Lin Ma

Aug 03, 2021 01:36:09 EDT
American Society of Neuroradiology

Disclosure Purpose: Weekly disclosures

## Disclosure Information:

1. Are you the corresponding author?

Yes

2. What is the Manuscript Title?

Predicting histologic phenotype, IDH genotype and Ki-67 expression level in diffuse gliomas with an advance contrast analysis on MR sequences

- 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")

No, I have no relevant interests of this type

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

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d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")

No, I have no relevant interests of this type

e. Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")

No, I have no relevant interests of this type

f. Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")

No, I have no relevant interests of this type

g. Expert witness testimony (If you need to add an interest, return to the previous step and select "Independent Contractor")

No, I have no relevant interests of this type

h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)

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i. Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select "Patents")

No, I have no relevant interests of this type

j. Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select "Fiduciary Officer")

No, I have no relevant interests of this type

k. Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)

No, I have no relevant interests of this type

Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select "Travel")

No, I have no relevant interests of this type

You are not disclosing any interests to this organization.

7. Was any individual paid to provide professional writing assistance with this manuscript?

No.

3. 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?

No

No

10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.

No.

## Certification



Song Jin

Mar 07, 2022 21:38:53 EST
American Society of Neuroradiology

Disclosure Purpose: Weekly disclosures

## Disclosure Information:

1. Are you the corresponding author?

Nο

2. What is the Manuscript Title?

Brain Perfusion Alterations on 3D Pseudocontinuous Arterial Spin Labeling MR Imaging in Patients with Autoimmune Encephalitis: A Case Series and Literature Review

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

AJNR-21-00769

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

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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.

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d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")

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e. Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")

No, I have no relevant interests of this type

f. Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")

No, I have no relevant interests of this type

g. Expert witness testimony (If you need to add an interest, return to the previous step and select "Independent Contractor")

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No, I have no relevant interests of this type

Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)

No, I have no relevant interests of this type

l. Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select "Travel")

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No

3. 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?

No

10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.

No.

# Certification



Jinfeng Li

Aug 02, 2021 21:21:34 EDT
American Society of Neuroradiology

Disclosure Purpose: Weekly disclosures

## Disclosure Information:

1. Are you the corresponding author?

Nο

2. What is the Manuscript Title?

Brain perfusion alterations on 3D pseudocontinuous arterial spin labeling MR imaging in patients with antibody-mediated autoimmune encephalitis

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

AJNR-21-00769

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

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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

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No, I have no relevant interests of this type

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No, I have no relevant interests of this type

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

No, I have no relevant interests of this type

d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")

No, I have no relevant interests of this type

e. Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")

No, I have no relevant interests of this type

f. Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")

No, I have no relevant interests of this type

g. Expert witness testimony (If you need to add an interest, return to the previous step and select "Independent Contractor")

No, I have no relevant interests of this type

h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)

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i. Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select "Patents")

No, I have no relevant interests of this type

j. Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select "Fiduciary Officer")

No, I have no relevant interests of this type

Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)

No, I have no relevant interests of this type

l. Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select "Travel")

No, I have no relevant interests of this type

You are not disclosing any interests to this organization.

7. Was any individual paid to provide professional writing assistance with this manuscript?

No

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?

No

10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.

No.

# Certification



Yulin Wang

Aug 11, 2021 15:28:03 EDT

American Society of Neuroradiology

Disclosure Purpose: Weekly disclosures

## Disclosure Information:

1. Are you the corresponding author?

Nο

2. What is the Manuscript Title?

Brain perfusion alterations on 3D pseudocontinuous arterial spin labeling MR imaging in patients with antibody-mediated autoimmune encephalitis

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

AJNR-21-00769

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

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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")

No, I have no relevant interests of this type

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

No, I have no relevant interests of this type

d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")

No, I have no relevant interests of this type

e. Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")

No, I have no relevant interests of this type

f. Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")

No, I have no relevant interests of this type

g. Expert witness testimony (If you need to add an interest, return to the previous step and select "Independent Contractor")

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j. Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select "Fiduciary Officer")

No, I have no relevant interests of this type

s. Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)

No, I have no relevant interests of this type

Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select "Travel")

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No

10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.

No.

# Certification



Rui Li

Aug 02, 2021 21:08:37 EDT

American Society of Neuroradiology

Disclosure Purpose: Weekly disclosures

## Disclosure Information:

1. Are you the corresponding author?

Nο

2. What is the Manuscript Title?

Brain perfusion alterations on 3D pseudocontinuous arterial spin labeling MR imaging in patients with antibody-mediated autoimmune encephalitis

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

AJNR-21-00769

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

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No, I have no relevant interests of this type

f. Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")

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No.

# Certification



Yan Wang

Aug 02, 2021 22:13:02 EDT

American Society of Neuroradiology

Disclosure Purpose: Weekly disclosures

## Disclosure Information:

1. Are you the corresponding author?

Nο

2. What is the Manuscript Title?

Brain perfusion alterations on 3D pseudocontinuous arterial spin labeling MR imaging in patients with antibody-mediated autoimmune encephalitis

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

AJNR-21-00769

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

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f. Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")

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No.

# Certification



xiao huafeng

Mar 09, 2022 19:33:40 EST
American Society of Neuroradiology

Disclosure Purpose: Weekly disclosures

## Disclosure Information:

1. Are you the corresponding author?

Nο

2. What is the Manuscript Title?

Brain Perfusion Alterations on 3D Pseudocontinuous Arterial Spin Labeling MR Imaging in Patients with Autoimmune Encephalitis: A Case Series and Literature Review

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

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Nic

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