Date:_	_2021-04-27	
Your I	ne:Lichao Yang	
Manu	ipt Title: <u>Bibliometric analysis of multiple sclerosis nursing research based on Web</u>	<u>of</u>
Scien	<u> </u>	
Manu	ipt number (if known):	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	None	
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
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		
	testimony			
7	Support for attending	None		
′		None		
	meetings and/or travel			
8	Patents planned, issued or	None		
-	pending			
	periumg			
9	Participation on a Data	None		
9	·	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		
13		None		
	financial interests			
PΙε	Please summarize the above conflict of interest in the following box:			
	None conflict of interest in this	manuscript		
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__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:_	2021-04-27	
Your N	Name:Shuangyan Tu	
Manu	script Title:_Bibliometric analysis of multiple sclerosis nursing research based on Web of	
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Manus	script number (if known):	

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert testimony	None			
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7	Support for attending meetings and/or travel	None			
8	Patents planned, issued or	None			
	pending				
9	Participation on a Data	None			
	Safety Monitoring Board or				
10	Advisory Board	A.I			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None			
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	None			
42	services	A 1			
13	Other financial or non-	None			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
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Date:	2021-04-27	
Your Na	lame:Ling Feng	
Manuso	script Title: <u>Bibliometric analysis of</u>	f multiple sclerosis nursing research based on Web of
Scienc	ce	
Manuso	script number (if known):	

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	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
_				
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or	None		
	pending			
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			
11	group, paid or unpaid Stock or stock options	None		
11	Stock of Stock options	None		
12	Receipt of equipment,	None		
**	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
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Date:2021-04-27
Your Name:Xin Lai
Manuscript Title: Bibliometric analysis of multiple sclerosis nursing research based on Web of
Science
Manuscript number (if known):

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3	Royalties or licenses	None	
4	Consulting fees	None	

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5	Payment or honoraria for lectures, presentations, speakers bureaus,	None			
	manuscript writing or				
	educational events				
6		None			
7	Support for attending	None			
′		None			
	meetings and/or travel				
8	Patents planned, issued or	None			
-	pending				
	periumg				
9	Participation on a Data	None			
9	·	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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	financial interests				
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Date:	_2021-04-27	
Your Na	me:Rui Wang	
Manus	ript Title:_ <u>Bibliometric analysis of multiple sclerosis nursing research based o</u>	n Web of
Science	e	
Manus	ript number (if known):	

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	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
7	Support for attending	None		
,	meetings and/or travel	None		
	meetings and/or traver			
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data Safety Monitoring Board or	None		
	Advisory Board			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None		
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical	None		
	writing, gifts or other services			
13	Other financial or non-	None		
13	financial interests	NOTIC		
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