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The following questions apply to your employment/relationships/activities/interests as they relate to the **current manuscript only**. Each author is required to submit a separate form and is responsible for the accuracy and completeness of the submitted information.

Your employment/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.

Date: 02-Sep-2025

^{req} First Name: Andrea

^{req} Last Name: Quattrone

Manuscript Title: A new fast and accurate dual-line midbrain measurement method for classification of Progressive supranuclear palsy: a large multicohort international study

Manuscript number: RAD-25-1394.R1

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. Note: All items #1 through #13 must indicate none (by checking the box next to None) or include relevant disclosure information in the text boxes. Blank rows will cause the form to be sent back for completion.

	Name all entities with whom you have this relationship or check the box next to None	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,	<input checked="" type="checkbox"/>	None

article processing charges, etc.) No time limit for this item.		
Time frame: past 36 months		
2. Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/>	None
	Funding from the Italian Ministry of Health (Project: PNRR-MCNT2-2023-12378), and from the Italian Society for Parkinson and movement disorders LIMPE-DISMOV, not related to the current research.	
3. Royalties or licenses	<input checked="" type="checkbox"/>	None
4. Consulting fees	<input checked="" type="checkbox"/>	None
5. Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/>	None
	Italian Society for Parkinson and movement disorders LIMPE-DISMOV	
6. Payment for expert testimony	<input checked="" type="checkbox"/>	None
7. Support for attending meetings and/or travel	<input type="checkbox"/>	None
	Italian Society of Neurology	

8. Patents planned, issued or pending	✓	None
9. Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/>	None
	Ferrer company	Member of International Scientific Advisory Board, 2024
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

req Please check the box next to the following statement to indicate your agreement:

✓ I certify that I have answered every question and all the information is complete and accurate.

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