

ICMJE DISCLOSURE FORM

Date: 2023/6/26

Your Name: Li Liang

Manuscript Title: Hippocampal volume and resting-state functional connectivity on magnetic resonance imaging in Parkinson's patients with depression

Manuscript number (if known): _____

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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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.

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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.

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Date: 2023/6/26

Your Name: Ling-Ling Wang

Manuscript Title: Hippocampal volume and resting-state functional connectivity on magnetic resonance imaging in Parkinson's patients with depression

Manuscript number (if known): _____

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Date: 2023/6/26

Your Name: Xiao-Dong Jiang

Manuscript Title: Hippocampal volume and resting-state functional connectivity on magnetic resonance imaging in Parkinson's patients with depression

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Date: 2023/6/26

Your Name: Dong-Jian Chen

Manuscript Title: Hippocampal volume and resting-state functional connectivity on magnetic resonance imaging in Parkinson's patients with depression

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Your Name: Tian-An Huang

Manuscript Title: Hippocampal volume and resting-state functional connectivity on magnetic resonance imaging in Parkinson's patients with depression

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