11/30/2022
M. Carmela Tartaglia
Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research
DADM-D-22-00164

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.

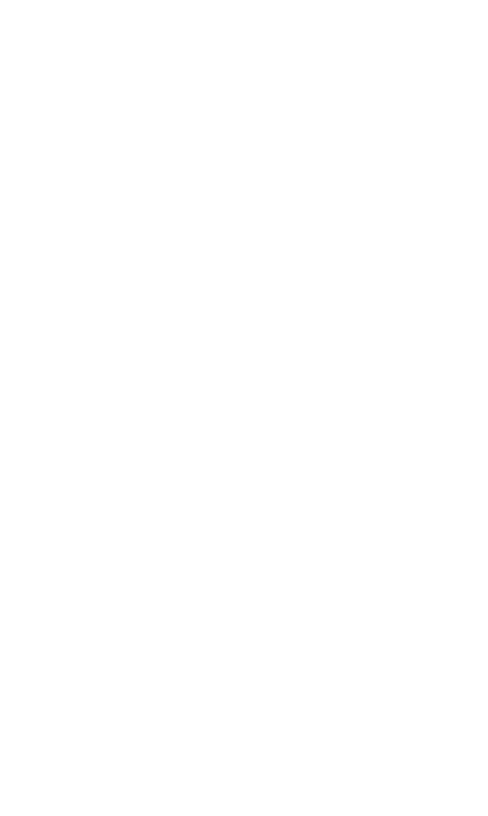
		Name all entities with whom you have this relationship or indicate none (add rows as need	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial plan	ning of the work
	All support for the present manuscript (e.g., funding, provision of study 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 n	nonths
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     Non	
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     Non	
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 Scientific advisor Women's Brain Project Scientific advisor Brain Injury Canada Scientific advisor PSP Canada	

1 12/13/2021 ICMJE Disclosure Form 2 12/13/2021 ICMJE Disclosure Form 2

		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     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	Clinical trials: Janssen, Biogen, Avanex, Green Valley, Roche	
Plea	Please place an "X" next to the following statement to indicate your agreement:		
[oxtimes]	I certify that I have	answered every question and have not altered the wo	ording of any of the questions on this form.

3 12/13/2021 ICMJE Disclosure Form



Date:	11/30/2022
Your Name:	Brian Appleby
Manuscript Title:	Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research
Manuscript Number (if known):	DADM-D-22-00164

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		Time frame: Since the initial planning of	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	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH (ALLFTD)	
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	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: 11/30/2			11/30/2022		_
Your Name:			Bradley F. Boeve		
Mai	nuscript Title:		Feasibility and acceptability of the ALLFTD	Mobile App in frontotemporal dementia research	
Mai	nuscript Number (if I	known):	DADM-D-22-00164		
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.					
mai	ne for disclosure is th	ic past 30	montals.		
			l 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)	9
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision	1. 1	al Institutes of Health (U19 AG063911, P30	To institution	
	of study materials,	AGU620	577)		
	medical writing, article processing			Click the tab key to add additional rows.	
	charges, etc.) No time limit for this item.				
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not		gator for clinical trials sponsored by Biogen,	To institution	
	indicated in item #1 above).		, EIP Pharma, Cognition Therapeutics and	To institution	
		Researc	ch support from LBDA	To institution	
3	Royalties or	⊠ No	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	SAB of the Tau Consortium - funded by the Rainwater Charitable Foundation  DSMB of trial involving mesenchymal stem cells in MSA  SAB for AFTD  SAB for LBDA  SAB for GE Healthcare	To me  unpaid  unpaid  unpaid  To institution
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:	11/30/2022
Your Name:	Danielle Brushaber
Manuscript Title:	Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research
Manuscript Number (if known):	DADM-D-22-00164

