

ICMJE DISCLOSURE FORM

Date: 10/11/2022

Your Name: Maryam Ghahremani

Manuscript Title: Functional connectivity and mild behavioral impairment in dementia-free elderly

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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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.

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Time frame: Since the initial planning of the work								
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <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>							
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	society, committee or advocacy group, paid or unpaid		
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 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: 10/11/2022

Your Name: Santhosh Nathan

Manuscript Title: Functional connectivity and mild behavioral impairment in dementia-free elderly

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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 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: 10/11/2022

Your Name: Alexander McGirr

Manuscript Title: Functional connectivity and mild behavioral impairment in dementia-free elderly

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Abbvie Canada	
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 type="checkbox"/> None	
		Provisional patent unrelated to the manuscript	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 10/11/2022

Your Name: Bradley Goodyear

Manuscript Title: Functional connectivity and mild behavioral impairment in dementia-free elderly

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 10/11/2022

Your Name: [Zahinoor Ismail]

Manuscript Title: [Functional Connectivity and Mild Behavioral Impairment in Dementia-Free Elderly]

Manuscript Number (if known): Click or tap here to enter text.

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4	Consulting fees	<input checked="" type="checkbox"/> None	
		Otsuka/Lundbeck	Paid to me.
		Roche	Paid to institution – unrelated to submitted work
		Biogen	Paid to institution – unrelated to submitted work
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
		Otsuka/Lundbeck	Honoraria for presentations paid to me
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 type="checkbox"/> None	
		OCEANS study Johns Hopkins DSMB	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Chair Canadian Conference on Dementia	No conflict – voluntary position
		Chair Canadian Consensus Conference on Diagnosis and Treatment of Dementia	No conflict – voluntary position

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ICMJE DISCLOSURE FORM

Date: 10/12/2022

Your Name: Eric Smith

Manuscript Title: Functional connectivity and mild behavioral impairment in dementia-free elderly

Manuscript Number (if known): [Click or tap here to enter text.](#)

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