Date:Aug. 14 th , 2021_	- Mine Cl) A 1			
Your Name:	1 1 1 1 1				
Manuscript Title: Subclinica	<u>l Hypothyrgidism is</u>	Associated with Basal Ganglia Enlarged Perivascular			
Spaces and Overall Cerebi	ral Small Vessel Dis	ease Load			
Manuscript number (if know	n): <u>QIMS-21-190-</u>	R1			
In the interest of transparen are	cy, we ask you to dis	close all relationships/activities/interests listed below that			
	ır manuscript. "Relat	ed" means any relation with for-profit or not-for-profit			
parties whose interests may commitment	be affected by the c	ontent of the manuscript. Disclosure represents a			
to transparency and does no relationship/activity/interest	-	e a bias. If you are in doubt about whether to list a you do so.			
The following questions app manuscript only.	ly to the author's rel	ationships/activities/interests as they relate to the <u>current</u>			
The author's relationships/a	ctivities/interests she	ould be <u>defined broadly</u> . For example, if yo <mark>ur manuscrip</mark> t			
to the epidemiology of hype		declare all relationships with manufacture <mark>rs of</mark> ition 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	Specifications/Comments			
	whom you have this	(e.g., if payments were made to you or to your			
	relationship or indicat				
'	none (add rows as	<u> </u>			
	needed)				
	me frame. Since the in	itial planning of the work			

3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_X_None	
6	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	_X_None	AND
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X_None	
11	Stock or stock options	_X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_None	
13	Other financial or non- financial interests	_X_None	

None.				
	•			

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

DateAug. 14", 2021	(, (,				
Your Name:		an Ca			
Manuscript Title: Subclinical Hyp	othyroidism	is Associated	d with Racal	— Canalia Enlarged	Parivaccular
Spaces and Overall Cerebral Sn	nall Vessel D	isease Load	d With Dasai	Garigila Emargeu	renvasculai
Manuscript number (if known):(IMS-21-19	0-R1			
					_

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 $\underline{\text{current}}$ $\underline{\text{manuscript only}}$.

The author's relationships/activities/interests should be $\underline{\text{defined broadly}}$. 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)
	一种自己的人物,	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.	_X_None	
	CONTRACTOR DE	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	And the second of the Charmon and the second of the second
4	Consulting fees	_X_None	[10] (10] (10] (10] (10] (10] (10] (10] (
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	_X_None	
_	educational events		
6	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	_X_None	
			The Atlanta of the State of the
8	Patents planned, issued or pending	_X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_None	
10		_X_None	
11	Stock or stock options	_X_None	上的自身中的中国的1000年4000年2000年2000年2000年2000年2000年2000年
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_None	
13	Other financial or non- financial interests	_X_None	

None.				
		7.		

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

		ICMJE	DISCLOSURE FORM	
You Ma Sp	te:Aug. 14 th , 2021_ ur Name: nuscript Title: <u>Subclinicates and Overall Cereb</u> nuscript number (if know	Iral Small Vessel Disea	Strong ssociated with Basal Ganglia Enlarged Perivascu se Load	<u>ılar</u>
are	: ated to the content of yo		se all relationships/activities/interests listed below t " means any relation with for-profit or not-for-profi	
pa	rties whose interests may mmitment	all a bloom	tent of the manuscript. Disclosure represents a	
to rel	transparency and does n ationship/activity/interes	ot necessarily indicate a st, it is preferable that yo	bias. If you are in doubt about whether to list a ou do so.	
	e following questions ap nuscript only.	ply to the author's relati	onships/activities/interests as they relate to the <u>curr</u>	<u>ent</u>
pe to	rtains the epidemiology of hyp	ertension, you should de	d be <u>defined broadly</u> . For example, if your manuscrip clare all relationships with manufacturers of n is not mentioned in the manuscript.	ot
ot	item #1 below, report all her items, e time frame for disclosui		ported in this manuscript without ti <mark>me</mark> limit. For all	
		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)	
	AL PRINCIPLE TO THE PRI	ime frame: Since the initial	planning of the work	
1	All support for the present manuscript (e.g., funding, provision of	_X_None		

Time frame: past 36 months

_X_None

item.

above).

Grants or contracts from

any entity (if not indicated in item #1

3	Royalties or licenses	_X_None	1
4	Consulting fees	_X_None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	_X_None	
6	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	_X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X_None	
11	Stock or stock options	_X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_None	
13	Other financial or non- financial interests	_X_None	

None.				

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

Date:Aug. 14 th , 2021Your Name:Your Name:	<u>ar</u>						
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>curremanuscript 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. 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.	τ						
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							
All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for theX_None Time frame: past 36 months							

Grants or contracts from any entity (if not indicated in item #1

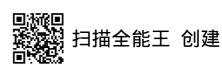
above).