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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)
		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).	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	
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:		11/30/2022		
Your Name:		Annie L. Clark		
Manuscript Title:		Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research		
Manuscript Number (if known):		nown): DADM-D-22-00164		
content of your manuscript. "Rela affected by the content of the ma		ency, we ask you to disclose all relationships/activities/interests listed below that are related to the ot. "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.		
epic	demiology of hyperter	/activities/interests should be defined broadly. For example, if your manuscript pertains to the sion, you should declare all relationships with manufacturers of antihypertensive medication, even if ntioned in the manuscript.		
In item #1 below, report all suppo frame for disclosure is the past 36		Il support for the work reported in this manuscript without time limit. For all other items, the time past 36 months.		
		Name all entities with whom you have this Specifications/Comments (e.g., if payments were		
		relationship or indicate none (add rows as needed) made to you or to your institution)		
1	All support for the present manuscript (e.g.,	relationship or indicate none (add rows as needed) made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision	relationship or indicate none (add rows as needed) made to you or to your institution)  Time frame: Since the initial planning of the work  None  Salary support from Bluefield Project and NIH		
1	All support for the present manuscript (e.g.,	relationship or indicate none (add rows as needed) made to you or to your institution)  Time frame: Since the initial planning of the work  None		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	relationship or indicate none (add rows as needed) made to you or to your institution)  Time frame: Since the initial planning of the work  None  Salary support from Bluefield Project and NIH		

3

Royalties or

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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	

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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:	11/30/2022
Your Name:	Julie A. Fields
Manuscript Title:	Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research
Manuscript Number (if known):	DADM-D-22-00164

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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	
		Time frame: past 36 months	s
2	Grants or	□ None	
	contracts from		
	any entity (if not	NIA U54AG 44170	Paid to institution
	any entity (if not indicated in item		Paid to institution Paid to institution
	any entity (if not	NIA U54AG 44170	
	any entity (if not indicated in item	NIA U54AG 44170 NINDS UH3NS 95495	Paid to institution
	any entity (if not indicated in item	NIA U54AG 44170 NINDS UH3NS 95495 NINDS U01NS 100620	Paid to institution Paid to institution
	any entity (if not indicated in item	NIA U54AG 44170 NINDS UH3NS 95495 NINDS U01NS 100620 NIA RF1AG 57547	Paid to institution Paid to institution Paid to institution
	any entity (if not indicated in item	NIA U54AG 44170 NINDS UH3NS 95495 NINDS U01NS 100620 NIA RF1AG 57547 NIA U19AG 63911 NIA R01AG 68128 NIA R44AG 65088	Paid to institution
	any entity (if not indicated in item	NIA U54AG 44170 NINDS UH3NS 95495 NINDS U01NS 100620 NIA RF1AG 57547 NIA U19AG 63911 NIA R01AG 68128	Paid to institution
	any entity (if not indicated in item	NIA U54AG 44170 NINDS UH3NS 95495 NINDS U01NS 100620 NIA RF1AG 57547 NIA U19AG 63911 NIA R01AG 68128 NIA R44AG 65088	Paid to institution

		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         NIA U19AG 63911         NIA U19AG 71754	Travel for investigator meeting; paid to institution  Travel for investigator meeting; paid to institution
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	SWAN-Aging OSMB, University of Pittsburgh	Direct payment to me
10	Leadership or fiduciary role in	[⊠] 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)
	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	
Plea 🖂		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

11/30/2022
Nupur Ghoshal
Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research
DADM-D-22-00164

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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.	National Institutes of Health (U01AG045390-01A1, U54NS092089-01, K12 HD001459, U19AG063911) The Tau Consortium	Institution
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None  NG receives funding from the Association for Frontotemporal Dementia.  NG has participated or is currently participating in clinical trials of anti-dementia drugs sponsored by Bristol Myers Squibb, Eli Lilly/Avid Radiopharmaceuticals, Janssen Immunotherapy, Novartis, Pfizer, Wyeth, Roche.	Institution

