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)  
Alexander

2. Surname (Last Name)  
Comninos

3. Date  
01-May-2018

4. Are you the corresponding author?  
☑ Yes  ☐ No  
Corresponding Author’s Name  
Waljit Dhillo

5. Manuscript Title  
Modulations of Human Resting Brain Connectivity by Kisspeptin Enhance Sexual and Emotional Function

6. Manuscript Identifying Number (if you know it)

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☐ Yes  ☑ No

Are there any relevant conflicts of interest?  
☐ Yes  ☑ No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Comninos has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Lysia

2. Surname (Last Name)  
Demetriou

3. Date  
01-May-2018

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author's Name  
Waljit Dhillo

5. Manuscript Title  
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Dr. Demetriou has nothing to disclose.

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- **Royalties:** Funds are coming in to you or your institution due to your patent
### Section 1. Identifying Information

1. Given Name (First Name)  
   Matthew

2. Surname (Last Name)  
   Wall

3. Date  
   01-May-2018

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No

   Corresponding Author’s Name  
   Waljit Dhillon

5. Manuscript Title  
   Modulations of Human Resting Brain Connectivity by Kisspeptin Enhance Sexual and Emotional Function

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Wall has nothing to disclose.

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Shah
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Amar
2. Surname (Last Name)  Shah
3. Date  01-May-2018
4. Are you the corresponding author?  □ Yes  ✔ No
   Corresponding Author’s Name  Waljit Dhillon
5. Manuscript Title
   Modulations of Human Resting Brain Connectivity by Kisspeptin Enhance Sexual and Emotional Function
6. Manuscript Identifying Number (if you know it)

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Dr. Shah has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Sophie

2. Surname (Last Name)  
Clarke

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01-May-2018

4. Are you the corresponding author?  
☑ No

Corresponding Author's Name  
Waljit Dhillo

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Dr. Clarke has nothing to disclose.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent

Narayanaswamy
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Shakunthala

2. Surname (Last Name)  
   Narayanaswamy

3. Date  
   01-May-2018

4. Are you the corresponding author?  
   [ ] Yes  
   [X] No  
   Corresponding Author’s Name  
   Waljit Dhillon

5. Manuscript Title  
   Modulations of Human Resting Brain Connectivity by Kisspeptin Enhance Sexual and Emotional Function

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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   [X] No

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   [X] No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Narayanaswamy has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Alexander

2. Surname (Last Name)  
   Nesbitt

3. Date  
   01-May-2018

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
Waljit Dhillon

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Dr. Nesbitt has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Chioma

2. Surname (Last Name)  
   Izzi-Engbeaya

3. Date  
   01-May-2018

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
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   Waljit Dhillo

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Julia</td>
<td>Prague</td>
<td>01-May-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name
Waljit Dhillon

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Dr. Prague has nothing to disclose.

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   Ali  
2. Surname (Last Name)  
   Abbara  
3. Date  
   01-May-2018  
4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
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   Waljit Dhillo  
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   Risheka

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   Ratnasabapathy

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Section 6. Disclosure Statement

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Dr. Ratnasabapathy has nothing to disclose.

Evaluation and Feedback

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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Lisa  

2. Surname (Last Name)  
   Yang  

3. Date  
   01-May-2018  

4. Are you the corresponding author?  
   ☐ Yes  
   ☑ No  

   Corresponding Author’s Name  
   Waljit Dhillo  

5. Manuscript Title  
   Modulations of Human Resting Brain Connectivity by Kisspeptin Enhance Sexual and Emotional Function  

6. Manuscript Identifying Number (if you know it)  

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   ☐ Yes  
   ☑ No  

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Are there any relevant conflicts of interest?  
   ☐ Yes  
   ☑ No  

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ☐ Yes  
   ☑ No
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Section 6. Disclosure Statement

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Dr. Yang has nothing to disclose.

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Victoria  

2. Surname (Last Name)  
   Salem  

3. Date  
   01-May-2018  

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  

Corresponding Author's Name  
Waljit Dhillon

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  

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Are there any relevant conflicts of interest?  
[ ] Yes  
[ ] No

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Dr. Salem has nothing to disclose.

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Nijher
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Gurjinder

2. Surname (Last Name)
   Nijher

3. Date
   01-May-2018

4. Are you the corresponding author?    ☑ Yes    ☐ No
   Corresponding Author's Name
   Waljit Dhillon

5. Manuscript Title
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Nijher has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Channa  

d2. Surname (Last Name)  
   Jayasena  

d3. Date  
   01-May-2018  

4. Are you the corresponding author?  
   □ Yes  
   □ No  

d5. Manuscript Title  
   Modulations of Human Resting Brain Connectivity by Kisspeptin Enhance Sexual and Emotional Function  

6. Manuscript Identifying Number (if you know it)  

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**Section 2. The Work Under Consideration for Publication**

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Are there any relevant conflicts of interest?  
   □ Yes  
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**Section 3. Relevant financial activities outside the submitted work.**

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**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Jayasena has nothing to disclose.

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Tanner
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Mark

2. Surname (Last Name)  
Tanner

3. Date  
01-May-2018

4. Are you the corresponding author?  
☐ Yes  ✔ No  
Corresponding Author’s Name  
Waljit Dhillon

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Dr. Tanner has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Paul

2. Surname (Last Name)  
   Bassett

3. Date  
   01-May-2018

4. Are you the corresponding author?  
   [ ] Yes  
   [✓] No

   Corresponding Author’s Name  
   Waljit Dhillo

5. Manuscript Title  
   Modulations of Human Resting Brain Connectivity by Kisspeptin Enhance Sexual and Emotional Function

6. Manuscript Identifying Number (if you know it)

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   [✓] No

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Dr. Bassett has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Amrish
2. Surname (Last Name) Mehta
3. Date 01-May-2018

4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Waljit Dhillon

5. Manuscript Title
   Modulations of Human Resting Brain Connectivity by Kisspeptin Enhance Sexual and Emotional Function

6. Manuscript Identifying Number (if you know it)

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Dr. Mehta has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
John

2. Surname (Last Name)  
McGonigle

3. Date  
01-May-2018

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Waljit Dhillon

5. Manuscript Title  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. McGonigle has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Eugenii  

2. Surname (Last Name)  
   Rabiner  

3. Date  
   01-May-2018  

4. Are you the corresponding author?  
   Yes [ ]  
   No [x]  
   Corresponding Author’s Name  
   Waljit Dhillon

5. Manuscript Title  
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   No [x]

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Dr. Rabiner has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
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<tbody>
<tr>
<td>Stephen</td>
<td>Bloom</td>
<td>01-May-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  
   Corresponding Author's Name: Waljit Dhillon

5. Manuscript Title  
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Dr. Bloom has nothing to disclose.

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- **Personal Fees:** monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
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- **Other:** anything not covered under the previous three boxes
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- **Licensed:** the patent has been licensed to an entity, whether earning royalties or not
- **Royalties:** Funds are coming in to you or your institution due to your patent
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**Section 1. Identifying Information**

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waljit</td>
<td>Dhillio</td>
<td>01-May-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No 

5. Manuscript Title
   Modulations of Human Resting Brain Connectivity by Kisspeptin Enhance Sexual and Emotional Function

6. Manuscript Identifying Number (if you know it)

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Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

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Dr. Dhillon has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
Similar to first part of this study published in JCI last year (Comninou et al. J Clin Invest. 2017;127(2):709-719), this second part is also a physiological study and not a clinical trial, systematic review, meta-analysis, observational study or diagnostic accuracy study and as such similarly does not require a reporting checklist.