

Jason Begnaud

**Discloser Identifier:** AJNR-24-00008-115361704

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

### Company or Organization

Entity	Type	Relevant to this Disclosure
LivaNova USA, Inc.	Employment	
<b>Title:</b> Director, Clinical Engineering		
LivaNova USA, Inc.	Stock	
LivaNova USA, Inc.	Stock Option	

## Additional Questions

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

No.

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

Compatibility of standard vagus nerve stimulation and investigational microburst vagus nerve stimulation therapy with functional magnetic resonance imaging

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

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

a. **Employment** LivaNova USA, Inc.

Neither

b. **Stock** LivaNova USA, Inc.

Neither

c. **Stock Option** LivaNova USA, Inc.

Neither

**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")**

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)**

No, I have no relevant interests of this type

**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)**

Yes, as disclosed above

**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

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

Yes.

**a. Please identify the individual or entity that provided the payment for the writing assistance and any other relevant details.**

Freelance writer - Jill A. Sellers, BSPharm, PharmD, RPh; Paid by LivaNova to assist field experts in developing the manuscript.

**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.

**9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript 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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.



Jane Allendorfer

**Discloser Identifier:** AJNR-24-00008-115361947

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

### Company or Organization

Entity	Type	Relevant to this Disclosure
Cleveland Clinic	Consultant	Yes
<b>Category:</b> Consultant		
Cleveland Clinic	Travel	Yes
Epilepsy and Behavior Reports	Other	Yes
<b>Category:</b> Other		
Epilepsy and Behavior Reports	Other	Yes
<b>Category:</b> Other		
Frontiers in Rehabilitation Sciences	Other	Yes
<b>Category:</b> Other		
International League Against Epilepsy	Travel	Yes
LivaNova USA, Inc.	Grant / Contract	Yes
LivaNova USA, Inc.	Consultant	Yes
<b>Category:</b> Consultant		
National Institutes of Health	Grant / Contract	Yes
School of Medicine, University of Alabama at Birmingham	Data And Safety Monitoring	Yes
<b>Category:</b> Data And Safety Monitoring		
University of Alabama at Birmingham	Employment	Yes
<b>Title:</b> Associate Professor		
University of Alabama at Birmingham Evelyn F. McKnight Brain Institute	Grant / Contract	Yes
University of Auckland	Other	Yes
<b>Category:</b> Other		

## Additional Questions

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

No.

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

Compatibility of standard vagus nerve stimulation and investigational microburst vagus nerve stimulation therapy with functional magnetic resonance imaging

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

AJNR-24-00008

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

a. **Other Professional Activities - Consultant** Cleveland Clinic

Neither

b. **Other Professional Activities - Other** Epilepsy and Behavior Reports

Neither

c. **Other Professional Activities - Other** Epilepsy and Behavior Reports

Neither

d. **Other Professional Activities - Other** Frontiers in Rehabilitation Sciences

Neither

e. **Other Professional Activities - Consultant** LivaNova USA, Inc.

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived

f. **Other Professional Activities - Data And Safety Monitoring** School of Medicine, University of Alabama at Birmingham

Neither

g. **Other Professional Activities - Other** University of Auckland

Neither

h. **Employment** University of Alabama at Birmingham

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

i. **Grant / Contract** LivaNova USA, Inc.

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived

j. **Grant / Contract** National Institutes of Health

Neither

k. **Grant / Contract** University of Alabama at Birmingham Evelyn F. McKnight Brain Institute

Neither

l. **Travel** Cleveland Clinic

Neither

m. **Travel** International League Against Epilepsy

Neither

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")**

Yes, as disclosed above

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

Yes, as disclosed above

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

Yes, as disclosed above

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")**

Yes, as disclosed above

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)**

No, I have no relevant interests of this type

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

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

Yes, as disclosed above

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

Yes.

a. **Please identify the individual or entity that provided the payment for the writing assistance and any other relevant details.**

Freelance writer - Jill A. Sellers, BSPHarm, PharmD, RPh; Paid by LivaNova to assist field experts in developing the manuscript.

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.

**9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript 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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.



**Discloser Identifier:** AJNR-24-00008-115361531

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

### Company or Organization

Entity	Type	Relevant to this Disclosure
BOSTON SCIENTIFIC CORPORATION	Consultant	
<b>Category:</b> Consultant		
Siemens Medical Solutions USA, Inc.	Travel	
Varian Medical Systems, Inc.	Grant / Contract	
Varian Medical Systems, Inc.	Consultant	
<b>Category:</b> Consultant		
Varian Medical Systems, Inc.	Travel	
Vigil Neuroscience, Inc	Grant / Contract	

## Additional Questions

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

No.

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

Compatibility of standard vagus nerve stimulation and investigational microburst vagus nerve stimulation therapy with functional magnetic resonance imaging

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

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

a. **Other Professional Activities - Consultant** BOSTON SCIENTIFIC CORPORATION

Neither

b. **Other Professional Activities - Consultant** Varian Medical Systems, Inc.

Neither

c. **Grant / Contract** Varian Medical Systems, Inc.

Neither

d. **Grant / Contract** Vigil Neuroscience, Inc

Neither



e. **Travel** Siemens Medical Solutions USA, Inc.

Neither

f. **Travel** Varian Medical Systems, Inc.

Neither

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")**

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)**

No, I have no relevant interests of this type

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

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

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

Yes.

a. **Please identify the individual or entity that provided the payment for the writing assistance and any other relevant details.**

Freelance writer - Jill A. Sellers, BSP Pharm, PharmD, RPh; Paid by LivaNova to assist field experts in developing the manuscript.

