

ICMJE DISCLOSURE FORM

Date: 2021.7.1
 Your Name: Ge Su
 Manuscript Title: Detection of hypomimia in patients with Parkinson's disease via smile videos
 Manuscript number (if known): _____

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 current manuscript only.

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.

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) |
|---|--|--|---|
| Time frame: Since the initial 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. | National Key Research and Development Program of China (No. 2017YFB1400603) | funding |
| | | National Natural Science Foundation of China (Grant No. 61825205, No. 61772459) | funding |
| | | National Science and Technology Major Project of China (No.50-D36B02-9002-16/19) | funding |
| | | Second Affiliated Hospital, Zhejiang University School of Medicine | provision of study materials |
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Time frame: past 36 months

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|----|--|--|--|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <u> </u> X <u> </u> None | |
| 3 | Royalties or licenses | <u> </u> X <u> </u> None | |
| 4 | Consulting fees | <u> </u> X <u> </u> None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <u> </u> X <u> </u> None | |
| 6 | Payment for expert testimony | <u> </u> X <u> </u> None | |
| 7 | Support for attending meetings and/or travel | A Construction Method for Detecting Facial Bradykinesia based on Geometric Features and Texture Features | |
| 8 | Patents planned, issued or pending | <u> </u> X <u> </u> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <u> </u> X <u> </u> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <u> </u> X <u> </u> None | |
| 11 | Stock or stock options | <u> </u> X <u> </u> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <u> </u> X <u> </u> None | |
| 13 | Other financial or non-financial interests | <u> </u> X <u> </u> None | |

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

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Provision of study materials: Second Affiliated Hospital, Zhejiang University School of Medicine

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

 X 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: 2021.7.1
 Your Name: Bo Lin
 Manuscript Title: Detection of hypomimia in patients with Parkinson's disease via smile videos
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021.7.1
 Your Name: Jianwei Yin
 Manuscript Title: Detection of hypomimia in patients with Parkinson’s disease via smile videos
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021.7.1
 Your Name: Wei Luo
 Manuscript Title: Detection of hypomimia in patients with Parkinson's disease via smile videos
 Manuscript number (if known): _____

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Patents pending: A Construction Method for Detecting Facial Bradykinesia based on Geometric Features and Texture Features
Provision of study materials: Second Affiliated Hospital, Zhejiang University School of Medicine

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ICMJE DISCLOSURE FORM

Date: 2021.7.1
 Your Name: Renjun Xu
 Manuscript Title: Detection of hypomimia in patients with Parkinson's disease via smile videos
 Manuscript number (if known): _____

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| 7 | Support for attending meetings and/or travel | <u> X </u> None | |
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None.

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ICMJE DISCLOSURE FORM

Date: 2021.7.1
 Your Name: Jie Xu
 Manuscript Title: Detection of hypomimia in patients with Parkinson's disease via smile videos
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021.7.1
 Your Name: Kexiong Dong
 Manuscript Title: Detection of hypomimia in patients with Parkinson's disease via smile videos
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | The author is employed by Technical Department in Hangzhou Healink Technology Corporation Limited, which located at 188 Liyi Rd, Hangzhou, China. | |
| 11 | Stock or stock options | <u>X</u> None | |
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