Date:	9/24/2024
Your Name:	Helmet Karim
Manuscript Title:	Altered Triple Network Model Connectivity is Associated with Cognitive Function and Depressive Symptoms in Older Adults
Manuscript Number (if known):	ADJ-D-24-00440

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		e all entities with whom you have this onship 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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [🖂]	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.		

Date:	9/18/2024
Your Name:	Sang Joon Son
Manuscript Title:	Altered Triple Network Model Connectivity is Associated with Cognitive Function and Depressive Symptoms in Older Adults
Manuscript Number (if known):	ADJ-D-24-00440

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		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	This research was supported by the Korea National Institute of Health (KNIH) research	Project No. 2024-ER0505-00
	medical writing, article processing charges, etc.)	project This research was supported by grants from the National Research Foundation of Korea (NRF), funded by the Ministry of Science and ICT	NRF-2019R1A5A2026045
	No time limit for this item.		
		Time frame: past 36 month	ns
2	Grants or contracts from	□ None	
	any entity (if not indicated in item #1 above).	This research was supported by a grant from the Korea Dementia Research Project through the Korea Dementia Research Center (KDRC), funded by the Ministry of Health and Welfare and the Ministry of Science and ICT, Republic of Korea	RS-2024-00339665
		This research was supported by grants from the Korea Health Industry Development Institute (KHIDI), funded by the Ministry of Health and Welfare	HR21C1003 HI22C0724 HR22C1734 RS-2023-00267453 RS-2024-00406876
		This work was supported by a research fund from Ajou University Medical Center (2024)	

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3	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	■ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	☑ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	□ None	

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	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
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13	Other financial or non-financial interests	⊠ None	
Plea	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.		

Date:	9/18/2024
Your Name:	Chang Hyung Hong
Manuscript Title:	Altered Triple Network Model Connectivity is Associated with Cognitive Function and Depressive Symptoms in Older Adults
Manuscript Number (if known):	ADJ-D-24-00440

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		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	This research was supported by grants from the Korea Health Industry Development Institute (KHIDI), funded by the Ministry of Health and Welfare This work was supported by a research fund from Ajou University Medical Center (2024)	HR21C1003 HI22C0724 HR22C1734 RS-2023-00267453 RS-2024-00406876

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Plea	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.		

Date:	9/18/2024
Your Name:	Hyun Woong Roh
Manuscript Title:	Altered Triple Network Model Connectivity is Associated with Cognitive Function and Depressive Symptoms in Older Adults
Manuscript Number (if known):	ADJ-D-24-00440

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2	Grants or contracts from any entity (if not	None This research was supported by grants from the	HR21C1003
	indicated in item	Korea Health Industry Development Institute	HI22C0724
	#1 above).	(KHIDI), funded by the Ministry of Health and	HR22C1734
		Welfare	RS-2023-00267453 RS-2024-00406876
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9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	⊠ None	
Plea		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	9/18/2024
Your Name:	Yong Hyuk Cho
Manuscript Title:	Altered Triple Network Model Connectivity is Associated with Cognitive Function and Depressive Symptoms in Older Adults
Manuscript Number (if known):	ADJ-D-24-00440

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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	■ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	■ None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [⊠]	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.		

Date:	9/18/2024
Your Name:	Sunhwa Hong
Manuscript Title:	Altered Triple Network Model Connectivity is Associated with Cognitive Function and Depressive Symptoms in Older Adults
Manuscript Number (if known):	ADJ-D-24-00440

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2	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. Grants or contracts from any entity (if not		None Time frame: past 36 month None	S
2	indicated in item #1 above).	57	None	
3	Royalties or licenses		None	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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13	Other financial or non-financial interests	None	
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement:		

Date:	9/18/2024
Your Name:	You Jin Nam
Manuscript Title:	Altered Triple Network Model Connectivity is Associated with Cognitive Function and Depressive Symptoms in Older Adults
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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7	Support for attending meetings and/or travel	None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [⊠]	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.		

Date:	9/18/2024
Your Name:	Bumhee Park
Manuscript Title:	Altered Triple Network Model Connectivity is Associated with Cognitive Function and Depressive Symptoms in Older Adults
Manuscript Number (if known):	ADJ-D-24-00440

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		Time frame: past 36 months	S
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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13	Other financial or non-financial interests	None	
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Date:	9/18/2024
Your Name:	Dong Yun Lee
Manuscript Title:	Altered Triple Network Model Connectivity is Associated with Cognitive Function and Depressive Symptoms in Older Adults
Manuscript Number (if known):	ADJ-D-24-00440

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7	Support for attending meetings and/or travel	None None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	■ None	
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Plea [⊠]	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.		

