#### Lua Saba

Discloser Identifier: AJNR-23-00969-4652432 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?

Intraplaque hemorrhage on Magnetic Resonance Angiography: How often do signal abnormalities persist on follow-up 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")

- 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

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

I. 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



### Michele Porcu

Discloser Identifier: AJNR-23-00969-52063604 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?

Structural Brain MRI Alterations in Systemic Lupus Erythematous patients with and without neuropsychiatric events

- 3. What is the Manuscript Identifying Number (if you know it)?
- 4. Please select which of the following apply to each relationship or activity:

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Yes

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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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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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I. 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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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



# Jasjit Suri

Discloser Identifier: AJNR-23-00969-21394536 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?

Structural Brain MRI Alterations in Systemic Lupus Erythematous patients with and without neuropsychiatric events

- 3. What is the Manuscript Identifying Number (if you know it)?
- 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.
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No, I have no relevant interests of this type

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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

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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, 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

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

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No.

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No.

## Certification



## Piga Matteo

Discloser Identifier: AJNR-23-00969-113480913 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?

Structural Brain MRI Alterations in Systemic Lupus Erythematous patients with and without neuropsychiatric events

- 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")

- 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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I. 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



### Alberto Cauli

Discloser Identifier: AJNR-23-00969-113480997 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?

Structural Brain MRI Alterations in Systemic Lupus Erythematous patients with and without neuropsychiatric events

- 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.
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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

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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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I. 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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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



#### Lorenzo Mannelli

Discloser Identifier: AJNR-23-00969-112209309 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?

Olfactory Dysfunction and Neuroradiological Changes in COVID-19: A Systematic Review, Meta-Analysis, and Meta-Regression

- 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.
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No, I have no relevant interests of this type

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

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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")

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

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

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No.

## Certification



### Sebastiano Vacca

Discloser Identifier: AJNR-23-00969-102905593 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?

Yes.

2. What is the Manuscript Title?

SBM vs VBM for highlighting similarities and differences between Chronotype and Parkinson's MRI scans: a preliminary analysis

- 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.
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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

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No, I have no relevant interests of this type

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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



### Elisabetta Chessa

Discloser Identifier: AJNR-23-00969-113480950 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?

Structural Brain MRI Alterations in Systemic Lupus Erythematous patients with and without neuropsychiatric events

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

