Date: February 15, 2022 Your Name: Bo Ji

Manuscript Title: Acupuncture treatment for patients with mild, moderate and severe Alzheimer's disease

Manuscript number (if known): LCM-21-45

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.	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	<u>√</u> None	
4	Consulting fees	None	
5	Payment or honoraria for	<u>√</u> None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	<u>√</u> None	
7	Support for attending meetings and/or travel	<u>√</u> 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	<u>√</u> 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: <u>February 15, 2022</u> Your Name: <u>Guozhen Zhao</u>

Manuscript Title: Acupuncture treatment for patients with mild, moderate and severe Alzheimer's disease

Manuscript number (if known):LCM-21-45

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3	Royalties or licenses	√ None	
4	Consulting fees	√ None	
5	Payment or honoraria for	<u>√</u> 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	<u>√</u> None	
	Safety Monitoring Board or Advisory Board		
10	•	/	
10	Leadership or fiduciary role in other board, society,	<u>√</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_√_None	
12	Receipt of equipment,	<u>√</u> 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 :<u>February 15, 2022</u> Your Name: <u>Bo Li</u>

Manuscript Title: Acupuncture treatment for patients with mild, moderate and severe Alzheimer's disease

Manuscript number (if known): LCM-21-45

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4	Consulting fees	None	
5	Payment or honoraria for	<u>√</u> 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	<u>√</u> None	
	Safety Monitoring Board or Advisory Board		
10	•	/	
10	Leadership or fiduciary role in other board, society,	<u>√</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_√_None	
12	Receipt of equipment,	<u>√</u> 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: <u>February 15, 2022</u> Your Name: <u>Yitian Liu</u>

Manuscript Title: Acupuncture treatment for patients with mild, moderate and severe Alzheimer's disease

Manuscript number (if known): LCM-21-45

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3	Royalties or licenses	√ None	
4	Consulting fees	None	
5	Payment or honoraria for	<u>√</u> 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	<u>√</u> None	
	Safety Monitoring Board or Advisory Board		
10	•	/	
10	Leadership or fiduciary role in other board, society,	<u>√</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_√_None	
12	Receipt of equipment,	<u>√</u> 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: <u>February 15, 2022</u> Your Name: <u>Nana Han</u>

Manuscript Title: Acupuncture treatment for patients with mild, moderate and severe Alzheimer's disease

Manuscript number (if known): LCM-21-45

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3	Royalties or licenses	√ None	
4	Consulting fees	√ None	
5	Payment or honoraria for	<u>√</u> 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	<u>√</u> None	
	Safety Monitoring Board or Advisory Board		
10	•		
10	Leadership or fiduciary role in other board, society,	<u>√</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_√_None	
12	Receipt of equipment,	<u>√</u> 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: <u>February 15, 2022</u> Your Name: <u>Yunpeng Ge</u>

Manuscript Title: Acupuncture treatment for patients with mild, moderate and severe Alzheimer's disease

Manuscript number (if known): LCM-21-45

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	testimony		
7	Support for attending meetings and/or travel	None	
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	pending		
9	Participation on a Data	<u>√</u> None	
	Safety Monitoring Board or Advisory Board		
10	•	/	
10	Leadership or fiduciary role in other board, society,	<u>√</u> None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_√_None	
12	Receipt of equipment,	<u>√</u> 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: <u>February 15, 2022</u> Your Name: <u>Yang Fang</u>

Manuscript Title: Acupuncture treatment for patients with mild, moderate and severe Alzheimer's disease

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	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: <u>February 15, 2022</u> Your Name: <u>Jingyu Zhang</u>

Manuscript Title: Acupuncture treatment for patients with mild, moderate and severe Alzheimer's disease

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