

ICMJE DISCLOSURE FORM

Date: Aug. 14<sup>th</sup>, 2021

Your Name: Ming Chu

Manuscript Title: Subclinical Hypothyroidism is Associated with Basal Ganglia Enlarged Perivascular Spaces and Overall Cerebral Small Vessel Disease Load

Manuscript number (if known): QIMS- 21- 190- 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.

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from	<input checked="" type="checkbox"/> None	



3	Royalties or licenses	<input checked="" type="checkbox"/> _None	
4	Consulting fees	<input checked="" type="checkbox"/> _None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> _None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> _None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> _None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> _None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> _None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> _None	
11	Stock or stock options	<input checked="" type="checkbox"/> _None	
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	

Please summarize the above conflict of interest in the following box:

None.
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Please place an "X" next to the following statement to indicate your agreement:

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Date: Aug. 14<sup>th</sup>, 2021

Your Name: Ying Yuan, Cai

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Date: Aug. 14<sup>th</sup>, 2021

Your Name: Jie Zhou

Manuscript Title: Subclinical Hypothyroidism is Associated with Basal Ganglia Enlarged Perivascular Spaces and Overall Cerebral Small Vessel Disease Load

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Date: Aug. 14<sup>th</sup>, 2021

Your Name: Yun Qian

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ICMJE DISCLOSURE FORM

Date: Aug. 14<sup>th</sup>, 2021

Your Name: Yan Cen

Manuscript Title: Subclinical Hypothyroidism is Associated with Basal Ganglia Enlarged Perivascular Spaces and Overall Cerebral Small Vessel Disease Load

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Date: Aug. 14<sup>th</sup>, 2021

Your Name: Miaomiao Dou

Manuscript Title: Subclinical Hypothyroidism is Associated with Basal Ganglia Enlarged Perivascular Spaces and Overall Cerebral Small Vessel Disease Load

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Date: Aug. 14<sup>th</sup>, 2021

Your Name: Quilin Chen

Manuscript Title: Subclinical Hypothyroidism is Associated with Basal Ganglia Enlarged Perivascular Spaces and Overall Cerebral Small Vessel Disease Load

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Date: Aug. 14<sup>th</sup>, 2021

Your Name: Bo Sun

Manuscript Title: Subclinical Hypothyroidism is Associated with Basal Ganglia Enlarged Perivascular Spaces and Overall Cerebral Small Vessel Disease Load

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Date: Aug. 14<sup>th</sup>, 2021

Your Name: Xiao wei Lu

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