		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	Honoraria from AAN for RITE Exam Committee Service Honoraria from Mercy Hospital St. Louis Neuroscience Conference	To me To me
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	□ None  Tau Consortium to attend meetings twice a year	To me; reimbursed associated charges
8	Patents planned, issued or pending	T-019989 — Natural Language Processing-Based Algorithm for Clinical Phenotype Extraction from Clinical Notes Role: Creator Date: 9/15/21	
9	Participation on a Data Safety Monitoring Board or Advisory Board	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)
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	
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:	11/30/2022
Your Name:	Murray Grossman
Manuscript Title:	Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research
Manuscript Number (if known):	DADM-D-22-00164

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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.	Department of Army NIH	W81XWH-20-1-0531 AG066597 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).	Department of Army NIH	W81XWH-20-1-0531 AG066597
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	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:	11/30/2022
Your Name:	Matthew GH Hall
Manuscript Title:	Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research
Manuscript Number (if known):	DADM-D-22-00164

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		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None  I am paid by the ALLFTD grant.	
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	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)
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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:	11/30/2022	
Your Name:	Edward D. Huey	
Manuscript Title:	Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research	
Manuscript Number (if known):	DADM-D-22-00164	
content of your manuscript. "Rela affected by the content of the man	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 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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Name all entities with whom you have this Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution) Time frame: Since the initial planning of the work All support for the □ None present manuscript (e.g., NIH / NIA funding, provision NIH / NIMH of study materials, Click the tab key to add additional rows medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months 2 Grants or **⊠** None contracts from any entity (if not indicated in item #1 above). 3 Royalties or  $\boxtimes$ None 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	
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:			11/30/2022		
Your Name:			lan R. Mackenzie		
Manuscript Title:			Feasibility and acceptability of the ALLFTD	Mobile App in frontotemporal dementia research	
Mar	nuscript Number (if k	nown):	DADM-D-22-00164		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned.		ipt. "Rela of the man e in doubt as/activitionsion, you entioned	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity, es/interests should be defined broadly. For e u should declare all relationships with manufa- in the manuscript.	/interest, it is preferable that you do so.	
			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	
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.		one  LFTD grant (1U19AG063911-01)	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).	CIHR	n Brain Institute nada	Alzheimer's Association - US	
3	Royalties or licenses		one license from Prevail Therapeutics		

		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	CFTD, Lille France, Nov. 2022 (travel cost reimbursement)
8	Patents planned, issued or pending	US patent 12/302.691 – "Detecting and Treating Dementia
9	Participation on a Data Safety Monitoring Board or Advisory Board	None    Output   Outp
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Chair of AFTD Medical Advisory Committee

		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:		11/30/2022	11/30/2022		
Your Name:		John Kornak	John Kornak		
Manuscript Title:		Feasibility a	Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research		
Mar	nuscript Number (if k	nown): DADM-D-22-	00164		
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		pt. "Related" means a f the manuscript. Disc in doubt about wheth s/activities/interests sh nsion, you should decla	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.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if		
that	: medication is not m	entioned in the manusc	ript.		
In item #1 below, report all support frame for disclosure is the past 36 r		• •	creported in this manuscript w	ithout 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 payme made to you or to your institution)			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.,	None NiH ALLFTD			
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.	
				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			
3	Royalties or	None     Non			

		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	Nih Allftd	
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:	11/30/2022
Your Name:	Maria I. Lapid
Manuscript Title:	Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research
Manuscript Number (if known):	DADM-D-22-00164

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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	s		
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None  I receive NIH funding for research.			
3	Royalties or licenses	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)
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  None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	I am on the Executive Council of the Minnesota Psychiatric Society, and on the Assembly of the American Psychiatric Association. None relevant to this 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)
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: 12/1/2022  Your Name:   Irene Litvan			
		Manuscript Title:	["Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research",
Manuscript Number (if known):	DADM-D-22-00164		
content of your manuscript. "Rela affected by the content of the man	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.			

