Date:	7/27/2022	
Your Name:	Michael W. Weiner	
Manuscript Title:	Increasing participant diversity in AD research: plans for digital screening, blood testing, and a community-engaged approach in the Alzheimer's Disease Neuroimaging Initiative 4	
Manuscript Number (if known):	ADJ-D-22-00331	

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.

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)	
		Time frame: Since the initial planning of the work	
	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 □ 19-AG024904	Institution Click the tab key to add additional rows.
		Time frame: past 36 month	ns .
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None □ 19-AG024904	Institution
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 Cerecin BioClinica Nestle Roche/Genentech	myself myself myself
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Buck Institute for research on aging China Association for Alzheimer′s disease	myself myself
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	University of Southern California NervGen CTAD Congress	myself Myself Myself
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	UCSF internal review board Roche advisory board	unpaid unpaid

		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	Anven Alzecai Alzheon	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [⊠]	-	to the following statement to indicate your agreement to answered every question and have not altered the wor	

Date:	7/27/2022	7/27/2022		
Your Name:	Dallas Veitch			
Manuscript Title:	Increasing participant diversity in screening, blood testing, and a continuous Alzheimer's Disease Neuroimagin	ommunity-engaged approach in the		
Manuscript Number (if know	wn): ADJ-D- 22-00331			
content of your manuscript. affected by the content of th indicate a bias. If you are in The author's relationships/a	recy, we ask you to disclose all relationships/activities "Related" means any relation with for-profit or not the manuscript. Disclosure represents a commitment doubt about whether to list a relationship/activity, activities/interests should be defined broadly. For each, you should declare all relationships with manufationed in the manuscript.	ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so.		
In item #1 below, report all s frame for disclosure is the pa	support for the work reported in this manuscript wast 36 months.	ithout time limit. For all other items, the time		
Na				
	ame all entities with whom you have this lationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		made to you or to your institution)		
1 All support for the	lationship or indicate none (add rows as needed)	made to you or to your institution)		
1 All support for the present manuscript (e.g.,	lationship or indicate none (add rows as needed) Time frame: Since the initial planning	made to you or to your institution)		
1 All support for the present	lationship or indicate none (add rows as needed) Time frame: Since the initial planning None	made to you or to your institution)		
1 All support for the present manuscript (e.g., funding, provision	lationship or indicate none (add rows as needed) Time frame: Since the initial planning None	made to you or to your institution) s of the work Institution		
1 All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	lationship or indicate none (add rows as needed) Time frame: Since the initial planning None	made to you or to your institution) of the work Institution Click the tab key to add additional rows.		
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 J19-AG024904 to Dr. Weiner	made to you or to your institution) of the work Institution Click the tab key to add additional rows.		

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	
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 [⊠]	-	to the following statement to indicate your agreement to answered every question and have not altered the wor	

Date:	7/27/2022
Your Name:	Melanie J. Miller, PhD
Manuscript Title:	Increasing participant diversity in AD research: plans for digital screening, blood testing, and a community-engaged approach in the Alzheimer's Disease Neuroimaging Initiative 4
Manuscript Number (if known):	ADJ-D-22-00331

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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.

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)	
		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 Employed by Northern California Institute of Research and Education (NCIRE) to work on the ADNI study.	Salaried employee at NCIRE Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None 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	
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	

		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)	
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 [⊠]		following statement to indicate your agreement your agreemen		

Date:		//2//2022			
Your Name:		Paul S. Aisen	Paul S. Aisen		
Ma	nuscript Title:	Increasing participant diversity in A screening, blood testing, and a co Alzheimer's Disease Neuroimagin	mmunity-engaged approach in the		
Ма	nuscript Number (if kı	nown): ADJ-D-22-00331-			
con affe ind	etent of your manuscri ected by the content o icate a bias. If you are a author's relationships	rency, we ask you to disclose all relationships/activities pt. "Related" means any relation with for-profit or not f the manuscript. Disclosure represents a commitment in doubt about whether to list a relationship/activity/is/activities/interests should be defined broadly. For expressions are suppressed in the second should be defined broadly.	t-for-profit third parties whose interests may be to transparency and does not necessarily nterest, it is preferable that you do so.		
-		nsion, you should declare all relationships with manufacentioned in the manuscript.	cturers of antihypertensive medication, even if		
In it		all support for the work reported in this manuscript wit	chout time limit. For all other items, the time		
		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.	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).	NIH, Alzheimer's Association, FNIH, Eisai, Lilly, DoD			
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	Biogen, Merck, Roche, Shionogi, Rainbow Medical, Immunobrain Checkpoint, Vigil Neuroscience	
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	Biogen Phase 3 Aducanumab Steering Committee	
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	Unpaid consulting for Biogen, Eisai, Lilly, Roche	
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 wor	ding of any of the questions on this form.

