Date:_____Aug. 22th, 2022_____ Your Name:____Lina Wang_____ Manuscript Title:_____Impaired structural and reserved functional topological organizations of brain networks in Parkinson's disease with freezing of gait_____ Manuscript number (if known):_QIMS-22-351-R1_____

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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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
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	
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	X_None	
13	Other financial or non- financial interests	XNone	

None.

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Date:_____Aug. 22th, 2022_____ Your Name:____Caiting Gan___ Manuscript Title:_____Impaired structural and reserved functional topological organizations of brain networks in Parkinson's disease with freezing of gait_____ Manuscript number (if known):_QIMS-22-351-R1_____

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
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	
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	X_None	
13	Other financial or non- financial interests	XNone	

None.

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

Date:_____Aug. 22th, 2022_____ Your Name:____Huimin Sun___ Manuscript Title:_____Impaired structural and reserved functional topological organizations of brain networks in Parkinson's disease with freezing of gait_____ Manuscript number (if known):_QIMS-22-351-R1_____

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
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	
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	X_None	
13	Other financial or non- financial interests	XNone	

None.

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Date:_____Aug. 22th, 2022_____ Your Name:____Min Ji____ Manuscript Title:_____Impaired structural and reserved functional topological organizations of brain networks in Parkinson's disease with freezing of gait_____ Manuscript number (if known):_QIMS-22-351-R1_____

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4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
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	
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	X_None	
13	Other financial or non- financial interests	XNone	

None.

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Date:_____Aug. 22th, 2022_____ Your Name:____Heng Zhang____ Manuscript Title:_____Impaired structural and reserved functional topological organizations of brain networks in Parkinson's disease with freezing of gait_____ Manuscript number (if known):_QIMS-22-351-R1_____

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4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
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	
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	X_None	
13	Other financial or non- financial interests	XNone	

None.

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Date:_____Aug. 22th, 2022_____ Your Name:____Xingyue Cao___ Manuscript Title:_____Impaired structural and reserved functional topological organizations of brain networks in Parkinson's disease with freezing of gait_____ Manuscript number (if known):_QIMS-22-351-R1_____

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None	
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	
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	X_None	
13	Other financial or non- financial interests	XNone	

None.

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Date:_____Aug. 22th, 2022_____ Your Name:____Min Wang___ Manuscript Title:_____Impaired structural and reserved functional topological organizations of brain networks in Parkinson's disease with freezing of gait_____ Manuscript number (if known):_QIMS-22-351-R1_____

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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	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	XNone	
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

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Date:_____Aug. 22th, 2022_____ Your Name:____Yongsheng Yuan_____ Manuscript Title:_____Impaired structural and reserved functional topological organizations of brain networks in Parkinson's disease with freezing of gait_____ Manuscript number (if known):_QIMS-22-351-R1_____

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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	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	XNone	
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

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Date:_____Aug. 22th, 2022_____ Your Name:____Kezhong Zhang___ Manuscript Title:_____Impaired structural and reserved functional topological organizations of brain networks in Parkinson's disease with freezing of gait_____ Manuscript number (if known):_QIMS-22-351-R1_____

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