Date:_	02. N	lar. 2021		
Your N	ame:	Song'an Shang		
Manus	cript Titl	e:Aberrant cerebral	perfusion pattern in amnestic mild cognitive impairment and Parkinson	's disease
with m	ild cogni	<u>tive impairment: a c</u>	comparative arterial spin labeling study	
Manus	cript nur	nber (if known):	QIMS-20-1259	

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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		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)
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.	Time frame: Since the initial None	planning of the work
2	Grants or contracts from any entity (if not indicated	Time frame: past None	36 months
3	in item #1 above). Royalties or licenses	None	
4	Consulting fees	None	

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

None.

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

Date:	02. Mar. 2021	
Your M	Name:Jingtao Wu	
Manu	script Title: Aberrant cerebral perfusion pattern in amnestic mild cognitive impairment and Parkinson's dise	ase
with n	nild cognitive impairment: a comparative arterial spin labeling study	
Manu	script number (if known):QIMS-20-1259	

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

None.

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

Date:_	02. N	/lar. 2021		
Your N	lame:	Yu-Chen Chen		
Manus	script Tit	le:Aberrant cerebra	perfusion pattern in amnestic mild cognitive impairme	ent and Parkinson's disease
with n	nild cogn	itive impairment: a	comparative arterial spin labeling study	
Manus	script nu	mber (if known):	QIMS-20-1259	

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3	in item #1 above). Royalties or licenses	None	
4	Consulting fees	None	

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

I declare that I do not have any commercial or associative interest that represents a conflict of interest in connection with the work submitted.

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

Date:	02. Mar. 2	.021					
Your Na	ime: <u>Hoi</u>	ngri Chen					
Manuso	ript Title: <u>Ab</u>	errant cerebra	perfusion pattern	n in amnestic mild co	ognitive impairment a	nd Parkinson's di	sease
<u>with mi</u>	ld cognitive i	mpairment: a	comparative arteri	ial spin labeling stu	dy		
Manuso	ript number	(if known):	QIMS-20-1259				

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3	in item #1 above). Royalties or licenses	None	
4	Consulting fees	None	

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

None.

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

Date:	02. N	lar. 2021		
Your N	ame:	_Hongying Zhang_		
Manus	cript Titl	e:Aberrant cerebra	l perfusion pattern in amnestic mild cognitive impairment and Parkinson's disea	ise
with m	ild cogni	tive impairment: a	comparative arterial spin labeling study	
Manus	cript nur	nber (if known):	QIMS-20-1259	

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3	in item #1 above). Royalties or licenses	None	
4	Consulting fees	None	

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

None.

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

Date:	02. M	ar. 2021		
Your Na	ame:	_Weiqiang Dou		
Manus	cript Title	e:Aberrant cerebra	l perfusion pattern in amnestic mild cognitive impairment and Par	kinson's disease
<u>with m</u>	ild cognit	tive impairment: a	comparative arterial spin labeling study	
Manus	cript nun	nber (if known):	QIMS-20-1259	

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		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None.

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

Date:_	02. M	ar. 2021		
Your N	lame:	Peng Wang		
Manus	cript Title	e:Aberrant cerebra	I perfusion pattern in amnestic mild cognitive impairment and Parkinsc	on's disease
with m	nild cogni	tive impairment: a	comparative arterial spin labeling study	
Manus	cript nun	nber (if known):	QIMS-20-1259	-

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3	in item #1 above). Royalties or licenses	None	
4	Consulting fees	None	

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

None.

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

Date:_	02.	Mar. 202	<u>1</u>								
Your N	Name:	Xin Ca	0								
Manus	script Ti	itle: <u>Aberr</u>	ant cerebra	al perfusion p	attern in a	mnestic m	ild cogn	itive impa	irment a	nd Parkins	on's disease
with n	nild cog	nitive im	airment: a	comparative	arterial sp	oin labeling	<u>g study_</u>				
Manus	script n	umber (if	known):	QIMS-20-12	259						_

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	speakers bureaus,		
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_			
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
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	Advisory Board		
10	Leadership or fiduciary role	None	
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	committee or advocacy		
	group, paid or unpaid		
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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

None.

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

Date:_	02. N	lar. 2021		
Your N	lame:	_Xindao Yin		
Manus	script Titl	e: <u>Aberrant cerebral pe</u>	perfusion pattern in amnestic mild cognitive impairment and Parkinso	n's disease
with m	nild cogni	tive impairment: a cor	omparative arterial spin labeling study	_
Manus	script nur	nber (if known):Q	QIMS-20-1259	_

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

None.

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