Date:	2/8/2025
Your Name:	Shuang Yuan
Manuscript Title:	Brain Structural Alterations in Young Women with Premature Ovarian Insufficiency: Implications for Dementia Risk
Manuscript Number (if known):	ADJ-D-24-02614

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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)
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		Time frame: past 36 month	ns
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3	Royalties or licenses	None	

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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	
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	

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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:	2/8/2025
Your Name:	Yuchen Gong
Manuscript Title:	Brain Structural Alterations in Young Women with Premature Ovarian Insufficiency: Implications for Dementia Risk
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Your Name:	Yu Zhang
Manuscript Title:	Brain Structural Alterations in Young Women with Premature Ovarian Insufficiency: Implications for Dementia Risk
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Date:		2/8/20	25		
Your Name:		Wenjia	Wenjiao Cao		
Manuscript Title:			Structural Alterations in Young Wom Pations for Dementia Risk	en with Premature Ovarian Insufficiency:	
Mai	nuscript Number (if kr	own): ADJ-D-	24-02614		
content of your manuscript. "Rela affected by the content of the ma		ot. "Related" me the manuscript	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 nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
		sion, you should	declare all relationships with manu	example, if your manuscript pertains to the facturers of antihypertensive medication, even if	
In item #1 below, report all support frame for disclosure is the past 36				vithout time limit. For all other items, the time	
iiui	ne for disclosure is the	past 36 months	•		
ii ui	1	Name all entities	s with whom you have this ndicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
ii ui	1	Name all entities relationship or in	s with whom you have this	made to you or to your institution)	
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Royalties or

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Date:	2/8/2025
Your Name:	Liutong Wei
Manuscript Title:	Brain Structural Alterations in Young Women with Premature Ovarian Insufficiency: Implications for Dementia Risk
Manuscript Number (if known):	ADJ-D-24-02614

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Date:	2/8/2025
Your Name:	Taotao Sun
Manuscript Title:	Brain Structural Alterations in Young Women with Premature Ovarian Insufficiency: Implications for Dementia Risk
Manuscript Number (if known):	ADJ-D-24-02614

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Your Name:	Junyan Sun
Manuscript Title:	Brain Structural Alterations in Young Women with Premature Ovarian Insufficiency: Implications for Dementia Risk
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Date:	2/8/2025
Your Name:	Lulu Wang
Manuscript Title:	Brain Structural Alterations in Young Women with Premature Ovarian Insufficiency: Implications for Dementia Risk
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Date:	2/8/2025
Your Name:	Qiuwan Zhang
Manuscript Title:	Brain Structural Alterations in Young Women with Premature Ovarian Insufficiency: Implications for Dementia Risk
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Your Name:	Yu Wei
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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:	2/8/2025
Your Name:	Zhaoxia Qian
Manuscript Title:	Brain Structural Alterations in Young Women with Premature Ovarian Insufficiency: Implications for Dementia Risk
Manuscript Number (if known):	ADJ-D-24-02614

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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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6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
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Date:	2/8/2025
Your Name:	Puming Zhang
Manuscript Title:	Brain Structural Alterations in Young Women with Premature Ovarian Insufficiency: Implications for Dementia Risk
Manuscript Number (if known):	ADJ-D-24-02614

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Date:		-	2/8/2025		
Your Name:		-	Dongmei Lai		
Manuscript Title:		-	Brain Structural Alterations in Young Women with Premature Ovarian Insufficiency: Implications for Dementia Risk		
Manuscript Number (if known):			ADJ-D-24-02614		
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