ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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**Licensed**: The patent has been licensed to an entity, whether earning royalties or not

**Royalties**: Funds are coming in to you or your institution due to your patent
### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Wenwen

2. **Surname (Last Name)**
   - Gao

3. **Date**
   - 19-March-2020

4. **Are you the corresponding author?**
   - [ ] Yes
   - [x] No

   **Corresponding Author’s Name**
   - Guolin Ma

5. **Manuscript Title**
   - Altered brain language network in idiopathic peripheral facial paralysis patients with dysarthria

6. **Manuscript Identifying Number (if you know it)**
   - ATM-2019-MAIR-04(ATM-19-2390)

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Are there any relevant conflicts of interest?  
- [ ] Yes
- [x] No

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Dr. Gao has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Xiaowei  
2. Surname (Last Name)  
   Han  
3. Date  
   18-March-2020  
4. Are you the corresponding author?  
   Yes ☐  No ☑  
   Corresponding Author’s Name  
   Guolin Ma  
5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
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Dr. Han has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Haimei

2. **Surname (Last Name)**
   - Li

3. **Date**
   - 18-March-2020

4. **Are you the corresponding author?**
   - Yes [ ]
   - No [x]

5. **Manuscript Title**
   - Altered brain language network in idiopathic peripheral facial paralysis patients with dysarthria

6. **Manuscript Identifying Number (if you know it)**
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- Yes [ ]
- No [x]

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- Yes [ ]
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Dr. Li has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Yijiang

2. Surname (Last Name)  
   Zhu

3. Date  
   18-March-2020

4. Are you the corresponding author?  
   [ ] Yes  ✔ No

Corresponding Author’s Name  
Guolin Ma

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Zhu
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1. **Given Name (First Name)**  
   Lei

2. **Surname (Last Name)**  
   Du

3. **Date**  
   19-March-2020

4. **Are you the corresponding author?**  
   - [ ] Yes  
   - ✔ No

5. **Corresponding Author’s Name**  
   Guolin Ma

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- **Licensed:** The patent has been licensed to an entity, whether earning royalties or not
- **Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Yuli

2. Surname (Last Name)  
   Wang

3. Date  
   18-March-2020

4. Are you the corresponding author?  
   Yes  ☐  No  ☑

   Corresponding Author's Name  
   Guolin Ma

5. Manuscript Title  
   Altered brain language network in idiopathic peripheral facial paralysis patients with dysarthria

6. Manuscript Identifying Number (if you know it)  
   ATM-2019-MAIR-04(ATM-19-2390)

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Are there any relevant conflicts of interest?  ☑ Yes  ☐ No

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Are there any relevant conflicts of interest?  ☑ Yes  ☐ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☑ Yes  ☐ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Wang has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Sumin

2. Surname (Last Name)  
   Shi

3. Date  
   18-March-2020

4. Are you the corresponding author?  
   □ Yes  ✔ No

   Corresponding Author’s Name  
   Guolin Ma

5. Manuscript Title  
   Altered brain language network in idiopathic peripheral facial paralysis patients with dysarthria

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Dr. Shi has nothing to disclose.

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## Section 1. Identifying Information

| 1. Given Name (First Name) | Jing      | 2. Surname (Last Name) | Liu       | 3. Date       | 18-March-2020 |
|---------------------------|-----------|------------------------|-----------|---------------|---------------|
| 4. Are you the corresponding author? | Yes       | No                     |           |               |               |
| Corresponding Author’s Name | Guolin Ma |                        |           |               |               |

| 5. Manuscript Title |
|---------------------|
| Altered brain language network in idiopathic peripheral facial paralysis patients with dysarthria |

| 6. Manuscript Identifying Number (if you know it) |
|--------------------------------------------------|
| ATM-2019-MAIR-04(ATM-19-2390)                    |

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Chao

2. Surname (Last Name)  
Fu

3. Date  
18-March-2020

4. Are you the corresponding author?  

   ✔ No

   Corresponding Author’s Name  
Guolin Ma

5. Manuscript Title  
Altered brain language network in idiopathic peripheral facial paralysis patients with dysarthria

6. Manuscript Identifying Number (if you know it)  
ATM-2019-MAIR-04(ATM-19-2390)

### Section 2. The Work Under Consideration for Publication

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   ✔ No

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   ✔ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Lu
2. **Surname (Last Name)**
   - Zhang
3. **Date**
   - 18-March-2020
4. **Are you the corresponding author?**
   - Yes
5. **Manuscript Title**
   - Altered brain language network in idiopathic peripheral facial paralysis patients with dysarthria
6. **Manuscript Identifying Number (if you know it)**
   - ATM-2019-MAIR-04(ATM-19-2390)

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Dr. Zhang has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Guolin
2. Surname (Last Name)  Ma
3. Date  19-March-2020
4. Are you the corresponding author?  ✔ Yes  No

5. Manuscript Title
Altered brain language network in idiopathic peripheral facial paralysis patients with dysarthria

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest?  ✔ No

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Dr. Ma has nothing to disclose.

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