

ICMJE DISCLOSURE FORM

Date: September 1, 2023

Your Name: Yaxin Gao

Manuscript Title: Investigating the spontaneous brain activities of patients with subjective cognitive decline and mild cognitive impairment: an amplitude of low-frequency fluctuation functional magnetic resonance imaging study

Manuscript number (if known): QIMS-23-808-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.

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Date: September 1, 2023

Your Name: Shui Tian

Manuscript Title: Investigating the spontaneous brain activities of patients with subjective cognitive decline and mild cognitive impairment: an amplitude of low-frequency fluctuation functional magnetic resonance imaging study

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Date: September 1, 2023

Your Name: Yao Tang

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Date: September 1, 2023

Your Name: Xi Yang

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Your Name: Weiqliang Dou

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Date: September 1, 2023

Your Name: Tong Wang

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Date: September 1, 2023

Your Name: Ling Zhang

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Your Name: Hongyuan Ding

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Your Name: Qinqin Zhu

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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: September 1, 2023

Your Name: Jiahuan Li

Manuscript Title: Investigating the spontaneous brain activities of patients with subjective cognitive decline and mild cognitive impairment: an amplitude of low-frequency fluctuation functional magnetic resonance imaging study

Manuscript number (if known): QIMS-23-808-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.

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ICMJE DISCLOSURE FORM

Date: September 1, 2023

Your Name: Ming Qi

Manuscript Title: Investigating the spontaneous brain activities of patients with subjective cognitive decline and mild cognitive impairment: an amplitude of low-frequency fluctuation functional magnetic resonance imaging study

Manuscript number (if known): QIMS-23-808-R1

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ICMJJE DISCLOSURE FORM

Date: September 1, 2023

Your Name: Yi Zhu

Manuscript Title: Investigating the spontaneous brain activities of patients with subjective cognitive decline and mild cognitive impairment: an amplitude of low-frequency fluctuation functional magnetic resonance imaging study

Manuscript number (if known): QIMS-23-808-R1

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