Date:08-1	6-2023
Your Name: Jing	; Zhao
Manuscript Title	e: Distance-specific functional connectivity strength alterations of HIV asymptomatic neurocognitive
impairments pa	tients
Manuscript num	nber (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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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	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	X None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
_	educational events			
6	Payment for expert	X None		
	testimony			
_	Command for addition	V N		
7	Support for attending meetings and/or travel	X None		
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	X None		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid	V N		
11	Stock or stock options	X None		
12	Possint of aguinment	V Name		
12	Receipt of equipment, materials, drugs, medical	X None		
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
	lone			

Date:	08-16-2023			
Your Na	ne: Ye Wu			
Manuscript Title: Distance-specific functional connectivity strength alterations of HIV asymptomatic neurocognitive				
impairr	ents patients			
Manus	pt 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

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

5	Payment or honoraria for	X None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
_	educational events			
6	Payment for expert	X None		
	testimony			
_	Command for addition	V N		
7	Support for attending meetings and/or travel	X None		
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	X None		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid	V N		
11	Stock or stock options	X None		
12	Possint of aguinment	V Name		
12	Receipt of equipment, materials, drugs, medical	X None		
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
	lone			

Date:08-16-2023
Your Name: Feng Chen
Manuscript Title: Distance-specific functional connectivity strength alterations of HIV asymptomatic neurocognitive
impairments patients
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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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	X None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
_	educational events			
6	Payment for expert	X None		
	testimony			
_	Command for addition	V N		
7	Support for attending meetings and/or travel	X None		
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	X None		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid	V N		
11	Stock or stock options	X None		
12	Possint of aguinment	V Name		
12	Receipt of equipment, materials, drugs, medical	X None		
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
	lone			

Date:	_08-16-2023
Your Name	e: Haiyan Zhao
Manuscrip	t Title: Distance-specific functional connectivity strength alterations of HIV asymptomatic neurocognitive
impairmer	nts patients
Manuscrip	ot 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

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

5	Payment or honoraria for	X None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
_	educational events			
6	Payment for expert	X None		
	testimony			
_	Command for addition	V N		
7	Support for attending meetings and/or travel	X None		
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	X None		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid	V N		
11	Stock or stock options	X None		
12	Possint of aguinment	V Name		
12	Receipt of equipment, materials, drugs, medical	X None		
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
	lone			

Date:	_08-16-2023
Your Name	e: Jian Chen
Manuscrip	ot Title: Distance-specific functional connectivity strength alterations of HIV asymptomatic neurocognitive
impairmer	nts patients
Manuscrip	ot 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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	_ X None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
_	educational events			
6	Payment for expert	X None		
	testimony			
_	Command for addition	V N		
7	Support for attending meetings and/or travel	X None		
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	X None		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid	V N		
11	Stock or stock options	X None		
12	Possint of aguinment	V Name		
12	Receipt of equipment, materials, drugs, medical	X None		
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
	None			

Date:	08-16-2023
Your Nam	ne: Bin Jing
Manuscri	pt Title: Distance-specific functional connectivity strength alterations of HIV asymptomatic neurocognitive
impairme	ents patients
Manuscri	pt 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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	X None	
4	Consulting fees	XNone	

5	Payment or honoraria for	_ X None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
_	educational events			
6	Payment for expert	X None		
	testimony			
_	Command for addition	V N		
7	Support for attending meetings and/or travel	X None		
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	X None		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid	V N		
11	Stock or stock options	X None		
12	Possint of aguinment	V Name		
12	Receipt of equipment, materials, drugs, medical	X None		
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
	None			

Date:08-16-2023
Your Name: Hongjun Li
Manuscript Title: Distance-specific functional connectivity strength alterations of HIV asymptomatic neurocognitive
impairments patients
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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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	_ X None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
_	educational events			
6	Payment for expert	X None		
	testimony			
_	Command for addition	V N		
7	Support for attending meetings and/or travel	X None		
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	X None		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid	V N		
11	Stock or stock options	X None		
12	Possint of aguinment	V Name		
12	Receipt of equipment, materials, drugs, medical	X None		
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
	None			