ICMJE DISCLOSURE FORM

Date: 2022.3.7  
Your Name: Di Niu  
Manuscript Title: Metabonomic analysis of cerebrospinal fluid in epilepsy  
Manuscript number (if known): ATN-22-1219

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

|   | **Time frame: since the initial planning of the work** | |
|---|---------------------------------------------------------| |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |
|   | Question                                                                 | Response |
|---|-------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None     |
| 6 | Payment for expert testimony                                            | None     |
| 7 | Support for attending meetings and/or travel                            | None     |
| 8 | Patents planned, issued or pending                                      | None     |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board       | None     |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None     |
|11 | Stock or stock options                                                  | None     |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None     |
|13 | Other financial or non-financial interests                               | None     |

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

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

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Date: 2022.3.7
Your Name: Pin Sun
Manuscript Title: Metabonomic analysis of cerebrospinal fluid in epilepsy
Manuscript number (if known): ATM-22-1219

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Date: 2022.3.7
Your Name: Fenghua Zhang
Manuscript Title: Metabonomic analysis of cerebrospinal fluid in epilepsy
Manuscript number (if known): ATM-22-1219

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Date: 2022.3.7
Your Name: Fan Song
Manuscript Title: Metabonomic analysis of cerebrospinal fluid in epilepsy
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**Time frame: Since the initial planning of the work**

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**Time frame: past 36 months**

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