Date:	7/27/2022
Your Name:	Bruce Albala
Manuscript Title:	Increasing participant diversity in AD research: plans for digital screening, blood testing, and a community-engaged approach in the Alzheimer's Disease Neuroimaging Initiative 4
Manuscript Number (if known):	ADJ-D-22-00331

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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 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 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None NIH	
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	
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 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:			7/27/2022		
Υοι	r Name:		Laurel Beckett		
Manuscript Title:		Increasing participant diversity in AD research: plans for digital screening, blood testing, and a community-engaged approach in the Alzheimer's Disease Neuroimaging Initiative 4			
Ma	nuscript Number (if k	(nown):	ADJ-D-22-003	31	
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned		nted" means any r nuscript. Disclosu t about whether to es/interests shoul u should declare a in the manuscript rt for the work re	elation with for-profit or no are represents a commitmen o list a relationship/activity/ d be defined broadly. For e all relationships with manufa	interests listed below that are related to the t-for-profit third parties whose interests may be to transparency and does not necessarily interest, it is preferable that you do so. cample, if your manuscript pertains to the cturers of antihypertensive medication, even if	
				nom you have this one (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time fra	me: 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.	U01A	G024904		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).	N	one		
3	Royalties or licenses	N	one		

		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	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	External advisory boards for Alzheimer's Disease Centers for UCSF, Washington University, LEADS EOAD vs. LOAD study. DSMB for UCSF Care Ecosystem study, Semantic Dementia study, and UC Davis Senicapoc trial.	
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:	7/27/2022
Your Name:	Robert Green
Manuscript Title:	Increasing participant diversity in AD research: plans for digital screening, blood testing, and a community-engaged approach in the Alzheimer's Disease Neuroimaging Initiative 4
Manuscript Number (if known):	ADJ-D-22-00331

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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 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 NIH AG24904 NIH HD090019 NIH HG009922	Institution institution institution	
		Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None NIH HL143295 NIH HG008685 NIH TR 003201	institution	
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	AIA Allelica Embryome Genomic Life	Grail Humanity Kneed Meida Meenta
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	Cofounder, Genome Medical Inc.	
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:			7/27/2022	
Your Name:			Danielle J Harvey	
Manuscript Title:			Increasing participant diversity in AD research: plans for digital screening, blood testing, and a community-engaged approach in the Alzheimer's Disease Neuroimaging Initiative 4	
Mar	nuscript Number (if k	nown):	ADJ-D- 22 – 00331	
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub		ipt. "Rela of the man e in doubt os/activition	nuscript. Disclosure represents a commitment tabout whether to list a relationship/activity/ines/interests should be defined broadly. For ex	-for-profit third parties whose interests may be to transparency and does not necessarily nterest, it is preferable that you do so. ample, if your manuscript pertains to the
	demiology of hyperter t medication is not me	-		cturers of antihypertensive medication, even if
			rt for the work reported in this manuscript wit months.	hout time limit. For all other items, the time
			ll entities with whom you have this ship 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	of the work
1	All support for the present manuscript (e.g.,	[N	one	
	funding, provision of study materials,	NIH (G	,	Institution Click the tab key to add additional rows.
	medical writing,			Click the tab key to add additional fows.
	article processing charges, etc.) No time limit for this item.			
			Time frame: past 36 months	S
2	Grants or contracts from any entity (if not	[⊠] N	one	
	indicated in item			
	#1 above).			
3	Royalties or	⊠ N	one	
	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	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:			7/27/2022	
Your Name:			Clifford r Jack Jr	
Manuscript Title:			Increasing participant diversity in AD research: plans for digital screening, blood testing, and a community-engaged approach in the Alzheimer's Disease Neuroimaging Initiative 4	
Mar	nuscript Number (if k	nown):	ADJ-D-22-00331	
content of your manuscript. "Rela affected by the content of the man indicate a bias. If you are in doubt The author's relationships/activities			nuscript. Disclosure represents a commitment t about whether to list a relationship/activity/i es/interests should be defined broadly. For ex u should declare all relationships with manufac	r-for-profit third parties whose interests may be to transparency and does not necessarily interest, it is preferable that you do so.
In item #1 below, report all suppor frame for disclosure is the past 36			ort for the work reported in this manuscript wit is months.	hout time limit. For all other items, the time
			Ill entities with whom you have this ship 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.		lone	Click the tab key to add additional rows.
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		lone	Click the tab key to add additional rows.
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		lone	Click the tab key to add additional rows.

