ICMJE DISCLOSURE FORM

Date: ___ Dec 06, 2021
Your Name: Jing Chen
Manuscript Title: Characterization of complete Currarino syndrome in pediatrics—a comparison between CT and MRI
Manuscript number (if known): __________________________________________________________________________

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.

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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. | ✔ None                                                                                                                                 |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ✔ None                                                                                                                                  |
| **3** | Royalties or licenses | ✔ None                                                                                                                                  |
| **4** | Consulting fees | ✔ None                                                                                                                                  |

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

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

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Date: ___ Dec 06, 2021

Your Name: Nannan Zheng

Manuscript Title: Characterization of complete Currarino syndrome in pediatrics—a comparison between CT and MRI

Manuscript number (if known):

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| | **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). | ✓ None |
| 3 | Royalties or licenses | ✓ None |
| 4 | Consulting fees | ✓ None |
|   | Question                                                                 |   | Response |
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|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 |

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Date: ___ Dec 06, 2021

Your Name: Chunxiang Wang

Manuscript Title: Characterization of complete Currarino syndrome in pediatrics—a comparison between CT and MRI

Manuscript number (if known): ________________________________________________________________

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Date: __ Dec 06, 2021 __
Your Name: Jianbo Shao ________________________________________________________________________________

Manuscript Title: Characterization of complete Currarino syndrome in pediatrics—a comparison between CT and MRI
Manuscript number (if known): ____________________________________________________________________________

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| 3 | Royalties or licenses | ✓ None |
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|11 | Stock or stock options                                                      | ✔ None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ✔ None |
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Date: ___ Dec 06, 2021 ___________________________________________________________
Your Name: ___ Xin Qi __________________________________________________________

Manuscript Title: Characterization of complete Currarino syndrome in pediatrics—a comparison between CT and MRI
Manuscript number (if known): ____________________________________________________________________________________

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|   | **No time limit for this item.** | | |
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| 3 | Royalties or licenses | Yes | None |
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Date: Dec 06, 2021
Your Name: Yingjie Xie

Manuscript Title: Characterization of complete Currarino syndrome in pediatrics—a comparison between CT and MRI
Manuscript number (if known):

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| 3 | Royalties or licenses                                                                         | ☑ None                                                                          |
| 4 | Consulting fees                                                                               | ☑ None                                                                          |
|   |                                                                 |   |   |
|---|-----------------------------------------------------------------|---|---|
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|   | committee or advocacy group, paid or unpaid                      |   |     |
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|   | other services                                                  |   |     |
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Date: ___ Dec 06, 2021
Your Name: Quan Zhang
Manuscript Title: Characterization of complete Currarino syndrome in pediatrics—a comparison between CT and MRI
Manuscript number (if known): ____________________________

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