Date:____JAN. 9th, 2024____ Your Name:___Ronghua Mu__ Manuscript Title:_____Hippocampal amide proton transfer values are associated with cerebral small vessel disease imaging markers and total burden : A community-based cross-sectional study

Manuscript number (if known):____QIMS-23-1464-_____

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</u> <u>manuscript only</u>.

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	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
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
Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
Royalties or licenses	XNone	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial 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. Grants or contracts from any entity (if not indicated in item #1 above).

4	Consulting fees	XNone
5	Payment or honoraria for	XNone
	lectures, presentations, speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	XNone
	testimony	
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or	XNone
	pending	
9	Participation on a Data	XNone
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	XNone
	in other board, society, 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	
	services	
13	Other financial or non-	X_None
	financial interests	

None.

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

Date:____JAN. 9th, 2024____ Your Name:___Xiaoyan Qin__ Manuscript Title:____Hippocampal amide proton transfer values are associated with cerebral small vessel disease imaging markers and total burden : A community-based cross-sectional study

Manuscript number (if known):____QIMS-23-1464-_____

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		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	XNone
	lectures, presentations, speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	X_None
	testimony	
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or	XNone
	pending	
9	Participation on a Data	XNone
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	XNone
	in other board, society, 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	
	services	
13	Other financial or non-	X_None
	financial interests	

None.

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

Date:____JAN. 9th, 2024____ Your Name:___Wei Zheng__ Manuscript Title:_____Hippocampal amide proton transfer values are associated with cerebral small vessel disease imaging markers and total burden : A community-based cross-sectional study

Manuscript number (if known):____QIMS-23-1464-_____

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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		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	XNone
	lectures, presentations, speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	X_None
	testimony	
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or	XNone
	pending	
9	Participation on a Data	XNone
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	XNone
	in other board, society, 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	
	services	
13	Other financial or non-	X_None
	financial interests	

None.

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

Date:____JAN. 9th, 2024____ Your Name:___Peng Yang__ Manuscript Title:_____Hippocampal amide proton transfer values are associated with cerebral small vessel disease imaging markers and total burden : A community-based cross-sectional study

Manuscript number (if known):___QIMS-23-1464-

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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		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	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
Ū	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.

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

Date:____JAN. 9th, 2024____ Your Name:___Bingqin Huang__ Manuscript Title:_____Hippocampal amide proton transfer values are associated with cerebral small vessel disease imaging markers and total burden : A community-based cross-sectional study

Manuscript number (if known):____QIMS-23-1464-_____

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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		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	XNone
	lectures, presentations, speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	X_None
	testimony	
7	Support for attending meetings and/or travel	X_None
8	Patents planned, issued or	XNone
	pending	
9	Participation on a Data	XNone
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	XNone
	in other board, society, 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	
	services	
13	Other financial or non-	X_None
	financial interests	

None.

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

Date:____JAN. 9th, 2024____ Your Name:___Xin Li__ Manuscript Title:_____Hippocampal amide proton transfer values are associated with cerebral small vessel disease imaging markers and total burden : A community-based cross-sectional study

Manuscript number (if known):____QIMS-23-1464-_____

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		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	XNone
	lectures, presentations, speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	X_None
	testimony	
7	Support for attending meetings and/or travel	X_None
8	Patents planned, issued or	XNone
	pending	
9	Participation on a Data	XNone
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	XNone
	in other board, society, 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	
	services	
13	Other financial or non-	X_None
	financial interests	

None.

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

Date:____JAN. 9th, 2024____ Your Name:___Fuzhen Liu__ Manuscript Title:_____Hippocampal amide proton transfer values are associated with cerebral small vessel disease imaging markers and total burden : A community-based cross-sectional study

Manuscript number (if known):____QIMS-23-1464-_____

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3	Royalties or licenses	XNone	

4	Consulting fees	XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone
	manuscript writing or	
	educational events	
6	Payment for expert	X_None
	testimony	
7	Support for attending meetings and/or travel	X_None
8	Patents planned, issued or	XNone
	pending	
9	Participation on a Data	XNone
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	XNone
	in other board, society, committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	X None
12	Receipt of equipment, materials, drugs, medical	X_None
	writing, gifts or other	
	services	
13	Other financial or non-	X_None
	financial interests	

None.

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

Date:____JAN. 9th, 2024____ Your Name:___Kan Deng__ Manuscript Title:____Hippocampal amide proton transfer values are associated with cerebral small vessel disease imaging markers and total burden : A community-based cross-sectional study

Manuscript number (if known):____QIMS-23-1464-_____

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3	Royalties or licenses	XNone	

4	Consulting fees	XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone
	manuscript writing or	
	educational events	
6	Payment for expert	X_None
	testimony	
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or	XNone
	pending	
9	Participation on a Data	XNone
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	XNone
	in other board, society, committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	X None
12	Receipt of equipment, materials, drugs, medical	X_None
	writing, gifts or other	
	services	
13	Other financial or non-	X_None
	financial interests	

None.

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

Date:____JAN. 9th, 2024____ Your Name:___Xiqi Zhu__ Manuscript Title:____Hippocampal amide proton transfer values are associated with cerebral small vessel disease imaging markers and total burden : A community-based cross-sectional study

Manuscript number (if known):____QIMS-23-1464-_____

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3	Royalties or licenses	XNone	

4	Consulting fees	XNone
5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone
	manuscript writing or	
	educational events	
6	Payment for expert	X_None
	testimony	
7	Support for attending meetings and/or travel	X_None
8	Patents planned, issued or	XNone
	pending	
9	Participation on a Data	XNone
	Safety Monitoring Board or	
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10	Leadership or fiduciary role	XNone
	in other board, society, committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	X None
12	Receipt of equipment, materials, drugs, medical	X_None
	writing, gifts or other	
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13	Other financial or non-	X_None
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