Date:Jul	y 1 st , 2021		
Your Name:	:Yuanyuan Dang		
Manuscript	Title: Cranioplasty for patients with disorders of consciousness		
Manuscript 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.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
З	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	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
5	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	Dessint of any imment	Nana	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None

Please place an "X" next to the following statement to indicate your agreement:

Date:July 1 st , 2021				
Your Name: <u>Jie Ping</u>				
Manuscript Title: Cranioplasty for patients with disorders of consciousness				
Manuscript number (if known):				

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4	Consulting fees	None	

-	Decision to a la construction f	News	
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	educational events		
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7	Support for attending	None	
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	meetings and/or traver		
8	Patents planned, issued or	None	
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12	Receipt of equipment,	None	
12	materials, drugs, medical		
	-		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
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None

Please place an "X" next to the following statement to indicate your agreement:

Date:	_July 1 st , 2021				
Your Na	me: Yongkun Guo				
Manusc	Manuscript Title: Cranioplasty for patients with disorders of consciousness				
Manuscript number (if known):					

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4	Consulting fees	None	

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12	materials, drugs, medical		
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	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
-			· · · · · · · · · · · · · · · · · · ·

None

Please place an "X" next to the following statement to indicate your agreement:

Date:July 1 st , 2021				
Your Name: Yi Yang				
Manuscript Title: Cranioplasty for patients with disorders of consciousnessCranioplasty for patients with disorders of consciousness				
Manuscript 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.

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4	Consulting fees	None	

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12	materials, drugs, medical		
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	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
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None

Please place an "X" next to the following statement to indicate your agreement:

Date:July 1 st , 2021				
Your Name: Xiaoyu Xia				
Manuscript Title: Cranioplasty for patients with disorders of consciousness				
Manuscript number (if known):				

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	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
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None

Please place an "X" next to the following statement to indicate your agreement:

Date:	_July 1 st , 2021				
Your Na	ame: Ruijing Huang				
Manus	Manuscript Title: Cranioplasty for patients with disorders of consciousness				
Manus	Manuscript number (if known):				

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13	Other financial or non-	None	
	financial interests		
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None

Please place an "X" next to the following statement to indicate your agreement:

Date:July 1 st , 2021	
Your Name:Jianning Zhang	
Manuscript Title: Cranioplasty for p	atients with disorders of consciousness
Manuscript number (if known):	

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8	Patents planned, issued or	None	
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12	Receipt of equipment,	None	
12	materials, drugs, medical		
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	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
-			· · · · · · · · · · · · · · · · · · ·

None

Please place an "X" next to the following statement to indicate your agreement:

Date:	_July 1 st , 2021				
Your Na	Your Name: Jianghong He				
Manusc	Manuscript Title: Cranioplasty for patients with disorders of consciousnessCranioplasty for patients with disorders of consciousness				
Manusc	Manuscript number (if known):				

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