Specifications/Comments (e.g., if payments were Name all entities with whom you have this made to you or to your institution) relationship or indicate none (add rows as needed) Time frame: Since the initial planning of the work None 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: past 36 months Grants or None contracts from any entity (if not National Institute of Aging indicated in item #1 above). 3 Royalties or  $\boxtimes$ None 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  Frontiers in Neurology	Chief Editor
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	CurePSP AFTD	Member of their Scientific Advisory Board  Member of their Scientific Advisory Boar

		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:	11/30/2022
Your Name:	Masood Manoochehri
Manuscript Title:	Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research
Manuscript Number (if known):	DADM-D-22-00164

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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)
		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).	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	
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:	11/30/2022
Your Name:	Joseph C. Masdeu
Manuscript Title:	Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research
Manuscript Number (if known):	DADM-D-22-00164

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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	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	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	National Institutes of Health	Payments to my institution for research
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	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:	11/30/2022
Your Name:	Mario F. Mendez
Manuscript Title:	Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research
Manuscript Number (if known):	DADM-D-22-00164

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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.

		e all entities with whom you have this ionship 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., 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).	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	
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:	11/30/2022
Your Name:	Carly Mester
Manuscript Title:	Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research
Manuscript Number (if known):	DADM-D-22-00164

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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.

		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)
		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).	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	
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:	11/30/2022
Your Name:	Naomi Nevler
Manuscript Title:	Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research
Manuscript Number (if known):	DADM-D-22-00164

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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	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 Department of Defense Alzheimer's Association	Institution Institution 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	New York Neuropsychology Group	Direct Honoraria for lecture
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	NIH Department of Defense Alzheimer's Association	Institution Institution Institution
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	

			h whom you have this te 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     Non		
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:	11/30/2022
Your Name:	Chiadi U. Onyike
Manuscript Title:	Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research
Manuscript Number (if known):	DADM-D-22-00164

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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 o	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  Time frame: past 36 months	Click the tab key to add additional rows.
2	Grants or contracts from		
i	any entity (if not indicated in item #1 above).		Sponsored clinical trial, paid to my institution Sponsored clinical trial, paid to my 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	Acadia Pharmaceuticals Reata Pharmaceuticals	Consultation, personal payment Consultation, personal payment
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	Goodell DeVries Law Firm	Consultation, personal payment
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	Tau Consortium Scientific Advisory Board AFTD Medical Advisory Council FTD Disorders Registry Scientific Advisory Board	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	International Society for Frontotemporal Dementias Executive Committee ISTAART FTD Professional Interest Area Executive Committee	Term expired

		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	Alector Transposon	Drug for sponsored clinical trial  Drug for sponsored clinical trial
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:		11/30/2022	11/30/2022		
Your Name:		Belen Pascual	Belen Pascual		
Manuscript Title:		Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal	Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research		
Mar	nuscript Number (if k	own): DADM-D-22-00164			
content of your manuscript. "Rela affected by the content of the ma		t. "Related" means any relation with for-profit or not-for-profit third parties whose the manuscript. Disclosure represents a commitment to transparency and does not	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.		
epic	demiology of hyperte	activities/interests should be defined broadly. For example, if your manuscript pertonsion, you should declare all relationships with manufacturers of antihypertensive mentioned in the manuscript.			
In item #1 below, report all suppo frame for disclosure is the past 36		I support for the work reported in this manuscript without time limit. For all other it past 36 months.	ems, the time		
		lame all entities with whom you have this elationship or indicate none (add rows as needed)  Specifications/Comments (e.g made to you or to your institu			
		Time frame: Since the initial planning of the work			
	All support for the present manuscript (e.g.,	□ None U19 AG063911 NIH			
1	funding, provision of study materials,	Click the tab key to add additional rows			
	medical writing, 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).	R01 AG068260 NIH R01 AG073267 NIH Alzheimer's Association			

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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	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.		