		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 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	iDSM for Roche but not payments are involved	
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:	7/27/2022
Your Name:	William Jagust
Manuscript Title:	Increasing participant diversity in AD research: plans for digital screening, blood testing, and a community-engaged approach in the Alzheimer's Disease Neuroimaging Initiative 4
Manuscript Number (if known):	ADJ-D-22-00331

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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)
		Time frame: Since the initial planning	of the work
	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 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	1 1 1	All payments to institution. Most of these funds are not relevant to the work.
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	Biogen, Bioclinica, Prothena, Eisai, Lilly	Payments to me
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 None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Data Safety Monitoring Board for Lilly	Payments to me
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	Optoceutics stock options	Stock options to me
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:	7/27/2022
Your Name:	Susan Landau
Manuscript Title:	Increasing participant diversity in AD research: plans for digital screening, blood testing, and a community-engaged approach in the Alzheimer's Disease Neuroimaging Initiative 4
Manuscript Number (if known):	ADJ-D- 22-00331

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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 None	Click the tab key to add additional rows.	
		Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None R01 AG062689 (PI Landau) U19 AG024904 (PI Weiner) R01 AG061303 (PI Li)	institution institution Institution	
		R01AG062542 (PI Jagust) U24 AG067418 (PI Jagust)		

		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)
ъ	Royalties or licenses	□ None	
4	Consulting fees	□ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Honoraria for HIIIblom Symposium keynote presentation at the Univ of Cal San Francisco Honoraria for presentation at IMPACT-AD workshop	
6	Payment for expert testimony	□ None	
7	Support for attending meetings and/or travel	□ None Travel/conference registration support as part of Scientific Advisory Board for Alz Association Int Conference	
8	Patents planned, issued or pending	□ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None KeifeRX advisory board	
10	Leadership or fiduciary role in	□ None	

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)
	other board, society, committee or advocacy group, paid or unpaid		
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: \[\text{\$\ti			

Date:		7/27/2022	
Your Name:		John C Morris	
Manuscript Title:		Increasing participant diversity in AD research: plans for digital screening, blood testing, and a community-engaged approach in the Alzheimer's Disease Neuroimaging Initiative 4	
Ma	nuscript Number (if k	own): ADJ-D-22-00331	
content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in doub." The author's relationships/activities.		ency, we ask you to disclose all relationships/activities/interests listed below that are related to the t. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be the manuscript. Disclosure represents a commitment to transparency and does not necessarily in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. "activities/interests should be defined broadly. For example, if your manuscript pertains to the ion, you should declare all relationships with manufacturers of antihypertensive medication, even if intioned 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 elationship 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 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None NIH support: P30 AG066444; P01AG003991; P01AG026276; U19AG032438	
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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Barcelona Brain Research Center BBRC) Int'l Advisory Board, TS Srinivasan-NIMHANS Knowledge Conclave (Chennai, India) International Advisory Board; Centre for Brain Research (Bangalore, India) Native Alzheimer Disease-Related Resource Center in Minority Aging Research, Ext Adv Board None Montefiore Grand Rounds, NY Tetra-Inst ADRC seminar series, Grand Rds, NY	
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	Cure Alzheimer's Fund, Research Strategy Council Diverse VCID Observational Study Monitoring Board LEADS Advisory Board, Indiana University	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			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)
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:	7/27/2022	
Your Name:	Rachel L Nosheny	
Manuscript Title:	Increasing participant diversity in AD research: plans for digital screening, blood testing, and a community-engaged approach in the Alzheimer's Disease Neuroimaging Initiative 4	
Manuscript Number (if known):	ADJ-D- 22-00331	

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.

