ICMJE DISCLOSURE FORM

Date:___2021.07.12_____
Your Name:__Shixiao Xu_____
Manuscript Title:_Using a deep recurrent neural network with EEG signal to detect Parkinson's disease _____
Manuscript number (if known):__ATM-20-5100_____

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 <u>current manuscript only</u>.

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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.

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

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

Please summarize the above conflict of interest in the following box:

No conflict of interest to declare.

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

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

ICMJE DISCLOSURE FORM

Date:___2021.07.12_____
Your Name:__Zhihua Wang_____
Manuscript Title:_Using a deep recurrent neural network with EEG signal to detect Parkinson's disease _____
Manuscript number (if known):__ATM-20-5100_____

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13	Other financial or non-financial interests	None	None

Please summarize the above conflict of interest in the following box:

No conflict of interest to declare.

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

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

ICMJE DISCLOSURE FORM

Date:___2021.07.12_____
Your Name:__Jutao Sun_____
Manuscript Title:_Using a deep recurrent neural network with EEG signal to detect Parkinson's disease _____
Manuscript number (if known):__ATM-20-5100_____

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	None
6	Payment for expert testimony	None	None
7	Support for attending meetings and/or travel	None	None
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	None
11	Stock or stock options	None	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	None
13	Other financial or non-financial interests	None	None

Please summarize the above conflict of interest in the following box:

No conflict of interest to declare.

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

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

ICMJE DISCLOSURE FORM

Date:___2021.07.12_____

Your Name:__Zhiqiang Zhang_____

Manuscript Title:_Using a deep recurrent neural network with EEG signal to detect Parkinson's disease _____

Manuscript number (if known):__ATM-20-5100_____

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No conflict of interest to declare.

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

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

ICMJE DISCLOSURE FORM

Date:___2021.07.12_____

Your Name:__Zhaoyun Wu_____

Manuscript Title:_Using a deep recurrent neural network with EEG signal to detect Parkinson's disease _____

Manuscript number (if known):__ATM-20-5100_____

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No conflict of interest to declare.

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

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

    form.

ICMJE DISCLOSURE FORM

Date:___2021.07.12_____

Your Name:__Tiezhao Yang_____

Manuscript Title:_Using a deep recurrent neural network with EEG signal to detect Parkinson's disease _____

Manuscript number (if known):__ATM-20-5100_____

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13	Other financial or non-financial interests	None	None

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No conflict of interest to declare.

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

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

form.

ICMJE DISCLOSURE FORM

Date:___2021.07.12_____
Your Name:__Gang Xue_____
Manuscript Title:_Using a deep recurrent neural network with EEG signal to detect Parkinson's disease _____
Manuscript number (if known):__ATM-20-5100_____

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

ICMJE DISCLOSURE FORM

Date:___2021.07.12_____

Your Name:__Chuance Cheng_____

Manuscript Title:_Using a deep recurrent neural network with EEG signal to detect Parkinson's disease _____

Manuscript number (if known):__ATM-20-5100_____

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