| Da | te: | Aug. 22 th ,202 | 22 |
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| Yo | ur Name: | Xuyang Yin | |
| | | - | vith the neuroimaging burden of cerebral small vessel disease 4 |
| rel pa to rel | ated to the content of your rties whose interests may b transparency and does not ationship/activity/interest, | manuscript. "Related" me e affected by the content on necessarily indicate a bias it is preferable that you do | Il relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment. If you are in doubt about whether to list a o so. ips/activities/interests as they relate to the current |
| | anuscript only. | to the author 3 relationsh | ips activities interests as they relate to the <u>current</u> |
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| | | Time frame: Since the initia | al planning of the work |
| L | 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: pas | t 36 months |
| <u></u> | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |

Royalties or licenses

Consulting fees

X_None

X__None

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| 5 | Payment or honoraria for lectures, presentations, | X None | |
|-----|---|-------------------------------|------------------------|
| | speakers bureaus, manuscript writing or | | |
| 6 | educational events Payment for expert | X None | |
| 0 | testimony | X None | |
| | | | |
| 7 | Support for attending meetings and/or travel | X None | |
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| 8 | Patents planned, issued or | X None | |
| | pending | | |
| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, | X None | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| 13 | services Other financial or non- | X None | |
| 13 | financial interests | X None | |
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| | ease summarize the above o | onflict of interest in the fo | llowing box: |
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| Da | ıte: | Aug. 22 th ,202 | 2 |
|--------|---|--|--|
| Yo | ur Name: | Yan Han | |
| Ma | anuscript Title: Deep medull | ary veins are associated w | ith the neuroimaging burden of cerebral small vessel disease |
| Ma | anuscript number (if known) |):QIMS-22-264 | 1 |
| | - | · | I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third |
| | | • | of the manuscript. Disclosure represents a commitment |
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| | e following questions apply anuscript only. | to the author's relationshi | ips/activities/interests as they relate to the <u>current</u> |
| to | • | ension, you should declare | defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. |
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| In | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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Consulting fees

| 5 | Payment or honoraria for lectures, presentations, | X None | |
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| | speakers bureaus, manuscript writing or | | |
| 6 | educational events Payment for expert | X None | |
| 0 | testimony | X None | |
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| 7 | Support for attending meetings and/or travel | X None | |
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| 8 | Patents planned, issued or | X None | |
| | pending | | |
| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, | X None | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
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| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| 13 | services Other financial or non- | X None | |
| 13 | financial interests | X None | |
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| Da | te: | Aug. 22 th ,202 | <u></u> |
|-----------------|---|--|---|
| Yo | ur Name: | Xin Cao | |
| Ma | anuscript Title: Deep medull | lary veins are associated w | vith the neuroimaging burden of cerebral small vessel disease 4 |
| rel pa to | ated to the content of your rties whose interests may be | manuscript. "Related" me e affected by the content necessarily indicate a bias | Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so. |
| | e following questions apply anuscript only. | to the author's relationsh | ips/activities/interests as they relate to the <u>current</u> |
| to me | the epidemiology of hypertoedication, even if that medic | ension, you should declare cation is not mentioned in pport for the work reporte | e defined broadly. For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items, |
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| | 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: pas | t 36 months |
| <u> </u> | Grants or contracts from any entity (if not indicated in item #1 above). | X None | |
| } | Royalties or licenses | X None | |

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Consulting fees

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| | speakers bureaus, manuscript writing or | | |
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| | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, | X None | |
| | committee or advocacy | | |
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| | ur Name: | | |
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| rel pa to | ated to the content of your rties whose interests may be | manuscript. "Related" me e affected by the content on necessarily indicate a bias. | I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so. |
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| the | All support for the present manuscript (e.g., funding, | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia | Specifications/Comments (e.g., if payments were made to you or to your institution) |
| the | All support for the present manuscript (e.g., funding, provision of study materials, | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| the 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. | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initiaXNone | Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work |
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Consulting fees

| 5 | Payment or honoraria for lectures, presentations, | X None | |
|-----|---|-------------------------------|------------------------|
| | speakers bureaus, manuscript writing or | | |
| 6 | educational events Payment for expert | X None | |
| 0 | testimony | X None | |
| | | | |
| 7 | Support for attending meetings and/or travel | X None | |
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| 8 | Patents planned, issued or | X None | |
| | pending | | |
| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, | X None | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
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| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| 13 | services Other financial or non- | X None | |
| 13 | financial interests | X None | |
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| | ease summarize the above o | onflict of interest in the fo | llowing box: |
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|-----------------|---|--|---|--|--|
| Yo | ur Name: | Yuping Tang | | | |
| | • | - | vith the neuroimaging burden of cerebral small vessel disease 4 | | |
| rel pa to | ated to the content of your rties whose interests may be | manuscript. "Related" me e affected by the content necessarily indicate a bias | Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so. | | |
| | e following questions apply anuscript only. | to the author's relationsh | ips/activities/interests as they relate to the <u>current</u> | | |
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| | item #1 below, report all su e time frame for disclosure i | • | ed in this manuscript without time limit. For all other items, | | |
| | | 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 initia | al 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 | | | |
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| | | Time frame: pas | t 36 months | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | | | |
| 3 | Royalties or licenses | X None | | | |

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Consulting fees

| 5 | Payment or honoraria for lectures, presentations, | X None | |
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| | speakers bureaus, manuscript writing or | | |
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| 8 | Patents planned, issued or | X None | |
| | pending | | |
| 9 | Participation on a Data | X None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, | X None | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
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| Da | te: | Aug. 22 th ,202 | 22 |
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| Yo | ur Name: | Ding Ding | |
| | anuscript Title: Deep medull anuscript number (if known) | • | vith the neuroimaging burden of cerebral small vessel disease 4 |
| rel par to | ated to the content of your rties whose interests may be | manuscript. "Related" me e affected by the content necessarily indicate a bias | Ill relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment I. If you are in doubt about whether to list a |
| | e following questions apply inuscript only. | to the author's relationsh | nips/activities/interests as they relate to the <u>current</u> |
| to me | the epidemiology of hyperto edication, even if that medic | ension, you should declard ation is not mentioned in pport for the work report | e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items, |
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| | 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 | |
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Royalties or licenses

Consulting fees

X __None

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| Da | ite: | Aug. 22 th ,202 | 22 |
|-----------------|---|--|--|
| Yo | ur Name: | Jun Zhang | |
| Ma | anuscript Title: Deep medull | lary veins are associated w | vith the neuroimaging burden of cerebral small vessel disease |
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| rel pa to | ated to the content of your rties whose interests may b | manuscript. "Related" me e affected by the content necessarily indicate a bias | Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so. |
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| <u> </u> | All support for the present manuscript (e.g., funding, | XNone | an pranning of the work |
| | provision of study materials, medical writing, article | | |
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|) | Grants or contracts from | Time frame: pas | t 36 months |
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Consulting fees

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| 9 | Safety Monitoring Board or | XNone | | | |
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| Ple | Please place an "X" next to the following statement to indicate your agreement: | | | | |