

Disclosure Purpose: AJNR Disclosures

Disclosure Information:

1. **Are you the corresponding author?**

No.

2. **What is the Manuscript Title?**

Association of Decreased Enhancement of Nasoseptal Flap on Postoperative MRI with Risk of Cerebrospinal Fluid Leak

3. **What is the Manuscript Identifying Number (if you know it)?**

4. **Please select which of the following apply to each relationship or activity:**

You are not disclosing any interests to this organization.

5. **I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.**

Yes

6. **Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.**

a. **Employment (If you need to add an interest, return to the previous step and select "Employment")**

No, I have no relevant interests of this type

b. **Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

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c. **Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

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8. **Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?**

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