Date:	9/18/2024
Your Name:	Narae Kim
Manuscript Title:	Altered Triple Network Model Connectivity is Associated with Cognitive Function and Depressive Symptoms in Older Adults
Manuscript Number (if known):	ADJ-D-24-00440

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Date:	9/18/2024
Your Name:	Jin Wook Choi
Manuscript Title:	Altered Triple Network Model Connectivity is Associated with Cognitive Function and Depressive Symptoms in Older Adults
Manuscript Number (if known):	ADJ-D-24-00440

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33 12/13/2021 ICMJE Disclosure Form

Date:	9/25/2024
Your Name:	Antonija Kolobaric
Manuscript Title:	Altered Triple Network Model Connectivity is Associated with Cognitive Function and Depressive Symptoms in Older Adults
Manuscript Number (if known):	ADJ-D-24-00440

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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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	□ None	
		Radicle Science	Payments made directly to me as a part of a consulting internship.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending	[□] None	
	meetings and/or travel	Alzheimer's Association	Support for AAIC 2023
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	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.		

Date:	9/18/2024
Your Name:	Bruna Bellaver
Manuscript Title:	Altered Triple Network Model Connectivity is Associated with Cognitive Function and Depressive Symptoms in Older Adults
Manuscript Number (if known):	ADJ-D-24-00440

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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.

		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 o	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.	None Time frame: past 36 months	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Alzheimer's Association	AARFD-22-974627
3	Royalties or licenses	None	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Alzheimer's Association HAI	Support to attend AAIC 2024, 2023 and 2022 Support to attend HAI 2024
8	Patents planned, issued or pending	■ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	9/1/2024
Your Name:	Tharick Pascoal]
Manuscript Title:	Altered Triple Network Model Connectivity is Associated with Cognitive Function and Depressive Symptoms in Older Adults
Manuscript Number (if known):	ADJ-D-24-00440

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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.

			e all entities with whom you have this onship 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.		None Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH	None	
3	Royalties or licenses		None	

			cations/Comments (e.g., if payments were to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None Alzheimer's Association	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [⊠]	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.		

Date:	9/1/2024
Your Name:	Pamela C L Ferreira]
Manuscript Title:	Altered Triple Network Model Connectivity is Associated with Cognitive Function and Depressive Symptoms in Older Adults
Manuscript Number (if known):	ADJ-D-24-00440
content of your manuscript. "Rela affected by the content of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be unuscript. Disclosure represents a commitment to transparency and does not necessarily 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.	
In item #1 below, report all support frame for disclosure is the past 36	ort for the work reported in this manuscript without time limit. For all other items, the time 5 months.

Name all entities with whom you have this Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution) Time frame: Since the initial planning of the work All support for the \boxtimes None present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months Grants or None contracts from any entity (if not Alzheimer Association (AARFD-22-923814) indicated in item #1 above). Royalties or 3 \boxtimes None licenses

ľ		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	9/18/2024
Your Name:	Eldin Jasarevic
Manuscript Title:	Altered Triple Network Model Connectivity is Associated with Cognitive Function and Depressive Symptoms in Older Adults
Manuscript Number (if known):	ADJ-D-24-00440

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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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [⊠]	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.		

Date:	9/18/2024
Your Name:	Howard Aizenstein
Manuscript Title:	Altered Triple Network Model Connectivity is Associated with Cognitive Function and Depressive Symptoms in Older Adults
Manuscript Number (if known):	ADJ-D-24-00440

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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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		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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	SR01AG080565-02 5T32MH019986-28 4R01AG025516-13 5P01AG025204-18 5P01AG025204-18 2R25MH119050-06 1R01AG085566-01 5P30AG066468-05 1R01AG080565-01A1 5P01AG025204-17 5P01AG025204-17	

		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)
		5T32MH119168-05 5T32MH019986-27 5P30AG066468-04 5R01AG063525-05 3R01MH076079-15S1 2T32MH019986-26 2P01AG025204-16 2P01AG025204-16 5P30AG066468-03 5T32MH119168-04 5R01AG063525-04	
3	Royalties or licenses	None Non	
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Honoraria (<\$2000)	R25 MH119050
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	⊠ None	

		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)	
8	Patents planned, issued or pending	None		
9	Participation on a Data Safety Monitoring Board or Advisory Board	DSMB DSMB	R01AG065259 R01AG065288	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None		
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea 🖂	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.			

Date:	9/18/2024		
Your Name:	Dr. Carmen Andreescu		
Manuscript Title:	Altered Triple Network Model Connectivity is Associated with Cognitive Function and Depressive Symptoms in Older Adults		
Manuscript Number (if known):	Manuscript Number (if known): ADJ-D-24-00440		
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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.			

Specifications/Comments (e.g., if payments were Name all entities with whom you have this relationship or indicate none (add rows as needed) made to you or to your institution) Time frame: Since the initial planning of the work All support for the \boxtimes None present manuscript (e.g., funding, provision of study materials, Click the tab key to add additional rows medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months Grants or None contracts from any entity (if not indicated in item #1 above). Royalties or 3 \boxtimes None licenses

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□ □	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [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.		

Date:	9/23/2024
Your Name:	Andrew Gerlach
Manuscript Title:	Altered Triple Network Model Connectivity is Associated with Cognitive Function and Depressive Symptoms in Older Adults
Manuscript Number (if known):	ADJ-D-24-00440

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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.	Time frame: Since the initial planning None	of the work Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIMH	
3	Royalties or licenses	None None	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	■ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	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.				