### ICM IF DISCLOSURE FORM

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Da	te:2021-3-8			
Υo	ur Name:Jiaai L	.i		
Ma	anuscript Title:Cerebral ve	enous sinus thrombosis and	subdural hematoma in a female patient with system	ic lupus
	erythe	ematosus: A case report and	d literature review	
Ma	nuscript number (if known)	):APM-20-2285		
In 1	the interest of transparency	v. we ask vou to disclose all	relationships/activities/interests listed below that ar	e
	_	-	ans any relation with for-profit or not-for-profit third	
	-		f the manuscript. Disclosure represents a commitmen	nt
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	ationship/activity/interest,	<u>=</u>		
	e following questions apply inuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
me In i	edication, even if that medic	pport for the work reporters the past 36 months.  Name all entities with whom you have this	d in this manuscript without time limit. For all other  Specifications/Comments (e.g., if payments were made to you or to your	
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Time frame: past 36 months

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Grants or contracts from

any entity (if not indicated

	in item #1 above).		
3	Royalties or licenses	√ None	
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5	Payment or honoraria for	√None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	√None	
	testimony		
7	Support for attending	√None	
	meetings and/or travel		
8	Detents planned issued or	√ None	
٥	Patents planned, issued or pending	None	
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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	None	
12	Receipt of equipment,	√None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_√None	
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#### ICMJE DISCLOSURE FORM

Date:2021-3-8	
Your Name:Hongmei Meng	
Manuscript Title:Cerebral venous sinus thrombosis and subdural hematoma in a female patient with sys	temic lupus
erythematosus: A case report and literature review	
Manuscript number (if known):APM-20-2285	

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	in item #1 above).	
3	Royalties or licenses	√ None
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4	Consulting fees	√ None
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5	Payment or honoraria for	None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	
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7	Support for attending	None
	meetings and/or travel	
8	Patents planned, issued or	√ None
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9	Doublein stien en e Dete	√ None
9	Participation on a Data	None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	None
	in other board, society,	
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	group, paid or unpaid	
11	Stock or stock options	None
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	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non-	None
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#### **ICMJE DISCLOSURE FORM**

Date:2021-3-8	
Your Name:Wei Jiang	
Manuscript Title:Cerebral venous sinus thrombosis and subdural hematoma in a female patient with sys	temic lupu:
erythematosus: A case report and literature review	
Manuscript number (if known):APM-20-2285	

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	lectures, presentations,	
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7	Support for attending	None
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9	Participation on a Data	None
	Safety Monitoring Board or	
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10	Leadership or fiduciary role	None
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#### **ICMJE DISCLOSURE FORM**

Date:2021-3-8	
Your Name:Jiaxin Liu	
Manuscript Title:Cerebral venous sinus thrombosis and subdural hematoma in a female patient with system	emic lupus
erythematosus: A case report and literature review	
Manuscript number (if known):APM-20-2285	

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4	Consulting fees	√ None
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5	Payment or honoraria for	None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	
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7	Support for attending	None
	meetings and/or travel	
8	Patents planned, issued or	√ None
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9	Doublein stien en e Dete	√ None
9	Participation on a Data	None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	None
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	committee or advocacy	
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11	Stock or stock options	None
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In t	the interest of transparency	v. we ask vou to disclose all	relationships/activities/interests listed below that ar	e
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	nuscript only.			
The	e author's relationships/act	ivities/interests should be	defined broadly. For example, if your manuscript per	ains
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		Name all entities with	Specifications/Comments	
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Grants or contracts from any entity (if not indicated

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4	Consulting fees	√ None	
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5	Payment or honoraria for lectures, presentations,	None	
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	educational events		
6	Payment for expert	√ None	
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7	Support for attending	√ None	
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8	Patents planned, issued or	√None	
	pending		
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9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10		None	
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
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11	group, paid or unpaid Stock or stock options	√ None	
11	Stock of Stock Options		
12	Receipt of equipment,	√ None	
14	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	√ None	
	financial interests		
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Dat	te: 2021-3-8			
	ur Name:Jing Mi	 ao		•
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Ma	nuscript number (if known)			
In t	the interest of transparency	, we ask you to disclose all	relationships/activities/interests listed below that ar	е
	-		ans any relation with for-profit or not-for-profit third	
paı	rties whose interests may b	e affected by the content o	f the manuscript. Disclosure represents a commitmer	nt
to	transparency and does not i	necessarily indicate a bias.	If you are in doubt about whether to list a	
rela	ationship/activity/interest,	it is preferable that you do	so.	
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		to the author's relationship	ps/activities/interests as they relate to the <u>current</u>	
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	dication, even if that medic	· •	•	sive
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In i	tem #1 helow report all su	nnort for the work renorted	d in this manuscript without time limit. For all other	itams
	e time frame for disclosure i		a in this manuscript without time limit. For all other	items,
	time name for disclosure i	s the past 30 months.		
		Name all entities with	Specifications/Comments	
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		relationship or indicate	institution)	
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	in item #1 above).		
3	Royalties or licenses	√ None	
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4	Consulting fees	√ None	
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5	Payment or honoraria for	√None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	√None	
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7	Support for attending meetings and/or travel	None	
	meetings and, or traver		
8	Patents planned, issued or	√ None	
	pending	\I\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
9	Participation on a Data	√None	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	_√None	
	in other board, society,		
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11	Stock or stock options	None	
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