		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.	NIA Institution Click the tab key to add additional rows.		
		Time frame: past 36 month	s	
2	Grants or contracts from	□ None		
	any entity (if not indicated in item		Institution	
	#1 above).	' '	Institution	
	"I abovej.		Institution	
		California Department of Public Health	Institution	
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	
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	-	to the following statement to indicate your agreement answered every question and have not altered the work	

Date	2:		7/27/2022		
You	r Name:	Me: Ozioma Okonkwo, PhD			
Manuscript Title:			Increasing participant diversity in AD research: plans for digital screening, blood testing, and a community-engaged approach in the Alzheimer's Disease Neuroimaging Initiative 4		
Man	nuscript Number (if k	nown):	ADJ-D- 22-00331		
cont affect indic	ent of your manuscricted by the content ocate a bias. If you are author's relationship	ipt. "Rela of the mar e in doubt os/activitie	nuscript. Disclosure represents a commitment about whether to list a relationship/activity/ies/interests should be defined broadly. For expenses, and the state of the state o	t-for-profit third parties whose interests may be to transparency and does not necessarily interest, it is preferable that you do so.	
•	medication is not me		·	cturers of antimypertensive medication, even in	
	em #1 below, report and the for disclosure is the		rt for the work reported in this manuscript wit months.	chout time limit. For all other items, the time	
			Il entities with whom you have this ship 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	
	All support for the	[_] N	one		
	present manuscript (e.g.,	U19A0	G024904	Institution	
	funding, provision		3062167		
	of study materials, medical writing,			Click the tab key to add additional rows.	
	article processing				
	charges, etc.) No time limit for this item.				
			Time frame: past 36 month	s	
2	Grants or contracts from	[□] N	one		
	any entity (if not indicated in item	L	G024904	Institution	
	#1 above).	RUTAC	G062167		
3	Royalties or	× N	one		
	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 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	INS Treasurer	Self

		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 [⊠]	-	to the following statement to indicate your agreement to answered every question and have not altered the wor	

ICMJE DISCLOSURE FORM				
Date:	7/27/2022			
Your Name:	Richard J. Perrin			
Manuscript Title:	Increasing participant diversity in AD research: plans for digital screening, blood testing, and a community-engaged approach in the Alzheimer's Disease Neuroimaging Initiative 4			
Manuscript Number (if known):	ADJ-D-22-00331			
content of your manuscript. "Rela affected by the content of the man indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned in	t for the work reported in this manuscript without time	third parties whose interests may be arency and does not necessarily is preferable that you do so. Our manuscript pertains to the antihypertensive medication, even if		
	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			

All support for the present None manuscript (e.g., funding, provision of study materials, U19AG024904 (Weiner) 08/01/16-07/31/22 NCE Institution medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months 2 Grants or contracts from any None entity (if not indicated in item #1 above). R01AG054567 (Benzinger)09/15/17-06/30/22 Institution P01 AG003991 (Morris) 05/01/19-04/30/24 P30 AG066444 (Morris) 05/01/20-04/30/25 U19 AG032438 (Bateman) 09/15/19-06/30/24 R01 AG052550 (Benzinger)04/15/18-01/31/23 R01 AG070883 (Kind, Raji)03/01/21-02/28/26 R01NS092865 (Xu) 02/01/16-11/30/21 R01AG054513(Yablonskiy)07/01/17-04/30/22 R01 NS075321(Perlmutter)05/01/11-04/30/22 NCE APDA (extended 2019)(Perlmutter) 01/01/99-08/31/21 R01NS097799 (Kotzbauer)08/01/16-04/30/22 NCE R01AG068319 (Bateman) 09/15/20-05/31/25 Institution

Institution

R01 AG053267 (Bateman) 09/01/17-05/31/22

		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)
3	Royalties or licenses	None Non	
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	se place an "X" next to the foll	owing statement to indicate your agreement:			
\boxtimes	I certify that I have answered	every question and have not altered the wording of any	of the questions on this form.		

