

ICMJE DISCLOSURE FORM

Date: April 23 ,2021

Your Name: Taylor Kuhn

Manuscript Title: Translating state-of-the-art brain MRI techniques into clinical practice: Multimodal MRI Differentiates Dementia Subtypes in a Traditional Clinical Setting

Manuscript number (if known): QIMS-20-1355

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 current manuscript only.

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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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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
| | | | |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
| | | Synaptec Network | Payments made to consulting firm |
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|----|--|--|---------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
| | | | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None | |
| | | Synaptec Network | Equity Holder |
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| 11 | Stock or stock options | <input type="checkbox"/> None | |
| | | Synaptec Network | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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ICMJE DISCLOSURE FORM

Date: April 23 ,2021

Your Name: Sergio Becerra

Manuscript Title: Translating state-of-the-art brain MRI techniques into clinical practice: Multimodal MRI Differentiates Dementia Subtypes in a Traditional Clinical Setting

Manuscript number (if known): QIMS-20-1355

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ICMJE DISCLOSURE FORM

Date: April 19, 2021

Your Name: John Duncan

Manuscript Title: Translating state-of-the-art brain MRI techniques into clinical practice: Multimodal MRI Differentiates Dementia Subtypes in a Traditional Clinical Setting

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| 7 | Support for attending meetings and/or travel | X None | |
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Date: April 19 ,2021

Your Name: Norman M. Spivak

Manuscript Title: Translating state-of-the-art brain MRI techniques into clinical practice: Multimodal MRI Differentiates Dementia Subtypes in a Traditional Clinical Setting

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Bianca

ICMJE DISCLOSURE FORM

Date: April 19, 2021

Your Name: Barshen Habelhah

Manuscript Title: Translating state-of-the-art brain MRI techniques into clinical practice: Multimodal MRI Differentiates Dementia Subtypes in a Traditional Clinical Setting

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ICMJE DISCLOSURE FORM

Date: April 19, 2021

Your Name: Kennedy Mahdavi

Manuscript Title: Translating state-of-the-art brain MRI techniques into clinical practice: Multimodal MRI Differentiates Dementia Subtypes in a Traditional Clinical Setting

Manuscript number (if known): QIMS-20-1355

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Date: April 19, 2021

Your Name: Michael Mamoun MD

Manuscript Title: Translating state-of-the-art brain MRI techniques into clinical practice: Multimodal MRI Differentiates Dementia Subtypes in a Traditional Clinical Setting

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Date: April 19, 2021

Your Name: Michael Whitney

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| | | | |
| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None | |
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| 3 | Royalties or licenses | X None | |
| | | | |
| 4 | Consulting fees | X None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None | |
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| 6 | Payment for expert testimony | X None | |
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| 7 | Support for attending meetings and/or travel | X None | |
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| 8 | Patents planned, issued or pending | X None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None | |
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| 11 | Stock or stock options | X None | |
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| | | | |
| 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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Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: April 19 ,2021

Your Name:

Manuscript Title: Translating state-of-the-art brain MRI techniques into clinical practice: Multimodal MRI Differentiates Dementia Subtypes in a Traditional Clinical Setting

Manuscript number (if known): QIMS-20-1355

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 current manuscript only.

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

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.

| | | 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. | ___ None | |
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| | | | |
| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ___ None | |
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| | | | |
| 3 | Royalties or licenses | ___ None | |
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| 4 | Consulting fees | ___ None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ___ None | |
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| 6 | Payment for expert testimony | ___ None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | ___ None | |
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| 8 | Patents planned, issued or pending | ___ None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ___ None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ___ None | |
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| 11 | Stock or stock options | ___ None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___ None | |
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| | | | |
| 13 | Other financial or non-financial interests | ___ None | |
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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.

ICMJE DISCLOSURE FORM

Date: April 23 ,2021

Your Name: Alexander Bystritsky, MD, PhD

Manuscript Title: Translating state-of-the-art brain MRI techniques into clinical practice: Multimodal MRI Differentiates Dementia Subtypes in a Traditional Clinical Setting

Manuscript number (if known): QIMS-20-1355

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.

| | | 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. | <u> </u> X <u> </u> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <u> </u> X <u> </u> None | |
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| 3 | Royalties or licenses | <u> </u> X <u> </u> None | |
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| 4 | Consulting fees | <u> </u> X <u> </u> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <u>X</u> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> <u>X</u> None | |
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| | | | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> <u>X</u> None | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> <u>X</u> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> <u>X</u> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> <u>X</u> None | |
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| | | | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> <u>X</u> None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <u>X</u> None | |
| | | | |
| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> <u>X</u> None | |
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Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: April 23 ,2021

Your Name: Sheldon E. Jordan, MD

Manuscript Title: Translating state-of-the-art brain MRI techniques into clinical practice: Multimodal MRI Differentiates Dementia Subtypes in a Traditional Clinical Setting

Manuscript number (if known): QIMS-20-1355

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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| 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. | __X__ None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | __X__ None | |
| | | | |
| 3 | Royalties or licenses | __X__ None | |
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| 4 | Consulting fees | __X__ None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
| | | | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
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| | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None | |
| | | Synaptec Network | Owner, Chief Executive Officer |
| | | | |
| 11 | Stock or stock options | <input type="checkbox"/> None | |
| | | Synaptec Network | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.