Summary of Interests

Company or Organization

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Relevant to this Disclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>LivaNova USA, Inc.</td>
<td>Employment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title: Director, Clinical Engineering</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LivaNova USA, Inc.</td>
<td>Stock</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LivaNova USA, Inc.</td>
<td>Stock Option</td>
<td></td>
</tr>
</tbody>
</table>

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
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.
Certification

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

### Company or Organization

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Relevant to this Disclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleveland Clinic</td>
<td>Consultant</td>
<td>Yes</td>
</tr>
<tr>
<td>Epilepsy and Behavior Reports</td>
<td>Other</td>
<td>Yes</td>
</tr>
<tr>
<td>Frontiers in Rehabilitation Sciences</td>
<td>Other</td>
<td>Yes</td>
</tr>
<tr>
<td>International League Against Epilepsy</td>
<td>Travel</td>
<td>Yes</td>
</tr>
<tr>
<td>LivaNova USA, Inc.</td>
<td>Grant / Contract</td>
<td>Yes</td>
</tr>
<tr>
<td>LivaNova USA, Inc.</td>
<td>Consultant</td>
<td>Yes</td>
</tr>
<tr>
<td>National Institutes of Health</td>
<td>Grant / Contract</td>
<td>Yes</td>
</tr>
<tr>
<td>School of Medicine, University of Alabama at Birmingham</td>
<td>Data And Safety Monitoring</td>
<td>Yes</td>
</tr>
<tr>
<td>University of Alabama at Birmingham</td>
<td>Employment</td>
<td>Yes</td>
</tr>
<tr>
<td>University of Auckland</td>
<td>Other</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Title:** Associate Professor

**University of Alabama at Birmingham Evelyn F. McKnight Brain Institute**

**University of Auckland**

**Category:** Consultant

**Category:** Other

**Category:** Data And Safety Monitoring

**Category:** Employment

**Category:** 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?
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.
Summary of Interests

Company or Organization

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Relevant to this Disclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOSTON SCIENTIFIC CORPORATION</td>
<td>Consultant</td>
<td></td>
</tr>
<tr>
<td>Siemens Medical Solutions USA, Inc.</td>
<td>Travel</td>
<td></td>
</tr>
<tr>
<td>Varian Medical Systems, Inc.</td>
<td>Grant / Contract</td>
<td></td>
</tr>
<tr>
<td>Varian Medical Systems, Inc.</td>
<td>Consultant</td>
<td></td>
</tr>
<tr>
<td>Varian Medical Systems, Inc.</td>
<td>Travel</td>
<td></td>
</tr>
<tr>
<td>Vigil Neuroscience, Inc</td>
<td>Grant / Contract</td>
<td></td>
</tr>
</tbody>
</table>

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 “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 on a 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.

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.
Summary of Interests

Company or Organization

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Relevant to this Disclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>LivaNova USA, Inc.</td>
<td>Other</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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 that 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 “Consultant”)
      No, I have no relevant interests of this type
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.
## Summary of Interests

### Company or Organization

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

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.
Certification

I certify that I have answered every question and have not altered the wording of any of the questions on this form.
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 “Patent”)
   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?
   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.
Summary of Interests

Company or Organization

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Relevant to this Disclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>LivaNova USA, Inc.</td>
<td>Employment</td>
<td>Yes</td>
</tr>
<tr>
<td>LivaNova USA, Inc.</td>
<td>Stock</td>
<td></td>
</tr>
<tr>
<td>LivaNova USA, Inc.</td>
<td>Stock Option</td>
<td></td>
</tr>
</tbody>
</table>

Title: Principal Research Scientist

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.**

   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”)

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?

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.
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.

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, 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.