| Date:Apr. 27 th , 2021 |
|--|
| Your Name:Zhehao Zhang |
| Manuscript Title: THAN: Task-driven Hierarchical Attention Network for the Diagnosis of Mild Cognitive |
| Impairment and Alzheimer's Disease |
| Manuscript number (if known):QIMS-21-91 |

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) |
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| | | 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 | |

| _ | Deciment on heart are in fa- | V. None | |
|----|---|---------|--|
| 5 | Payment or honoraria for lectures, presentations, | XNone | |
| | 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 in other board, society, | XNone | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
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| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | X None | |
| | financial interests | | |
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| None. | | | |
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Please place an "X" next to the following statement to indicate your agreement:X

| Date:Apr. 27 th , 2021 |
|--|
| Your Name:Linlin Gao |
| Manuscript Title: THAN: Task-driven Hierarchical Attention Network for the Diagnosis of Mild Cognitive |
| Impairment and Alzheimer's Disease |
| Manuscript number (if known): QIMS-21-91 |

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| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| _ | Deciment on heart are in fa- | V. None | |
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| 5 | Payment or honoraria for lectures, presentations, | XNone | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| _ | | | |
| 7 | Support for attending meetings and/or travel | XNone | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
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| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | X None | |
| | financial interests | | |
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| None. | | | |
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Please place an "X" next to the following statement to indicate your agreement:X

| Date:Apr. 27 th , 2021 |
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| Your Name:Guang Jin |
| Manuscript Title: THAN: Task-driven Hierarchical Attention Network for the Diagnosis of Mild Cognitive |
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| Manuscript number (if known):QIMS-21-91 |

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| 4 | Consulting fees | XNone | |

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| | speakers bureaus, | | |
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| | educational events | | |
| 6 | Payment for expert | XNone | |
| | testimony | | |
| _ | | | |
| 7 | Support for attending meetings and/or travel | XNone | |
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| 8 | Patents planned, issued or | XNone | |
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| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | |
| | 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 | | |
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| None. | | | |
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Please place an "X" next to the following statement to indicate your agreement:X

| Date:Apr. 27 th , 2021 |
|--|
| Your Name:Lijun Guo |
| Manuscript Title: THAN: Task-driven Hierarchical Attention Network for the Diagnosis of Mild Cognitive |
| Impairment and Alzheimer's Disease |
| Manuscript number (if known):QIMS-21-91 |

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| 4 | Consulting fees | XNone | |

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| | manuscript writing or | | |
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| 6 | Payment for expert | XNone | |
| | testimony | | |
| _ | | | |
| 7 | Support for attending meetings and/or travel | XNone | |
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| 8 | Patents planned, issued or | XNone | |
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| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
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| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | 3 Other financial or non- | X None | |
| | financial interests | | |
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| None. | | | |
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Please place an "X" next to the following statement to indicate your agreement:X

| Date:Apr. 27 th , 2021 |
|--|
| Your Name:Yudong Yao |
| Manuscript Title: THAN: Task-driven Hierarchical Attention Network for the Diagnosis of Mild Cognitive |
| Impairment and Alzheimer's Disease |
| Manuscript number (if known): QIMS-21-91 |

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| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

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| | speakers bureaus, | | |
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| 6 | Payment for expert | XNone | |
| | testimony | | |
| _ | | | |
| 7 | Support for attending meetings and/or travel | XNone | |
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| | | | |
| 8 | Patents planned, issued or | XNone | |
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| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, | XNone | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
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| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | 3 Other financial or non- | X None | |
| | financial interests | | |
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| None. | | | |
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| Date:Apr. 27 th , 2021 |
|--|
| Your Name:Li Dong |
| Manuscript Title: THAN: Task-driven Hierarchical Attention Network for the Diagnosis of Mild Cognitive |
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| | speakers bureaus, | | |
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| 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 in other board, society, | XNone | |
| | 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 | 3 Other financial or non- | X None | |
| | financial interests | | |
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| None. | | | |
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Please place an "X" next to the following statement to indicate your agreement:X

| Date:Apr. 27 th , 2021 |
|--|
| Your Name:Jinming Han |
| Manuscript Title: THAN: Task-driven Hierarchical Attention Network for the Diagnosis of Mild Cognitive |
| Impairment and Alzheimer's Disease |
| Manuscript number (if known):QIMS-21-91 |

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | | | | | | |
| 3 | Royalties or licenses | XNone | | | | | | |
| 4 | Consulting fees | XNone | | | | | | |

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