

## ICMJE DISCLOSURE FORM

**Date:** 5/17/2023

**Your Name:** M van Dinther

**Manuscript Title:** Lower cerebral blood flow predicts cognitive decline in patients with vascular cognitive impairment

**Manuscript Number (if known):** ADJ-D-23-00262

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>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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:** 5/9/2023

**Your Name:** A. M. Hooghiemstra

**Manuscript Title:** Lower cerebral blood flow predicts cognitive decline in patients with vascular cognitive impairment

**Manuscript Number (if known):** ADJ-D-23-00262

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## ICMJE DISCLOSURE FORM

**Date:** 5/8/2023

**Your Name:** E.E. Bron

**Manuscript Title:** Lower cerebral blood flow predicts cognitive decline in patients with vascular cognitive impairment

**Manuscript Number (if known):** ADJ-D-23-00262

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**Your Name:** A. Versteeg

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**Manuscript Number (if known):** ADJ-D-23-00262

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

**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:** 5/8/2023

**Your Name:** A. E. Leeuwis

**Manuscript Title:** Lower cerebral blood flow predicts cognitive decline in patients with vascular cognitive impairment

**Manuscript Number (if known):** ADJ-D-23-00262

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: Since the initial planning of the work								
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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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.

## ICMJE DISCLOSURE FORM

**Date:** 5/17/2023

**Your Name:** T. Kalay

**Manuscript Title:** Lower cerebral blood flow predicts cognitive decline in patients with vascular cognitive impairment

**Manuscript Number (if known):** ADJ-D-23-00262

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>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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:** 5/9/2023

**Your Name:** J.E> Moonen

**Manuscript Title:** Lower cerebral blood flow predicts cognitive decline in patients with vascular cognitive impairment

**Manuscript Number (if known):** ADJ-D-23-00262

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			
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>  <div style="border: 1px solid black; padding: 5px;"> <p>Justine Moonen is affiliated at the Alzheimer center Amsterdam where she works as postdoc on the NCDC project (Netherlands Consortium of Dementia Cohorts), which receives funding in the context of Deltaplan Dementie from ZonMW Memorabel (projectnr 73305095005) and Alzheimer Nederland.</p> </div>	Payments to the instiution       

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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.

## ICMJE DISCLOSURE FORM

**Date:** 5/19/2023

**Your Name:** S. Kuipers

**Manuscript Title:** Lower cerebral blood flow predicts cognitive decline in patients with vascular cognitive impairment

**Manuscript Number (if known):** ADJ-D-23-00262

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>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>						

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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

**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:** 5/8/2023

**Your Name:** W.H. Backes

**Manuscript Title:** Lower cerebral blood flow predicts cognitive decline in patients with vascular cognitive impairment

**Manuscript Number (if known):** ADJ-D-23-00262

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 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.

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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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:** 5/8/2023

**Your Name:** J.F.A. Jansen

**Manuscript Title:** Lower cerebral blood flow predicts cognitive decline in patients with vascular cognitive impairment

**Manuscript Number (if known):** ADJ-D-23-00262

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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## ICMJE DISCLOSURE FORM

**Date:** 5/8/2023

**Your Name:** M. J. P. van Osch

**Manuscript Title:** Lower cerebral blood flow predicts cognitive decline in patients with vascular cognitive impairment

**Manuscript Number (if known):** ADJ-D-23-00262

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## ICMJE DISCLOSURE FORM

**Date:** 8/5/2023

**Your Name:** GJ. Biessels

**Manuscript Title:** Lower cerebral blood flow predicts cognitive decline in patients with vascular cognitive impairment

**Manuscript Number (if known):** ADJ-D-23-00262

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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.

## ICMJE DISCLOSURE FORM

**Date:** 5/9/2023

**Your Name:** J. Staals

**Manuscript Title:** Lower cerebral blood flow predicts cognitive decline in patients with vascular cognitive impairment

**Manuscript Number (if known):** ADJ-D-23-00262

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## ICMJE DISCLOSURE FORM

**Date:** 5/10/2023

**Your Name:** R.J. van Oostenbrugge

**Manuscript Title:** Lower cerebral blood flow predicts cognitive decline in patients with vascular cognitive impairment

**Manuscript Number (if known):** ADJ-D-23-00262

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