_X_None

3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	
5	Payment or honoraria for lectures, presentations,	_X_None	16 (16 (17 (16 (17 (16 (17 (17 (17 (17 (17 (17 (17 (17 (17 (17
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	_X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X_None	
11	Stock or stock options	_X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_None	
13	Other financial or non- financial interests	_X_None	
		THE CONTRACT OF STREET	

None.	
	•

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



Dat	e:Aug. 14 th , 2021							
Υοι	r Name:							
Ma	Manuscript Title: Subclinical Hypothyroidism is Associated with Basal Ganglia Enlarged Perivascular							
Spa	ces and Overall Cerebral Small Vessel Disease Load							
Ma	nuscript number (if known):QIMS-21-190-R1							
In t	ne interest of transparency, we ask you to disclose all relationships/activities/interests listed below that							
are								
rela thir	ted to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit							
	ties whose interests may be affected by the content of the manuscript. Disclosure represents a mitment							
to '	ransparency and does not necessarily indicate a bias. If you are in doubt about whether to list a							
rela	tionship/activity/interest, it is preferable that you do so.							
	•							
	following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> nuscript only.							
The	author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript tains							
•	he epidemiology of hypertension, you should declare all relationships with manufacturers of							
	hypertensive medication, even if that medication is not mentioned in the manuscript.							
	The second of th							
	em #1 below, report all support for the work reported in this manuscript without time limit. For all er items,							
the	the time frame for disclosure is the past 36 months.							
	•							
	Name all entities with Specifications/Comments							
	whom you have this (e.g., if payments were made to you or to your							
Į	relationship or indicate institution)							
	none (add rows as							
	needed)							

	Т	Name all entities with whom you have this relationship or indicate none (add rows as needed) ime frame; Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
			preming of the treft
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	
		Time frame: past	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	

_		•
Royalties or licenses	_X_None	
Consulting fees	_X_None	
Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or aducational events.	_X_None	
Payment for expert testimony	_X_None	
Support for attending meetings and/or travel	_X_None	
Patents planned, issued or pending	_X_None	
Participation on a Data Safety Monitoring Board or Advisory Board	_X_None	
Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	_X_None	
Stock or stock options	_X_None	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_None	
Other financial or non- financial interests	_X_None	
	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	Consulting feesX_None Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expertX_None Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock optionsX_None Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonX_None

None.				
	٠,			

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



You Ma Sp: Ma	aces and Overall Cereb nuscript number (if know	Al Hypothyroidism is A aral Small Vessel Disea aral 21-190-R						
In t	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that							
are rela	are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit							
thi	third parties whose interests may be affected by the content of the manuscript. Disclosure represents a							
to rela	nmitment transparency and does n ationship/activity/interes	ot necessarily indicate a t, it is preferable that yo	n bias. If you are in doubt about whether to list a ou do so.					
ma	The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.							
to an	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. 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	Specifications/Comments (e.g., if payments were made to you or to your institution)					
		needed)	Lunian of the work					
	T	ime frame: Since the initia	planning of the work					
1	All support for the	_X_None						
	present manuscript (e.g.,							
	funding, provision of study materials, medical							
	writing, article		No. of the contract of the con					
	processing charges, etc.)							
	No time limit for this							
	item.	Time frame: past	236 months					
			. 30 Months					
2	Grants or contracts from	_X_None						
	any entity (if not							
	indicated in item #1							

3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	
5	Payment or honoraria for	_X_None	
	lectures, presentations,	X_None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	_X_None	
9	Participation on a Data	_X_None	Section of the sectio
T A	Safety Monitoring Board or Advisory Board	· promise and potential state	
10	Leadership or fiduciary role in other board, society, committee or	_X_None	
	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	
13	Other financial or non-	_X_None	Series Constitution and
	financial interests		
90.4			

None.	
· · · · · · · · · · · · · · · · · · ·	

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

1	CM	I.IF	n	ISCI	OSI.	IDE	FO	RM	A
	CIV	JE		-	U.S.	INC	Γ	T IV	

Spaces and Overall Cerebral Small Vessel Di- Manuscript number (if known): QIMS-21-190								
In the interest of transparency, we ask you to dis	sclose all relationships/activities/interests listed below that							
	elated to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit							
parties whose interests may be affected by the commitment	content of the manuscript. Disclosure represents a							
to transparency and does not necessarily indicate relationship/activity/interest, it is preferable that	te a blas. If you are in doubt about whether to list a t you do so.							
The following questions apply to the author's remanuscript only.	lationships/activities/interests as they relate to the <u>current</u>							
The author's relationships/activities/interests shipertains to the epidemiology of hypertension, you should antihypertensive medication, even if that medical								
In item #1 below, report all support for the work other items, the time frame for disclosure is the past 36 mont	reported in this manuscript without time limit. For all hs.							
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)							

Qui Lin Chen

Manuscript Title: Subclinical Hypothyloidism is Associated with Basal Ganglia Enlarged Perivascular

Date:____Aug. 14th, 2021

All support for the

writing, article

present manuscript (e.g., funding, provision of study materials, medical

processing charges, etc.)

