Date:\_\_\_\_May 13<sup>th</sup>, 2022\_\_\_\_

Your Name:\_\_\_Aocai Yang\_\_

Manuscript Title:\_Associations of cortical iron accumulation with cognition and cerebral atrophy in Alzheimer's disease\_ Manuscript number (if known):\_\_\_\_\_ QIMS-22-7\_\_\_\_\_\_

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	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	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	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	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-	X None	
	financial interests		

None.

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

Date:\_\_\_\_May 13th, 2022\_\_\_\_

Your Name:\_\_\_Lei Du\_\_\_ Manuscript Title:\_Associations of cortical iron accumulation with cognition and cerebral atrophy in Alzheimer's disease\_ Manuscript number (if known):\_\_\_\_\_ QIMS-22-7\_\_\_\_\_\_

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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	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	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-	X None	
	financial interests		

None.

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

Date:\_\_\_\_May 13<sup>th</sup>, 2022\_\_\_\_ Your Name:\_\_\_Wenwen Gao\_\_ Manuscript Title:\_Associations of cortical iron accumulation with cognition and cerebral atrophy in Alzheimer's disease\_ Manuscript number (if known):\_\_\_\_\_ QIMS-22-7\_\_\_\_\_

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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		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	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	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-	X None	
	financial interests		

None.

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

Date:\_\_\_\_May 13th, 2022\_\_\_\_

Your Name:\_\_\_Bing Liu\_\_\_ Manuscript Title:\_Associations of cortical iron accumulation with cognition and cerebral atrophy in Alzheimer's disease\_ Manuscript number (if known):\_\_\_\_\_ QIMS-22-7\_\_\_\_\_\_

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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		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	XNone	
	testimony		
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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	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-	X None	
	financial interests		

None.

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

Date:\_\_\_\_May 13<sup>th</sup>, 2022\_\_\_\_

Your Name:\_\_\_Yue Chen\_\_

Manuscript Title:\_Associations of cortical iron accumulation with cognition and cerebral atrophy in Alzheimer's disease\_ Manuscript number (if known):\_\_\_\_\_ QIMS-22-7\_\_\_\_\_\_

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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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	XNone	
	testimony		
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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	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-	X None	
	financial interests		

None.

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

Date:\_\_\_\_May 13th, 2022\_\_\_\_

Your Name:\_\_\_Yige Wang\_\_\_

Manuscript Title:\_Associations of cortical iron accumulation with cognition and cerebral atrophy in Alzheimer's disease\_ Manuscript number (if known):\_\_\_\_\_ QIMS-22-7\_\_\_\_\_\_

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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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
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	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
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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	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-	X None	
	financial interests		

None.

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

Date:\_\_\_\_May 13<sup>th</sup>, 2022\_\_\_\_

Your Name:\_\_\_Xiuxiu Liu\_\_

Manuscript Title:\_Associations of cortical iron accumulation with cognition and cerebral atrophy in Alzheimer's disease\_ Manuscript number (if known):\_\_\_\_\_ QIMS-22-7\_\_\_\_\_\_

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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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	XNone	
	testimony		
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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	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-	X None	
	financial interests		

None.

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

Date:\_\_\_\_May 13<sup>th</sup>, 2022\_\_\_\_

Your Name:\_\_\_Kuan Lv\_\_\_ Manuscript Title:\_Associations of cortical iron accumulation with cognition and cerebral atrophy in Alzheimer's disease\_ Manuscript number (if known):\_\_\_\_\_ QIMS-22-7\_\_\_\_\_

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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5	Payment or honoraria for	XNone	
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	educational events		
6	Payment for expert	XNone	
	testimony		
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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	XNone	
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	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-	X None	
	financial interests		

None.

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

Date:\_\_\_\_\_May 13<sup>th</sup>, 2022\_\_\_\_\_ Your Name:\_\_\_\_Wenwei Zhang\_\_\_ Manuscript Title:\_Associations of cortical iron accumulation with cognition and cerebral atrophy in Alzheimer's disease\_ Manuscript number (if known):\_\_\_\_\_ QIMS-22-7\_\_\_\_\_\_

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	educational events		
6	Payment for expert	XNone	
	testimony		
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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	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-	X None	
	financial interests		

None.

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

Date:\_\_\_\_May 13th, 2022\_\_\_\_

Your Name:\_\_\_Hui Xia\_\_\_ Manuscript Title:\_Associations of cortical iron accumulation with cognition and cerebral atrophy in Alzheimer's disease\_ Manuscript number (if known):\_\_\_\_\_ QIMS-22-7\_\_\_\_\_

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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5	Payment or honoraria for	XNone	
	lectures, presentations,		
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	educational events		
6	Payment for expert	XNone	
	testimony		
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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	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-	X None	
	financial interests		

None.

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

Date:\_\_\_\_May 13th, 2022\_\_\_\_

Your Name:\_\_\_Kai Wu\_\_\_ Manuscript Title:\_Associations of cortical iron accumulation with cognition and cerebral atrophy in Alzheimer's disease\_ Manuscript number (if known):\_\_\_\_\_ QIMS-22-7\_\_\_\_\_

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5	Payment or honoraria for	XNone	
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6	Payment for expert	XNone	
	testimony		
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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	XNone	
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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-	X None	
	financial interests		

None.

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

Date:\_\_\_\_May 13th, 2022\_\_\_\_

Your Name:\_\_\_Guolin Ma\_\_

Manuscript Title:\_Associations of cortical iron accumulation with cognition and cerebral atrophy in Alzheimer's disease\_ Manuscript number (if known):\_\_\_\_\_ QIMS-22-7\_\_\_\_\_\_\_

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		Time frame: past	36 months
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7	Support for attending meetings and/or travel	XNone	
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	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-	X None	
	financial interests		

None.

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