

ICMJE DISCLOSURE FORM

Date: _____ 2021.11.23 _____

Your Name: _____ Dayi Liu _____

Manuscript Title: _____ Changes in brain network properties in major depressive disorder following electroconvulsive therapy: a combined static and dynamic fMRI study _____

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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Date: _____ 2021.11.23 _____
 Your Name: _____ Shixiong Tang _____
 Manuscript Title: _____ Changes in brain network properties in major depressive disorder following electroconvulsive therapy: a combined static and dynamic fMRI study _____
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Date: _____ 2021.11.23 _____

Your Name: _____ Zhipeng Wu _____

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Date: _____ 2021.11.23 _____

Your Name: _____ Jie Yang _____

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Date: _____ 2021.11.23 _____

Your Name: _____ Zhening Liu _____

Manuscript Title: _____ Changes in brain network properties in major depressive disorder following electroconvulsive therapy: a combined static and dynamic fMRI study _____

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Date: _____ 2021.11.23 _____

Your Name: _____ Guowei Wu _____

Manuscript Title: _____ Changes in brain network properties in major depressive disorder following electroconvulsive therapy: a combined static and dynamic fMRI study _____

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Date: _____ 2021.11.23 _____
 Your Name: _____ Adellah Sariah _____
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Date: _____ 2021.11.23 _____
 Your Name: _____ Xuan Ouyang _____
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