Your Name:

Time frame: Since the initial planning of the work

_X_None

3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_X_None	
6	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	_X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X_None	
11	Stock or stock options	_X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_None	
13	Other financial or non- financial interests	_X_None	

None.		
	*.	
	•	

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

You Ma Spa	te:Aug. 14 th , 2021_ ur Name: nuscript Title: <u>Subclinica</u> aces and Overall Cereb nuscript number (if know	ral Small Vessel Disea	
are rela	ated to the content of yo		se all relationships/activities/interests listed below that means any relation with for-profit or not-for-profit
to	ties whose interests may nmitment	ot necessarily indicate a	tent of the manuscript. Disclosure represents a bias. If you are in doubt about whether to list a bu do so.
	e following questions app nuscript only.	oly to the author's relati	onships/activities/interests as they relate to the <u>current</u>
pe to	rtains the epidemiology of hypo	ertension, you should de	d be <u>defined broadly</u> . For example, if your manuscript eclare all relationships with manufacturers of in is not mentioned in the manuscript.
oth	item #1 below, report all ner items, e time frame for disclosur		ported in this manuscript without time limit. For all
		Name all entities with whom you have this relationship or indicate	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	_X_None	
	item.	Time frame: past	36 months
2	Grants or contracts from	_X_None	The manning
	any entity (if not indicated in item #1 above).		

3	Royalties or licenses	_X_None	
			· 多名 在 100000 在 100000000000000000000000000
4	Consulting fees	_X_None	
5 Payment or honoraria for lectures, presentations, speakers bureaus.		_X_None	
	manuscript writing or educational events		
6	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	_X_None	
,			ne ne ne ne ne ne ne ne ne
8	Patents planned, issued or pending	_X_None	
9	Participation on a Data	_X_None	E. CHILD C. L. L. Branch M. S. and J. C. Golden, S. Green, S. Children, S. C. C. Children, S. Children, S. C. Children, S. C. Children, S. Children, S. C. Children, S. Child
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	_X_None	1 2 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	role in other board, society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	_X_None	Market and the state of the second state of th
12	Descitation		
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other services		
13	Other financial or non-	_X_None	FOR THE RESIDENCE OF THE PARTY
	financial interests		
		The Participant Control of the Bullion	CONTROL OF THE PROPERTY OF THE

None.			

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

Date:Aug. 14 th , 2021 Your Name: Manuscript Title: <u>Subclinical Hypospaces and Overall Cerebral S</u> Manuscript number (if known):	Small Vessel Disea	Associated with Basal Ganglia Enlarged Perivascula ase Load	<u>ar</u>
are related to the content of your mathird parties whose interests may be a commitment	anuscript. "Related affected by the con acessarily indicate a	ose all relationships/activities/interests listed below that means any relation with for-profit or not-for-profit of the manuscript. Disclosure represents a bias. If you are in doubt about whether to list a bu do so.	at
The following questions apply to manuscript only.	the author's relati	ionships/activities/interests as they relate to the <u>currer</u>	<u>1t</u>
pertains to the epidemiology of hypertens antihypertensive medication, eve	sion, you should de en if that medicatio ort for the work re	Id be <u>defined broadly</u> . For example, if your manuscript eclare all relationships with manufacturers of on is not mentioned in the manuscript. ported in this manuscript without time limit. For all	
whon relati none need		Specifications/Comments (e.g., if payments were made to you or to your institution)	
Time fra	ame: Since the initial	planning of the work	
All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None		

Time frame: past 36 months

_X_None

item.

above).

Grants or contracts from any entity (if not indicated In item #1

3	Royalties or licenses	_X_None	。 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
		walth of the summer	
4	Consulting fees	_X_None	
5	Payment or honoraria for	_X_None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	_X_None	
,			
8	Patents planned, issued or pending	_X_None	
9	Participation on a Data	_X_None	Property of the support of the suppo
	Safety Monitoring Board or Advisory Board		
10	The second secon	_X_None	
11	Stock or stock options	_X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_None	
13	Other financial or non-	_X_None	
	financial interests		
			TO THE RELEASE OF THE PROPERTY OF THE PARTY

None.		

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