

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Zhengzhang	2. Surname (Last Name) Gu	3. Date 28-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Wei Xing
5. Manuscript Title The relationship between abnormal cortical activity in the anterior cingulate gyrus and cognitive dysfunction in patients with end-stage renal disease: a fMRI study on the amplitude of low-frequency fluctuations		
6. Manuscript Identifying Number (if you know it) APM-20-2138		

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Dr. Gu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Haitao	2. Surname (Last Name) Lu	3. Date 28-October-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Wei Xing
5. Manuscript Title The relationship between abnormal cortical activity in the anterior cingulate gyrus and cognitive dysfunction in patients with end-stage renal disease: a fMRI study on the amplitude of low-frequency fluctuations		
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Section 1.

Identifying Information

1. Given Name (First Name)

Hua

2. Surname (Last Name)

Zhou

3. Date

28-October-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Wei Xing

5. Manuscript Title

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1. Given Name (First Name) Jinggang	2. Surname (Last Name) Zhang	3. Date 28-October-2020
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Wei

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Xing

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