11/30/2022
Peter Pressman
Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research
DADM-D-22-00164

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	
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    K23 AG063900-01A1	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).	[⊠] 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	
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:			11/30/2022		
Your Name:			Katherine P. Rankin		
Manuscript Title:			Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research		
Ma	nuscript Number (if k	(nown):	DADM-D-22-00164		
content of your manuscript. "Rela affected by the content of the mar indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned in			rt for the work reported in this manuscript without time limit. For all other items, the time		
			l 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	
			Time traine. Since the littla 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.	1. 1	one  al Institutes of Health	Grant payment made to my institution (UCSF)  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	1. 1	one	Grant payment made to my institution (UCSF)  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	Nationa No.	one al Institutes of Health	Grant payment made to my institution (UCSF)  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	
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:		11/30/2022	11/30/2022		
Your Name:		Meghana Rao	Meghana Rao		
Manuscript Title:		Feasibility and acceptability of the ALLFTD M	Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research		
Manuscript Number (if known):		own): DADM-D-22-00164	DADM-D-22-00164		
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are rel content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interaffected by the content of the manuscript. Disclosure represents a commitment to transparency and does not need a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.			or-profit third parties whose interests may be to transparency and does not necessarily indicate		
epide	emiology of hypertens	activities/interests should be defined broadly. For exa ion, you should declare all relationships with manufact tioned in the manuscript.			
	em #1 below, report al e for disclosure is the	support for the work reported in this manuscript with past 36 months.	out 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 o	of the work		
	All support for the present manuscript (e.g., funding, provision of study				
	oresent manuscript (e.g., funding,	None     ■			
ļ ļ	oresent manuscript (e.g., funding, orovision of study materials, medical	None     ■			
ı,	oresent manuscript (e.g., funding, orovision of study materials, medical writing, article	None     Non	Click the tab key to add additional rows.		
r \ \ F	oresent manuscript (e.g., funding, orovision of study materials, medical writing, article orocessing charges, etc.)	None     Non	Click the tab key to add additional rows.		
, , , , , , , , , , , , , , , , , , ,	oresent manuscript (e.g., funding, orovision of study materials, medical writing, article orocessing charges,	None	Click the tab key to add additional rows.		
, , , , , , , , , , , , , , , , , , ,	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	None  Time frame: past 36 months			
, , , , , , , , , , , , , , , , , , ,	cresent manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not				
F	de.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from	Time frame: past 36 months			

Royalties or licenses

⊠ None

3

		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	⊠ 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)
	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	Please place an "X" next to the following statement to indicate your agreement:    Learning that I have answered every question and have not altered the wording of any of the questions on this form		

Date	44/20/2022	
Date:	11/30/2022	
Your Name:	Julio C. Rojas	
Manuscript Title:	Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research	
Manuscript Number (if known):	DADM-D-22-00164	
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 Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution) Time frame: Since the initial planning of the work All support for the □ None present manuscript (e.g., NIA/NIH K23AG059888 funding, provision of study materials, Click the tab key to add additional rows medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months 2 Grants or **⊠** None contracts from any entity (if not indicated in item #1 above). 3 Royalties or  $\boxtimes$ None 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:	11/30/2022
Your Name:	Adam Staffaroni
Manuscript Title:	Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research
Manuscript Number (if known):	DADM-D-22-00164
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests means are related.	

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
2	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.  Grants or contracts from any entity (if not indicated in item #1 above).	NIH Bluefield Project to Cure FTD  Time frame: past 36 month  None  None	Payments to institution Payments to institution Click the tab key to add additional rows.
3	Royalties or licenses	Dr. Staffaroni is an inventor of 4 tasks that have been licensed to Datacubed Health and included in the ALLFTD Mobile App battery. Per UCSF policy, a nominal annual licensing fee is charged to Datacubed Health.	No data from these tasks is reported in the current manuscript. Fees are nominal and directed to institution (Dr. Staffaroni's lab)

		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	Alector Lilly/Prevail Passage Bio Takeda	Personal payments Personal payments Personal payments Personal payments
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   AFTD	Support for attending meeting
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:			11/30/2022		
Your Name:			Jack Taylor		
Manuscript Title:			Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research		
Mai	nuscript Number (if l	known):	DADM-D-22-00164		
In the interest of transparency, we 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, you that medication is not mentioned.			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity, es/interests should be defined broadly. For e u should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
frar	ne for disclosure is th	ne past 36	months.		
			l 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		of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials,	[—]	one al Institute of Health, Bluefield Project to		
	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	[oxtimes] N	one		
	any entity (if not indicated in item #1 above).				

