Date: 16-July-2021 Your Name: Peng Chen

Manuscript Title: Experience Treating Parkinson's Disease with Acupuncture

Manuscript number (if known): LCM-21-27

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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		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.	X None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	×None	
3	Royalties or licenses	×None	
4	Consulting fees	×None	

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

None.			

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

Date: 16-July-2021

Your Name: Martin Eriksson

Manuscript Title: Experience Treating Parkinson's Disease with Acupuncture

Manuscript number (if known): LCM-21-27

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		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).	× None	
3	Royalties or licenses	×None	
4	Consulting fees	×None	
5	Payment or honoraria for	XNone	

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

None.

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

Date: 16-July-2021 Your Name: Siyi Ma

Manuscript Title: Experience Treating Parkinson's Disease with Acupuncture

Manuscript number (if known): LCM-21-27

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		Time frame: Since the initial	planning of the work
1	All support for the present	×None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	×None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	×None	
4	Consulting fees	×None	

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

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

Date: 16-July-2021 Your Name: Qian Deng

Manuscript Title: Experience Treating Parkinson's Disease with Acupuncture

Manuscript number (if known): LCM-21-27

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2	Grants or contracts from	Time frame: past	36 Months
2	any entity (if not indicated in item #1 above).	Anone	
3	Royalties or licenses	×None	
4	Consulting fees	×None	

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

None.			

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

Date: 16-July-2021 Your Name: Qiuyu Xia

Manuscript Title: Experience Treating Parkinson's Disease with Acupuncture

Manuscript number (if known): LCM-21-27

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3	Royalties or licenses	×None	
4	Consulting fees	×None	
5	Payment or honoraria for	XNone	

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

None.		

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

Date: 16-July-2021 Your Name: Yi Wang

Manuscript Title: Experience Treating Parkinson's Disease with Acupuncture

Manuscript number (if known): LCM-21-27

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3	Royalties or licenses	×None	
4	Consulting fees	×None	

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

None.			

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

Date: 16-July-2021

Your Name: Huiping Chen

Manuscript Title: Experience Treating Parkinson's Disease with Acupuncture

Manuscript number (if known): LCM-21-27

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3	Royalties or licenses	×None	
4	Consulting fees	×None	
5	Payment or honoraria for	XNone	

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

None.		

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

Date: 16-July-2021

Your Name: Zhenfan Yang

Manuscript Title: Experience Treating Parkinson's Disease with Acupuncture

Manuscript number (if known): LCM-21-27

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		Time frame: past	36 months
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3	Royalties or licenses	×None	
4	Consulting fees	×None	
5	Payment or honoraria for	×None	

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

None.			

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

Date: 16-July-2021 Your Name: Hongke Lv

Manuscript Title: Experience Treating Parkinson's Disease with Acupuncture

Manuscript number (if known): LCM-21-27

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Time frame: past 36 months										
2	Grants or contracts from any entity (if not indicated in item #1 above).	×None								
3	Royalties or licenses	×None								
4	Consulting fees	×None								

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone
	manuscript writing or	
	educational events	
6	Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
4.5		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

None.			

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