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.

9. **In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript 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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Jill Sellers

**Discloser Identifier:** AJNR-24-00008-115360710

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

### Company or Organization

Entity	Type	Relevant to this Disclosure
LivaNova USA, Inc.	Other	Yes
Category: Other		

## Additional Questions

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

Yes.

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

Compatibility of standard vagus nerve stimulation and investigational microburst vagus nerve stimulation therapy with functional magnetic resonance imaging

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

AJNR-24-00008

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

- a. **Other Professional Activities - Other** LivaNova USA, Inc.

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived

**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”)**

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)**

No, I have no relevant interests of this type

- 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

- 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

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

Yes.

- a. **Please identify the individual or entity that provided the payment for the writing assistance and any other relevant details.**

Freelance writer - Jill A. Sellers; Paid by LivaNova to assist field experts in developing the manuscript.

**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.

**9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript 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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.



**Discloser Identifier:** AJNR-24-00008-115361626

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

### Company or Organization

Entity	Type	Relevant to this Disclosure
EISAI INC.	Grant / Contract	
Elite Medical Experts	Expert Witness	
<b>Category:</b> Expert Witness		
Greenwich Biosciences	Consultant	
<b>Category:</b> Consultant		
LivaNova	Consultant	Yes
<b>Category:</b> Consultant		
Lundbeck LLC	Consultant	
<b>Category:</b> Consultant		
National Institutes of Health	Grant / Contract	
National Science Foundation	Grant / Contract	
NEUROPACE, INC.	Consultant	
<b>Category:</b> Consultant		
Serina Therapeutics	Grant / Contract	
Serina Therapeutics	Consultant	
<b>Category:</b> Consultant		
SK Life Sciences	Consultant	
<b>Category:</b> Consultant		
U.S. Department of Defense	Grant / Contract	

### Additional Questions

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

No.

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

Compatibility of standard vagus nerve stimulation and investigational microburst vagus nerve stimulation therapy with functional magnetic resonance imaging

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

AJNR-24-00008

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

**a. Other Professional Activities - Expert Witness** Elite Medical Experts

Neither

**b. Other Professional Activities - Consultant** Greenwich Biosciences

Neither

**c. Other Professional Activities - Consultant** LivaNova

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived

**d. Other Professional Activities - Consultant** Lundbeck LLC

Neither

**e. Other Professional Activities - Consultant** NEUROPACE, INC.

Neither

**f. Other Professional Activities - Consultant** Serina Therapeutics

Neither

**g. Other Professional Activities - Consultant** SK Life Sciences

Neither

**h. Grant / Contract** EISAI INC.

Neither

**i. Grant / Contract** National Institutes of Health

Neither

**j. Grant / Contract** National Science Foundation

Neither

**k. Grant / Contract** Serina Therapeutics

Neither

**l. Grant / Contract** U.S. Department of Defense

Neither

**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")**

Yes, as disclosed above

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

Yes, as disclosed above

**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)**

No, I have no relevant interests of this type

**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

**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

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

Yes.

**a. Please identify the individual or entity that provided the payment for the writing assistance and any other relevant details.**

Jill Sellers, BSPharm, PharmD, RPh Sellers Communications, LLC 4185 E. Wilshire Street Springfield, MO 65809 218-209-1514 (cell) Email: sellerscomm@mac.com LinkedIn: [www.linkedin.com/in/jillsellers/](http://www.linkedin.com/in/jillsellers/)

**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.

**9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript 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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.



Mark Bolding

**Discloser Identifier:** AJNR-24-00008-77771068

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

I do not have any interests to disclose at this time.

## Additional Questions

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

No.

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

Compatibility of standard vagus nerve stimulation and investigational microburst vagus nerve stimulation therapy with functional magnetic resonance imaging

**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")**

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)**

No, I have no relevant interests of this type

**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

**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

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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.

**9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript 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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Kenny Henderson

**Discloser Identifier:** AJNR-24-00008-115361848

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

### Company or Organization

Entity	Type	Relevant to this Disclosure
LivanoVA USA, Inc.	Employment	Yes
<b>Title:</b> Principal Research Scientist		
LivanoVA USA, Inc.	Stock	
LivanoVA USA, Inc.	Stock Option	

## Additional Questions

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

No.

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

Compatibility of standard vagus nerve stimulation and investigational microburst vagus nerve stimulation therapy with functional magnetic resonance imaging

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

AJNR-24-00008

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

a. **Employment** LivanoVA USA, Inc.

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived

b. **Stock** LivanoVA USA, Inc.

Neither

c. **Stock Option** LivanoVA USA, Inc.

Neither

**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.**

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**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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**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")**

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

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**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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**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.

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No.

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No.

## Certification

I certify that I have answered every question and have not altered the wording of any of the questions on this form.



**Discloser Identifier:** AJNR-24-00008-47699125

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

I do not have any interests to disclose at this time.

## Additional Questions

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

No.

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

Compatibility of standard vagus nerve stimulation and investigational microburst vagus nerve stimulation therapy with functional magnetic resonance imaging

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

AJNR-24-00008

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

You are not disclosing any interests to this organization.

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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

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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

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

Yes.

**a. Please identify the individual or entity that provided the payment for the writing assistance and any other relevant details.**

Freelance writer - Jill A. Sellers, BSPHarm, PharmD, RPh; Paid by LivaNova to assist field experts in developing the manuscript.

**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.

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