Giuseppe Barisano

Discloser Identifier: AJNR-22-00796-88868194

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?
   Longitudinal Changes in Cerebral Perfusion, Perivascular Space Volume, and Ventricular Volume in a Healthy Cohort Undergoing a Spaceflight Analogue

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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<td>Grant / Contract</td>
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   a. Employment (If you need to add an interest, return to the previous step and select "Employment")
      No, I have no relevant interests of this type
   b. Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")
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   c. Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")
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   d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")
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   e. Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose “Other”)
      No, I have no relevant interests of this type
   f. Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select “Independent Contractor”)
      No, I have no relevant interests of this type
g. Expert witness testimony (If you need to add an interest, return to the previous step and select “Independent Contractor”)
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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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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>South Carolina Space Grant Consortium</td>
<td>Grant / Contract</td>
<td></td>
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</tbody>
</table>

Additional Questions

1. Are you the corresponding author?
   No.

2. What is the Manuscript Title?
   Longitudinal Changes in Cerebral Perfusion, Perivascular Space Volume, and Ventricular Volume in a Healthy Cohort Undergoing a Spaceflight Analogue

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. Grant / Contract South Carolina Space Grant Consortium
      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.
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