DateApr. 17 , 2021
Your Name:Ying Peng
Manuscript Title: Contralateral S1 nerve root transfer for motor function recovery in the lower extremity among
patients with central nervous system injury: study protocol for a randomized controlled trial

Manuscript number (if known): APM-21-183

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
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	X None	
,	meetings and/or travel	xNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V N	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options	XNone	
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:Apr. 1	^{,th} , 2021
Your Name:Sh	i-Feng Kan
Manuscript Title:	Contralateral S1 nerve root transfer for motor function recovery in the lower extremity among
patients with cen	ral nervous system injury: study protocol for a randomized controlled trial
Manuscript numb	er (if known): APM-21-183

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3	Royalties or licenses	X_None	
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	X None	
,	meetings and/or travel	xNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V N	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options	XNone	
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:

Manuscript number (if known): APM-21-183

Date:Apr. 17 , 2021
Your Name:Wei-Jie Ren
Manuscript Title: Contralateral S1 nerve root transfer for motor function recovery in the lower extremity among
patients with central nervous system injury: study protocol for a randomized controlled trial

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	medical writing, article		
	processing charges, etc.) No time limit for this item.		
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		Time frame: past	36 months
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	any entity (if not indicated		
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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	X None	
,	meetings and/or travel	xNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V N	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options	XNone	
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:

Manuscript number (if known): APM-21-183

Date:Apr. 17 , 2021
Your Name:Zhuo-Xuan Li
Manuscript Title: Contralateral S1 nerve root transfer for motor function recovery in the lower extremity among
patients with central nervous system injury: study protocol for a randomized controlled trial

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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	X None	
,	meetings and/or travel	xNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V N	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options	XNone	
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:Apr. 17 th , 2021
Your Name:Gang Yin
Manuscript Title: Contralateral S1 nerve root transfer for motor function recovery in the lower extremity among
patients with central nervous system injury: study protocol for a randomized controlled trial

Manuscript number (if known): APM-21-183

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	any entity (if not indicated		
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
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	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel	xNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V N	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options	XNone	
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:

Manuscript number (if known): APM-21-183

Date:Apr. 17", 2021
Your Name:Bo Yu
Manuscript Title: Contralateral S1 nerve root transfer for motor function recovery in the lower extremity among
patients with central nervous system injury: study protocol for a randomized controlled trial

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	testimony		
7	Support for attending	X None	
,	meetings and/or travel	xNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
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10	Advisory Board	V N	
10	Leadership or fiduciary role in other board, society,	XNone	
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11	Stock or stock options	X None	
	Stock of Stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
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Manuscript number (if known): APM-21-183

Date:Apr. 1/", 2021
Your Name:Hao-Dong Lin
Manuscript Title: Contralateral S1 nerve root transfer for motor function recovery in the lower extremity among
patients with central nervous system injury: study protocol for a randomized controlled trial

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4	Consulting fees	XNone							

5	Payment or honoraria for	XNone	
	lectures, presentations,		
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	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
/	meetings and/or travel	xNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V N	
10	Leadership or fiduciary role in other board, society,	XNone	
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	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options	XNone	
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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