Date:Aug. 11 <sup>th</sup> , 2021	
Your Name:Yue Ding	
Manuscript Title:_Fully Automated	Discrimination of Alzheimer's Disease Using Resting-State
_EEG Signals	
Manuscript number (if known):	QIMS-21-430-R2

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		Time frame: past	36 months
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3	Royalties or licenses	XNone	

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

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	te:Aug. 11 <sup>th</sup> , 2021_			
Yo	ur Name:Yinxue Chu		f Alzheimer's Disease Using Resting-State	
Ma	anuscript Title:_Fully Auto _EEG Sig	mated Discrimination o	f Alzheimer's Disease Using Resting-State	
Ma	anuscript number (if known)	):QIMS-21-430-	-R2	
to int do	the content of your manusc erests may be affected by tl	ript. "Related" means any he content of the manuscri	relationships/activities/interests listed below that a relation with for-profit or not-for-profit third parties pt. Disclosure represents a commitment to transpar bout whether to list a relationship/activity/interest	s whose ency and
Th <u>on</u>		to the author's relationshi	ps/activities/interests as they relate to the <u>current name</u>	<u>nanuscript</u>
the	•	sion, you should declare all	defined broadly. For example, if your manuscript pe relationships with manufacturers of antihypertensions the manuscript.	
	item #1 below, report all su ne frame for disclosure is the		d in this manuscript without time limit. For all other	r items, the
		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 initia	planning of the work	
L	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).	iFLYTEK CO., LTD.	employee	_
3	Royalties or licenses	XNone		
1	Consulting fees	<b>X</b> None		

5	Payment or honoraria for	<b>X</b> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<b>X</b> None	
	testimony		
7	Support for attending meetings and/or travel	<b>X</b> None	
8	Patents planned, issued or	CN201911274298.4	pending
	pending		
9	Participation on a Data	<b>X</b> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<b>X</b> None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	V None	
11	Stock of Stock options	<b>X</b> None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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

Date:Aug. 11 <sup>th</sup> , 2021	
Your Name:_ Meng Liu	
Manuscript Title:_Fully Autom	ated Discrimination of Alzheimer's Disease Using Resting-State
_EEG Signa	als
Manuscript number (if known):_	QIMS-21-430-R2

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

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

Pate:Aug. 11 <sup>th</sup> , 2021
our Name:Zhenhua Lin
Manuscript Title:_Fully Automated Discrimination of Alzheimer's Disease Using Resting-State
_EEG Signals
Manuscript number (if known):QIMS-21-430-R2

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		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	
Г	Dayment or beneraria for	V None	
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	iflytek co., ltd.	
	testimony		
7	Support for attending	X None	
′	meetings and/or travel		
	<b>3</b> ,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data Safety Monitoring Board or	XNone	
- 10	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	iFLYTEK CO., LTD.	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

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Date:	Aug. 11th,	021
Your Name:	Shijin	Vang
Manuscript	Title:_Fully	<b>Automated Discrimination of Alzheimer's Disease Using Resting-State</b>
	_EE	G Signals
Manuscript	number (if k	own): QIMS-21-430-R2

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3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
5	Payment or honoraria for	X None	
Э	lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Commant for attanding	V. None	
/	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	iflytek co., ltd.	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		
		CI C	Day to be

Please	summarize	the above	conflict of	interest in	the fo	ollowing	box:

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Date:Aug. 11 <sup>th</sup> , 2021	
Your Name:Xin Li	
Manuscript Title:_Fully Automated	Discrimination of Alzheimer's Disease Using Resting-State
_EEG Signals	
Manuscript number (if known):	QIMS-21-430-R2

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3	Royalties or licenses	X_None	

4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel	XNone	
	ŭ ,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	iFLYTEK CO., LTD.	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
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ate:Aug. 11 <sup>th</sup> , 2021
our Name:Yunxia Li
anuscript Title:_Fully Automated Discrimination of Alzheimer's Disease Using Resting-State
_EEG Signals
anuscript number (if known):QIMS-21-430-R2

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

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