		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:		12/6/2022	12/6/2022		
Your Name:		Amy B. Wise	Amy B. Wise		
Manuscript Title:		Feasibility and acceptability of the ALL	Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research		
Ma	nuscript Number (if k	nown): _ DADM-D-22-00164			
con affe	tent of your manuscr ected by the content o	ipt. "Related" means any relation with for-profit confitments to the manuscript. Disclosure represents a commit	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.		
epi	demiology of hyperte	os/activities/interests should be defined broadly. Finsion, you should declare all relationships with matentioned in the manuscript.	or example, if your manuscript pertains to the nufacturers of antihypertensive medication, even if		
In item #1 below, report all suppo frame for disclosure is the past 36		all support for the work reported in this manuscripe past 36 months.	t without time limit. For all other items, the time		
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were		
		relationship or indicate none (add rows as neede	d) made to you or to your institution)		
		Time frame: Since the initial plann			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing		ng of the work		
1	present manuscript (e.g., funding, provision	Time frame: Since the initial plann  [ None  Receive salary support from the Bluefield Project	ng of the work  Click the tab key to add additional rows.		

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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)
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.			

ICIVISE DISCESSORE I ORIVI			
Date:	11/30/2022	11/30/2022	
Your Name:	Adam L. Boxer		
Manuscript Title:	Feasibility and acceptability of the ALLFTD	Mobile App in frontotemporal dementia research	
Manuscript Number (if k	nown): DADM-D-22-00164		
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			

All support for the None present manuscript (e.g., NIH funding, provision Bluefield Project to Cure FTD of study materials, Rainwater Charitable Foundation Click the tab key to add additional rows medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months Grants or □ None 2 contracts from any entity (if not Biogen, Eisai, Regeneron indicated in item Alzheimer's Association, Association for #1 above). Frontotemporal Degeneration Royalties or None 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	AGTC, Alector, Alzprotect, Amylyx, Arkuda, Arvinas, Asceneuron, Aviado, AZTherapeutics, Boehringer Ingelheim, Denali, GSK, Humana, Life Edit, Merck, Oligomerix, Oscotec, Roche, Transposon, True Binding, Wave	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	University of Southern California	
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	Alector, Arvinas, Arkuda, AZTherapies, TrueBinding	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	11/30/2022
Your Name:	Leah Forsberg
Manuscript Title:	Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research
Manuscript Number (if known):	DADM-D-22-00164
content of your manuscript. "Rela affected by the content of the man	e ask you to disclose all relationships/activities/interests listed below that are related to the sted" 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 about whether to list a relationship/activity/interest, it is preferable that you do so.
• •	es/interests should be defined broadly. For example, if your manuscript pertains to the a should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.
In item #1 below, report all support frame for disclosure is the past 36	rt for the work reported in this manuscript without time limit. For all other items, the time 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.	[□] None [U19AG063911	ALLFTD Study, NIH funds provided to my 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	
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	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	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	11/30/2022
Your Name:	Joel Kramer
Manuscript Title:	Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research
Manuscript Number (if known):	DADM-D-22-00164

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	ns
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	
Plea	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	11/30/2022
Your Name:	Hilary W. Heuer
Manuscript Title:	Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research
Manuscript Number (if known):	DADM-D-22-00164

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		Time frame: past 36 month	s
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	
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:	11/30/2022
Your Name:	Ariane E. Welch
Manuscript Title:	Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research
Manuscript Number (if known):	DADM-D-22-00164

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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)
		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).	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	
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:	11/30/2022
Your Name:	Bradford C. Dickerson
Manuscript Title:	Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research
Manuscript Number (if known):	DADM-D-22-00164

