

ICMJE DISCLOSURE FORM

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

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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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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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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ICMJE DISCLOSURE 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

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: 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

Manuscript Number (if known): ADJ-D-24-00440

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: 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

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: 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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ICMJE DISCLOSURE 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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>									

ICMJE DISCLOSURE FORM

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

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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Time frame: past 36 months							
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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: 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

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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4	Consulting fees	<input type="checkbox"/> None <table border="1" data-bbox="386 258 1516 428"> <tr> <td>Radicle Science</td> <td>Payments made directly to me as a part of a consulting internship.</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Radicle Science	Payments made directly to me as a part of a consulting internship.						
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 856 1516 961"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" data-bbox="386 1075 1516 1180"> <tr> <td>Alzheimer's Association</td> <td>Support for AAIC 2023</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Alzheimer's Association	Support for AAIC 2023						
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1293 1516 1398"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1512 1516 1617"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
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ICMJE DISCLOSURE 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

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: 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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ICMJE DISCLOSURE 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

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Time frame: past 36 months									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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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: 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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ICMJE DISCLOSURE 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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3	Royalties or licenses	<input checked="" type="checkbox"/> None 							
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ICMJE DISCLOSURE 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): ADJ-D-24-00440

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ICMJE DISCLOSURE 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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		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	<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	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			