation) wit | ppropriate boxes in t h entities as describe ox. You should repoi | the table to indicate wed in the instructions. It relationships that we | hether you have financial rela | ntionships (regardless of amount dd as many lines as you need by onths prior to publication. | |
| Section 4. Into | ellectual Property | Patents & Copyr | ights | | |
| Do you have any pate | ents, whether planne | d, pending or issued, l | proadly relevant to the work? | ☐ Yes 🗸 No | |

Huang 2



| Section 5. | | | | |
|--|---|--|--|--|
| Section 5. | Relationships not covered above | | | |
| Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work? | | | | |
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| Based on the abo below. | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box | | | |
| Dr. Huang has n | othing to disclose. | | | |

Evaluation and Feedback

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Dai 1



| Section 1. | Identifying Inform | ation | | | |
|---|--------------------------------|------------------------------|---|--------------------|---|
| 1. Given Name (Fir Yin-mei | rst Name) | 2. Surname Dai | (Last Name) | | 3. Date 21-July-2020 |
| 4. Are you the cor | responding author? | ✓ Yes | No | | |
| 5. Manuscript Title The clinical chara | e acteristics of pregnant v | women with | epilepsy in China | | |
| 6. Manuscript Ider | ntifying Number (if you kn | ow it) | | | |
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| Section 2. | The Work Under Co | n cidovotio | n for Dublication | | |
| Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes V No | | | | | |
| Section 3. | Relevant financial | activities o | utside the submitt | ed work. | |
| of compensation clicking the "Add |) with entities as descri | bed in the insport relations | structions. Use one lin hips that were preser | e for each entity; | lationships (regardless of amount add as many lines as you need by months prior to publication. |
| Section 4. | Intellectual Proper | tv Patont | s & Convrights | | |
| Do you have any | patents, whether plans | <u> </u> | | evant to the work | ? ☑ Yes 🗸 No |

Dai 2



| Section 5. Relationships not sovered above |
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| Relationships not covered above |
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| Dr. Dai has nothing to disclose. |

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Feng 1



| Section 1. Identifying Inf | ormation | | | | |
|---|---|--|--|--|--|
| 1. Given Name (First Name) Li-min | 2. Surname (Last Name) Feng | 3. Date 21-July-2020 | | | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Yin-mei Dai | | | |
| 5. Manuscript Title The clinical characteristics of pregn | ant women with epilepsy in C | hina | | | |
| 6. Manuscript Identifying Number (if yo | ou know it) | | | | |
| | | | | | |
| Section 2. The Work Unde | er Consideration for Public | cation | | | |
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| of compensation) with entities as d | escribed in the instructions. Used report relationships that we | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication. | | | |
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| Do you have any patents, whether | planned, pending or issued, br | roadly relevant to the work? Yes V No | | | |

Feng 2



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Gao 1



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|---|--|---|--|--|--|
| 1. Given Name (First Name) Wan-li | 2. Surname (Last Name) Gao | 3. Date 21-July-2020 | | | |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Author's Name Yin-mei Dai | | | |
| 5. Manuscript Title The clinical characteristics of pregnan | t women with epilepsy in C | hina | | | |
| 6. Manuscript Identifying Number (if you | know it) | | | | |
| | | _ | | | |
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Gao 2



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