

Disclosure Purpose: AJNR Disclosures

Disclosure Information:

1. **Are you the corresponding author?**

Yes.

2. **What is the Manuscript Title?**

Adaptive language mapping paradigms for presurgical language mapping

3. **What is the Manuscript Identifying Number (if you know it)?**

AJNR-22-00100

4. **Please select which of the following apply to each relationship or activity:**

a. **Employment** Vanderbilt University Medical Center

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived

b. **Grant / Contract** National Institute on Deafness and Other Communication Disorders

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived

5. **I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.**

Yes

6. **Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.**

a. **Employment (If you need to add an interest, return to the previous step and select "Employment")**

Yes, as disclosed above

b. **Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

Yes, as disclosed above

c. **Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

d. **Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")**

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g. **Expert witness testimony (If you need to add an interest, return to the previous step and select "Independent Contractor")**

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7. **Was any individual paid to provide professional writing assistance with this manuscript?**

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8. **Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?**

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9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?

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10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.

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