7/27/2022

Date:

You	r Name:	e: Ronald Petersen			
Ma	Increasing participant diversity in AD research: plans for digital screening, blood testing, and a community-engaged approach in the Alzheimer's Disease Neuroimaging Initiative 4				
Ma	Manuscript Number (if known): ADJ-D- 22-0331				
con affe indi	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				
-	t medication is not me	-			turers of antihypertensive medication, even if
	rem #1 below, report a ne for disclosure is the			nanuscript with	hout time limit. For all other items, the time
			ll entities with whom you have t ship or indicate none (add rows		Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the in	itial planning o	of the work
			rime trame: Since the m	iciai piaririii 6	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.		lone		THE WOIK
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		lone	east 36 months	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: plone	east 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)
4	Consulting fees	Roche, Inc Merck, Inc. Biogen, Inc. Eisai, inc. Genentech, Inc. Nestle, Inc.	self self Self Self Self Self
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	Genentech, Inc.	self
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 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:	7/27/2022
Your Name:	Monica Rivera Mindt
Manuscript Title:	Increasing participant diversity in AD research: plans for digital screening, blood testing, and a community-engaged approach in the Alzheimer's Disease Neuroimaging Initiative 4
Manuscript Number (if known):	ADJ-D-22-00331

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.

		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
	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 NIH	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	University of Rochester University of Texas Rio Grand Valley	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	NIH NIH	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	NCRAD Executive Committee University of Texas Rio Grand Valley Resource Center for Minority Aging Research Advisory Board University of Washington Alzheimer's Disease Research Center (ADRC) Advisory Board	ALL-FTD External Advisory Board Brown University Center for Alzheimer's Disease Research CDC) BOLD Public Health Center of Excellence on Dementia Risk Reduction Expert Panel

		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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Harlem Community and Academic Partnership Alzheimer's Association – NYC Board	
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.		

DISCLOSURE FORM

Date:	7/27/2022	
Your Name: Andrew J Saykin, PsyD		
Manuscript Title:	Increasing participant diversity in AD research: plans for digital screening, blood testing, and a community-engaged approach in the Alzheimer's Disease Neuroimaging Initiative 4	
Manuscript Number (if known):	ADJ-D- 22-00331	

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.

		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.	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).	Dr. Saykin receives support from multiple NIH grants (P30 AG010133, P30 AG072976, R01 AG019771, R01 AG057739, U19 AG024904, R01 LM013463, R01 AG068193, T32 AG071444, and U01 AG068057 and U01 AG072177).	To Indiana University

		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)
3	Royalties or licenses	None Non	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Springer-Nature Publishing	Editorial Office Support as Editor-in- Chief, Brain Imaging and Behavior.
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	Dr. Saykin has served or serves on several advisory boards: Bayer Oncology (Scientific Advisory Board); Eisai (Scientific Advisory Board); Siemens Medical Solutions USA, Inc. (Dementia Advisory Board); NIH NHLBI (MESA Observational Study Monitoring Board).	

		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)	
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	Support from Avid Radiopharmaceuticals, a subsidiary of Eli Lilly (in kind contribution of PET tracer precursor)	Indiana Univerity	
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:	7/27/2022
Your Name:	Leslie Shaw
Manuscript Title:	Increasing participant diversity in AD research: plans for digital screening, blood testing, and a community-engaged approach in the Alzheimer's Disease Neuroimaging Initiative 4
Manuscript Number (if known):	ADJ-D- 22-00331

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.

		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
	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 NIH grant U19-AG024904	i institution 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 NIH grant <u>U19-AG024904</u>	institution
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		myself myself
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	Alzheimer's Association	myself
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:	7/27/2022	
Your Name:	Arthur toga	
Manuscript Title:	Increasing participant diversity in AD research: plans for digital screening, blood testing, and a community-engaged approach in the Alzheimer's Disease Neuroimaging Initiative 4	
Manuscript Number (if known):	ADJ-D-22-00331	

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.

		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		
	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.	NIH AG24904	institution	
		Time frame: past 36 months		
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	
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.			

Date:			7/27/2022	
Your Name:			Duygu Tosun	
Manuscript Title:			Increasing participant diversity in AD research: plans for digital screening, blood testing, and a community-engaged approach in the Alzheimer's Disease Neuroimaging Initiative 4	
Mar	nuscript Number (if k	nown):	ADJ-D- 22-00331	
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub		ipt. "Rela of the man e in doubt os/activition	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 muscript. 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.	
-	lemiology of hyperter : medication is not me	-		cturers of antihypertensive medication, even if
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.				hout time limit. For all other items, the time
			ll entities with whom you have this ship 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	[⊠] N	one	
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.
			Time frame: past 36 month	s
2	Grants or contracts from		one	
	any entity (if not indicated in item #1 above).	NIH gra	ant <u>U19-AG024904</u>	Institution
3	Royalties or licenses	N N	one	

		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	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.		