

ICMJE DISCLOSURE FORM

Date: 10/19/2021

Your Name: [Melissa Lamar, Ph.D.]

Manuscript Title: [Stability and Change in Acculturation-related Characteristics in Older Latinos]

Manuscript Number (if known): TRCI-D-22-0014

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.

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.

	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)						
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6	Payment for expert testimony	<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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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: 11/4/2022

Your Name: [Crystal M. Glover]

Manuscript Title: [Stability and Change in Acculturation-related Characteristics in Older Latinos]

Manuscript Number (if known): TRCI-D-22-0014

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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: 10/24/2021

Your Name: [Ana W. Capuano]

Manuscript Title: [Stability and Change in Acculturation-related Characteristics in Older Latinos]

Manuscript Number (if known): TRCI-D-22-0014

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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Alzheimer's Association	Travel support as an invited speaker
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	
		Northwestern University	Communication Bridge: A person-centered internet-based intervention for individuals with primary progressive aphasia, PI Emily J. Rogalski, Ph.D.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Alzheimer's Association- ISTAART	Chair Design and Data Analytic PIA

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ICMJE DISCLOSURE FORM

Date: 11/2/2022

Your Name: Robert S. Wilson, PhD

Manuscript Title: Stability and Change in Acculturation-related Characteristics in Older Latinos

Manuscript Number (if known): TRCI-D-22-0014

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5	Payment or honoraria for lectures, presentations, speakers bureaus,	<input type="checkbox"/>	
		<input checked="" type="checkbox"/> None	
6	manuscript writing or educational events Payment for expert testimony	<input type="checkbox"/>	
		<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/>	
		<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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11	12/13/2021 ICMJE Disclosure Form

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ICMJE DISCLOSURE FORM

Date: 10/24/2021

Your Name: [Debra Fleischman]

Manuscript Title: [Stability and Change in Acculturation-related Characteristics in Older Latinos]

Manuscript Number (if known): TRCI-D-22-0014

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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: 8/26/2021

Your Name: [David Bennett]

Manuscript Title: [Stability and Change in Acculturation-related Characteristics in Older Latinos]

Manuscript Number (if known): TRCI-D-22-0014

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.

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.

		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 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.	<input type="checkbox"/> None							
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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Neurovision, Inc</td> <td style="width: 40%;">Institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Neurovision, Inc	Institution					
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3	Royalties or licenses	<input checked="" type="checkbox"/> None							
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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>BX4</td> <td>To me</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	BX4	To me							
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr> <td>Academic</td> <td>To me</td> </tr> <tr> <td>NGO</td> <td></td> </tr> <tr> <td>NIH</td> <td></td> </tr> </table>	Academic	To me	NGO		NIH				
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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: 10/24/2022

Your Name: [David X. Marquez]

Manuscript Title: [Stability and Change in Acculturation-related Characteristics in Older Latinos]

Manuscript Number (if known): TRCI-D-22-0014

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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