

ICMJE DISCLOSURE FORM

Date: Feb. 6th, 2022

Your Name: Le Wang

Manuscript Title: Stereoencephalography-guided radiofrequency thermocoagulation in drug-resistant focal epilepsy

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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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.

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ICMJE DISCLOSURE FORM

Date: Feb. 6th, 2022

Your Name: Weipeng Jin

Manuscript Title: Stereoencephalography-guided radiofrequency thermocoagulation in drug-resistant focal epilepsy

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Feb. 6th, 2022

Your Name: Yan Zhang

Manuscript Title: Stereoencephalography-guided radiofrequency thermocoagulation in drug-resistant focal epilepsy

Manuscript number (if known): _____

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Date: Feb. 6th, 2022

Your Name: Shimin Wang

Manuscript Title: Stereoencephalography-guided radiofrequency thermocoagulation in drug-resistant focal epilepsy

Manuscript number (if known): _____

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Date: Feb. 6th, 2022

Your Name: Qingyun Li

Manuscript Title: Stereoencephalography-guided radiofrequency thermocoagulation in drug-resistant focal epilepsy

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Date: Feb. 6th, 2022

Your Name: Jie Qin

Manuscript Title: Stereoencephalography-guided radiofrequency thermocoagulation in drug-resistant focal epilepsy

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Date: Feb. 6th, 2022

Your Name: Zhitao Li

Manuscript Title: Stereoencephalography-guided radiofrequency thermocoagulation in drug-resistant focal epilepsy

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Date: Feb. 6th, 2022

Your Name: Yifeng Cheng

Manuscript Title: Stereoencephalography-guided radiofrequency thermocoagulation in drug-resistant focal epilepsy

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ICMJE DISCLOSURE FORM

Date: Feb. 6th, 2022

Your Name: KeKe Feng

Manuscript Title: Stereoencephalography-guided radiofrequency thermocoagulation in drug-resistant focal epilepsy

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Date: Feb. 6th, 2022

Your Name: Shaoya Yin

Manuscript Title: Stereoencephalography-guided radiofrequency thermocoagulation in drug-resistant focal epilepsy

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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"/> None | |
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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"/> None | |
| | | | |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
| | | | |
| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |

| | | | |
|----|--|--|--|
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
| 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, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
| 13 | Other financial or non-financial interests | <input checked="" 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:

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