

ICMJE DISCLOSURE FORM

Date: 2024-4-29

Your Name: Ibrahim Ibrahim

Manuscript Title: Evaluation of Microstructural Brain Changes in Post-COVID-19 Patients with Neurological Symptoms: A Cross-Sectional Study

Manuscript number (if known): QIMS-24-162-R1

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)
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.) No time limit for this item.	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
Time frame: past 36 months			

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> 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: 2024-5-10

Your Name: Antonín Škoch

Manuscript Title: Evaluation of Microstructural Brain Changes in Post-COVID-19 Patients with Neurological Symptoms: A Cross-Sectional Study

Manuscript number (if known): QIMS-24-162

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Time frame: past 36 months

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13	Other financial or non-	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

financial interests		

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None.

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ICMJE DISCLOSURE FORM

Date: 2024-5-13

Your Name: Monika Dezortová

Manuscript Title: Evaluation of Microstructural Brain Changes in Post-COVID-19 Patients with Neurological Symptoms: A Cross-Sectional Study

Manuscript number (if known): QIMS-24-162

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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ICMJE DISCLOSURE FORM

Date: 2024-5-09

Your Name: Theodor Adla

Manuscript Title: Evaluation of Microstructural Brain Changes in Post-COVID-19 Patients with Neurological Symptoms: A Cross-Sectional Study

Manuscript number (if known): QIMS-24-162

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ICMJE DISCLOSURE FORM

Date: 2024-5-13

Your Name: Vlasta Flusserová

Manuscript Title: Evaluation of Microstructural Brain Changes in Post-COVID-19 Patients with Neurological Symptoms: A Cross-Sectional Study

Manuscript number (if known): QIMS-24-162

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3	Royalties or licenses	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations,	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 2024-5-07

Your Name: Markéta Nagy

Manuscript Title: Evaluation of Microstructural Brain Changes in Post-COVID-19 Patients with Neurological Symptoms: A Cross-Sectional Study

Manuscript number (if known): QIMS-24-162

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	writing, article processing charges, etc.) No time limit for this item.		
Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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None.

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ICMJE DISCLOSURE FORM

Date: 2024-5-13

Your Name: Irena Douchová

Manuscript Title: Evaluation of Microstructural Brain Changes in Post-COVID-19 Patients with Neurological Symptoms: A Cross-Sectional Study

Manuscript number (if known): QIMS-24-162

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment,	<input checked="" type="checkbox"/> None	

	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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None.

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

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ICMJE DISCLOSURE FORM

Date: 2024-5-04

Your Name: Martina Fialová

Manuscript Title: Evaluation of Microstructural Brain Changes in Post-COVID-19 Patients with Neurological Symptoms: A Cross-Sectional Study

Manuscript number (if known): QIMS-24-162

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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Time frame: past 36 months			
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ICMJE DISCLOSURE FORM

Date: 2024-5-04

Your Name: Vanda Filová

Manuscript Title: Evaluation of Microstructural Brain Changes in Post-COVID-19 Patients with Neurological Symptoms: A Cross-Sectional Study

Manuscript number (if known): QIMS-24-162

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ICMJE DISCLOSURE FORM

Date: 2024-5-13

Your Name: Dita Pajuelo

Manuscript Title: Evaluation of Microstructural Brain Changes in Post-COVID-19 Patients with Neurological Symptoms: A Cross-Sectional Study

Manuscript number (if known): QIMS-24-162

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for	<input checked="" type="checkbox"/> None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> 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: 2024-5-13

Your Name: Markéta Ibrahimová

Manuscript Title: Evaluation of Microstructural Brain Changes in Post-COVID-19 Patients with Neurological Symptoms: A Cross-Sectional Study

Manuscript number (if known): QIMS-24-162

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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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)
Time frame: Since the initial planning of the work			
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Time frame: past 36 months			

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> 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: 2024-5-09

Your Name: Jaroslav Tintěra

Manuscript Title: Evaluation of Microstructural Brain Changes in Post-COVID-19 Patients with Neurological Symptoms: A Cross-Sectional Study

Manuscript number (if known): QIMS-24-162

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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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.) No time limit for this item.	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Time frame: past 36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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13	Other financial or non-	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

financial interests		

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.