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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	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	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	Cambridge University Press Oxford University Press	

		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	Acadia, Alector, Arkuda, Biogen, Denali, Eisai, Genentech, Lilly, Merck, Takeda, Wave Lifesciences	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Medical Learning Group Projects In Knowledge	
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	Arkuda	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Association for FTD Medical Advisory Council	

		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:		12/1/2022		
Your Name:		Kimiko Domoto-Reilly		
Manuscript Title:		Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research		
Manuscript Number (if known):		own): DADM-D-22-00164		
con affe indi The epic	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 frame for disclosure is the past 36		Il support for the work reported in this manuscript without time limit. For all other items, the time 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 w 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.	ALLFTD U19 AG063911  Click the tab key to add additional rows.		
		Time frame: past 36 months		
2	Grants or	□ None		

3

contracts from any entity (if not

indicated in item

#1 above).

Royalties or

licenses

**⊠** None

NIH P30 AG066509

Takayama Family

Lawton Health Research Institute

			ns/Comments (e.g., if payments were or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	MedBridge Project ECHO Dementia, state of Washington	
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:	11/30/2022		
Your Name:	Neill Graff-Radford		
Manuscript Title:	Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research		
Manuscript Number (if known):	DADM-D-22-00164		
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			

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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	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  Eli Lilly Biogen	Multicenter grant Multicenter grant	
3	Royalties or licenses	Chapter on NPH	UpToDate	

		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:	11/30/2022	
Your Name:	Buddhika Ratnasiri	
Manuscript Title:	Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research	
Manuscript Number (if known):	DADM-D-22-00164	

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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	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).		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	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	11/30/2022
Your Name:	Bonnie Wong
Manuscript Title:	Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research
Manuscript Number (if known):	DADM-D-22-00164

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		Name all entities with whom you have this relationship or indicate none (add rows as neede	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planni	ng 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 mo	nths
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	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:		

Date:			11/30/2022		
Your Name:			Maria Luisa Gorno-Tempini		
Mai	nuscript Title:		Feasibility and acceptability of the ALLFTD	Mobile App in frontotemporal dementia research	
Mai	nuscript Number (if kr	nown):	DADM-D-22-00164		
con affe indi The	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	-		acturers 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.				
			l entities with whom you have this	Specifications/Comments (e.g., if payments were	
		relations	ship or indicate none (add rows as needed)	made to you or to your institution)	
	-	relations	Time frame: Since the initial planning		
1	All support for the present	r 1			
1	All support for the present manuscript (e.g.,	r 1	Time frame: Since the initial planning		
1	All support for the present manuscript (e.g., funding, provision of study materials,	[ <u></u> ] No	Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision	[ <u></u> ] No	Time frame: Since the initial planning	Payments to 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	[ <u></u> ] No	Time frame: Since the initial planning	Payments to institution  Click the tab key to add additional rows.	
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for		Time frame: Since the initial planning	Payments to institution  Click the tab key to add additional rows.	

1 12/13/2021 ICMJE Disclosure Form

No data from these tasks is reported in the

current manuscript. Fees are nominal and

directed to institution

As a co-inventor of one of the ALLFTD mApp

fees (no personal fees), consistent with UCSF

institutional policy

tasks, Dr. Gorno-Tempini's lab receives licensing

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:		

Date:	11/30/2022
Your Name:	Howard J. Rosen
Manuscript Title:	Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research
Manuscript Number (if known):	DADM-D-22-00164

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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		
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).	None   Biogen Pharmaceuticals   NIH   State of California	
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	Wave Neuroscience Ionis Pharmaceuticals Eisai Pharmaceuticals Genentech	
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:			11/30/2022			
Your Name:			Walter Kremers			
Manuscript Title:			Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research			
Manuscript Number (if known):			DADM-D-22-00164			
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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	NIDDK to monitor the APOLLO study	APOLLO (APOL-1 Long-term Outcomes) Observational Study Monitoring Board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

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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		
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