ICMJE DISCLOSURE FORM

Date:____ Aug. 25th, 2021____
Your Name:___Zhan Zhang___
Manuscript Title:_____ Identification of the clinical and neuroimaging characteristics in children with neuromyelitis optica spectrum disorders____
Manuscript number (if known):______ TP-21-370________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| 1 | **All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)**  
**No time limit for this item.** | **_X_ None**  
|   |                                                                                                              |                                                                                          |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                                      | **_X_ None**  
| 3 | Royalties or licenses                                                                                         | **_X_ None**  
| 4 | Consulting fees                                                                                                | **_X_ None**  

*Time frame: Since the initial planning of the work*

*Time frame: past 36 months*
|   | Conflict of Interest Description                                                                 | Response   |
|---|--------------------------------------------------------------------------------------------------|------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None     |
| 6 | Payment for expert testimony                                                                      | X None     |
| 7 | Support for attending meetings and/or travel                                                      | X None     |
| 8 | Patents planned, issued or pending                                                                 | X None     |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                  | X None     |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None     |
|11 | Stock or stock options                                                                            | X None     |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                  | X None     |
|13 | Other financial or non-financial interests                                                          | X None     |

Please summarize the above conflict of interest in the following box:

None.

Please place an “X” next to the following statement to indicate your agreement:

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

Date:_____ Aug. 25th, 2021____
Your Name: ___ Hua Zhou ___
Manuscript Title: _____ Identification of the clinical and neuroimaging characteristics in children with neuromyelitis optica spectrum disorders _____
Manuscript number (if known): _______ TP-21-370__________________________________________

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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|   |                                                                                                  |                                                                                  |
|   |                                                                                                  |                                                                                  |
| **Time frame: Since the initial planning of the work** |                                                                                   |                                                                                  |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None                                                                         |
|   | **No time limit for this item.**                                                                  |                                                                                  |
|   |                                                                                                  |                                                                                  |
| **Time frame: past 36 months** |                                                                                   |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                         | _X_ None                                                                         |
| 3 | Royalties or licenses                                                                            | _X_ None                                                                         |
| 4 | Consulting fees                                                                                  | _X_ None                                                                         |
|   | Description                                                                                     | Answer |
|---|-------------------------------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                                                    | _X_ None |
| 7 | Support for attending meetings and/or travel                                                    | _X_ None |
| 8 | Patents planned, issued or pending                                                              | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                               | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11| Stock or stock options                                                                             | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                | _X_ None |
| 13| Other financial or non-financial interests                                                        | _X_ None |

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None.

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_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
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Date: _____ Aug. 25th, 2021 _____
Your Name: ___ Xinglou Liu ___
Manuscript Title: _____ Identification of the clinical and neuroimaging characteristics in children with neuromyelitis optica spectrum disorders _____
Manuscript number (if known): ______ TP-21-370________________________________________

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | ___X_ None |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ___X_ None |
| 3 | Royalties or licenses | ___X_ None |
| 4 | Consulting fees | ___X_ None |
| # | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony                                                  | X None |
| 7 | Support for attending meetings and/or travel                                  | X None |
| 8 | Patents planned, issued or pending                                            | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | X None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11| Stock or stock options                                                        | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13| Other financial or non-financial interests                                    | X None |

Please summarize the above conflict of interest in the following box:

None.

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Date: _____ Aug. 25th, 2021 _____
Your Name: ___ Lingling Liu ___
Manuscript Title: _____ Identification of the clinical and neuroimaging characteristics in children with neuromyelitis optica spectrum disorders _____
Manuscript number (if known): _______ TP-21-370__________________________________________

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|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None |
|   | No time limit for this item. | |

Time frame: Since the initial planning of the work

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |

Time frame: past 36 months
|   | Question                                                                 | Answer |
|---|------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                           | _X_ None |
| 7 | Support for attending meetings and/or travel                           | _X_ None |
| 8 | Patents planned, issued or pending                                     | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board      | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11| Stock or stock options                                                 | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13| Other financial or non-financial interests                              | _X_ None |

Please summarize the above conflict of interest in the following box:

None.

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Date:____ Aug. 25th, 2021____
Your Name:___ Sainan Shu ___
Manuscript Title:_____ Identification of the clinical and neuroimaging characteristics in children with neuromyelitis optica spectrum disorders____
Manuscript number (if known):_______ TP-21-370__________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | __X__ None                                                                           |
|   |                                                                                   |                                                                                   |
|   |                                                                                   |                                                                                   |
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|   |                                                                                   |                                                                                   |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).           | __X__ None                                                                           |
|   |                                                                                   |                                                                                   |
| 3 | Royalties or licenses                                                             | __X__ None                                                                           |
|   |                                                                                   |                                                                                   |
| 4 | Consulting fees                                                                  | __X__ None                                                                           |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__ None |
| 6 | Payment for expert testimony | __X__ None |
| 7 | Support for attending meetings and/or travel | __X__ None |
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| 11 | Stock or stock options | __X__ None |
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| 13 | Other financial or non-financial interests | __X__ None |

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None.

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Date: _____ Aug. 25th, 2021 _____
Your Name: ___ Feng Fang ___
Manuscript Title: _____ Identification of the clinical and neuroimaging characteristics in children with neuromyelitis optica spectrum disorders _____
Manuscript number (if known): ______ TP-21-370_______________________________

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| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   |                                                                                           |   |
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| 6 | Payment for expert testimony                                                              | X None |
| 7 | Support for attending meetings and/or travel                                              | X None |
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|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
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|13 | Other financial or non-financial interests                                                 | X None |

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