

ICMJE DISCLOSURE FORM

Date: 11/09/2023

Your Name: Thomas Welton

Manuscript Title: “Ultra-High-Field 7T MRI in Parkinson’s Disease: Ready for Clinical Use? A Narrative Review”

Manuscript number (if known): QIMS-23-509-R1

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 current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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			
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	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	

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

None.

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

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: Sep 11th, 2023

Your Name: Septian Hartono

Manuscript Title: Ultra-High-Field MRI in Parkinson’s Disease: Ready for Clinical Use? A Narrative Review

Manuscript number (if known): QIMS-23-509-R1

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: Sep 11th, 2023

Your Name: Yao-Chia Shih

Manuscript Title: Ultra-High-Field MRI in Parkinson’s Disease: Ready for Clinical Use? A Narrative Review

Manuscript number (if known): QIMS-23-509-R1

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.

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ICMJE DISCLOSURE FORM

Date: 11/09/2023
 Your Name: Stefan T Schwarz
 Manuscript Title: “Ultra-High-Field 7T MRI in Parkinson’s Disease: Ready for Clinical Use? A Narrative Review”
 Manuscript number (if known): QIMS-23-509-R1

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7	Support for attending meetings and/or travel	____ None	
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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	

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

None.

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

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: Sep 11th, 2023

Your Name: Yue Xing

Manuscript Title: Ultra-High-Field MRI in Parkinson’s Disease: Ready for Clinical Use? A Narrative Review

Manuscript number (if known): QIMS-23-509-R1

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.

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

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: Sep 11th, 2023

Your Name: Eng-King Tan

Manuscript Title: Ultra-High-Field MRI in Parkinson’s Disease: Ready for Clinical Use? A Narrative Review

Manuscript number (if known): QIMS-23-509-R1

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

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

Received honorarium from Wiley and Eisai for editorial and academic activities.

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

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: 13 September 2023

Your Name: Dorothee Auer

Manuscript Title: “Ultra-High-Field 7T MRI in Parkinson’s Disease: Ready for Clinical Use? A Narrative Review”

Manuscript number (if known): QIMS-23-509-R1

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).		MJFF
			Weston Brain Institute
			NIHR
			MRC
			Biogen
3	Royalties or licenses	<u>None</u>	

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	

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

Grant supported received to undertake research in Parkinson's

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

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: Sep11,2023

Your Name: Noam Harel

Manuscript Title: “Ultra-High-Field 7T MRI in Parkinson’s Disease: Ready for Clinical Use? A Narrative Review”

Manuscript number (if known): QIMS-23-509-R1

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		National Institution of Health	R01 NS081118, R01 NS113746, S10 OD025256, P41EB027061, P50 NS123109
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Please summarize the above conflict of interest in the following box:

Noam Harel is a co-founder of Surgical Information Sciences, Inc.

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

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: Sep 11th, 2023

Your Name: Ling-Ling Chan

Manuscript Title: Ultra-High-Field MRI in Parkinson’s Disease: Ready for Clinical Use? A Narrative Review

Manuscript number (if known): QIMS-23-509-R1

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