

ICMJE DISCLOSURE FORM

Date: 11/30/2022
 Your Name: M. Carmela Tartaglia
 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.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
		<input type="text"/>	
		<input type="text"/>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		NIH	
		<input type="text"/>	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
		<input type="text"/>	
		<input type="text"/>	

		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	<input checked="" type="checkbox"/> None	
		<input type="text"/>	
		<input type="text"/>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
		<input type="text"/>	
		<input type="text"/>	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
		<input type="text"/>	
		<input type="text"/>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
		<input type="text"/>	
		<input type="text"/>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
		<input type="text"/>	
		<input type="text"/>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
		<input type="text"/>	
		<input type="text"/>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Scientific advisor Women's Brain Project	
		Scientific advisor Brain Injury Canada	
		Scientific advisor PSP Canada	

	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 <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests <input type="checkbox"/> None	
	Clinical trials: Janssen, Biogen, Avanex, Green Valley, Roche	

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 11/30/2022

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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ICMJE DISCLOSURE FORM

Date: 11/30/2022

Your Name: Bradley F. Boeve

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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		SAB of the Tau Consortium - funded by the Rainwater Charitable Foundation	To me
		DSMB of trial involving mesenchymal stem cells in MSA	unpaid
		SAB for AFTD	unpaid
		SAB for LBDA	unpaid
		SAB for GE Healthcare	To institution
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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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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ICMJE DISCLOSURE 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): DADM-D-22-00164

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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

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)																				
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		NIA U19AG 63911	Travel for investigator meeting; paid to institution
		NIA U19AG 71754	Travel for investigator meeting; paid to institution
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		SWAN-Aging OSMB, University of Pittsburgh	Direct payment to me
10	Leadership or fiduciary role in	<input checked="" type="checkbox"/> None	

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	other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 11/30/2022

Your Name: Nupur Ghoshal

Manuscript Title: Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"><tr><td>Honoraria from AAN for RITE Exam Committee Service</td><td>To me</td></tr><tr><td>Honoraria from Mercy Hospital St. Louis Neuroscience Conference</td><td>To me</td></tr><tr><td></td><td></td></tr></table>	Honoraria from AAN for RITE Exam Committee Service	To me	Honoraria from Mercy Hospital St. Louis Neuroscience Conference	To me			
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE 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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Date: 11/30/2022

Your Name: Matthew GH Hall

Manuscript Title: Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research

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Date: 11/30/2022

Your Name: Edward D. Huey

Manuscript Title: Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;"> </td><td style="width: 40%;"></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> </table>							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 11/30/2022

Your Name: Ian R. Mackenzie

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.

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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.	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">NIH ALLFTD grant (1U19AG063911-01)</td> <td style="width: 50%;"></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>		NIH ALLFTD grant (1U19AG063911-01)				Click the tab key to add additional rows.	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">CIHR</td> <td style="width: 50%;">Alzheimer's Association - US</td> </tr> <tr> <td>Weston Brain Institute</td> <td> </td> </tr> <tr> <td>ALS Canada</td> <td> </td> </tr> </table>		CIHR	Alzheimer's Association - US	Weston Brain Institute		ALS Canada	
CIHR	Alzheimer's Association - US								
Weston Brain Institute									
ALS Canada									
3	Royalties or licenses	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Patent license from Prevail Therapeutics</td> <td style="width: 50%;"></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		Patent license from Prevail Therapeutics					
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		[CFTD, Lille France, Nov. 2022 (travel cost reimbursement)]	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		[US patent 12/302.691 – “Detecting and Treating Dementia	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		[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	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 11/30/2022

Your Name: John Kornak

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.

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		NIH ALLFTD	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 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

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;">I receive NIH funding for research.</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	I receive NIH funding for research.						
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>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.</td> <td></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	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.						
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 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

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Frontiers in Neurology</td> <td style="width: 50%;">Chief Editor</td> </tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>	Frontiers in Neurology	Chief Editor							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CurePSP</td> <td style="width: 50%;">Member of their Scientific Advisory Board</td> </tr> <tr> <td>AFTD</td> <td>Member of their Scientific Advisory Board</td> </tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>	CurePSP	Member of their Scientific Advisory Board	AFTD	Member of their Scientific Advisory Board					
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ICMJE DISCLOSURE 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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Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 11/30/2022

Your Name: Joseph C. Masdeu

Manuscript Title: Feasibility and acceptability of the ALLFTD Mobile App in frontotemporal dementia research

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 11/30/2022

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

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.

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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 70%;">Alector, Inc.</td> <td style="width: 30%;">Sponsored clinical trial, paid to my institution</td> </tr> <tr> <td>Transposon Therapeutics</td> <td>Sponsored clinical trial, paid to my institution</td> </tr> <tr> <td style="height: 15px;"> </td> <td> </td> </tr> </table>	Alector, Inc.	Sponsored clinical trial, paid to my institution	Transposon Therapeutics	Sponsored clinical trial, paid to my institution		
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Transposon Therapeutics	Sponsored clinical trial, paid to my institution							
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 15px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="height: 15px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="height: 15px;"> </td><td style="width: 20px;"> </td></tr> </table>						

		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	<input type="checkbox"/> None	
		Acadia Pharmaceuticals	Consultation, personal payment
		Reata Pharmaceuticals	Consultation, personal payment
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
		Goodell DeVries Law Firm	Consultation, personal payment
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		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	<input type="checkbox"/> None	
		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	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		Alector	Drug for sponsored clinical trial
		Transposon	Drug for sponsored clinical trial
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 11/30/2022

Your Name: Belen Pascual

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.

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 11/30/2022

Your Name: Peter Pressman

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.

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ICMJE DISCLOSURE FORM

Date: 11/30/2022

Your Name: Katherine P. Rankin

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 55%;">Same as #1 above</td> <td style="width: 45%;"> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Same as #1 above						
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 55%;"> </td> <td style="width: 45%;"> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>							

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ICMJE DISCLOSURE FORM

Date: 11/30/2022

Your Name: Meghana Rao

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									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="404 296 1537 436"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="404 594 1537 699"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="404 940 1537 1045"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="404 1203 1537 1308"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="404 1465 1537 1570"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="404 1728 1537 1833"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in	<input checked="" type="checkbox"/> None									

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

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 11/30/2022

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.

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

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 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 the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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4	Consulting fees	<input type="checkbox"/> None	
		Alector	Personal payments
		Lilly/Prevail	Personal payments
		Passage Bio	Personal payments
		Takeda	Personal payments
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		AFTD	Support for attending meeting
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 11/30/2022

Your Name: Jack Taylor

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.

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 12/6/2022

Your Name: Amy B. Wise

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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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 11/30/2022

Your Name: Adam L. Boxer

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.

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4	Consulting fees	<input type="checkbox"/> None	
		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	<input type="checkbox"/> None	
		University of Southern California	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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

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ICMJE DISCLOSURE FORM

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

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ICMJE DISCLOSURE FORM

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.

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ICMJE DISCLOSURE FORM

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

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 11/30/2022

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

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None Medical Learning Group Projects In Knowledge	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None Arkuda	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None Association for FTD Medical Advisory Council	

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ICMJE DISCLOSURE 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): DADM-D-22-00164

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		MedBridge	
		Project ECHO Dementia, state of Washington	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE 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

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ICMJE DISCLOSURE 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

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

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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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 11/30/2022

Your Name: Maria Luisa Gorno-Tempini

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.

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

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 11/30/2022

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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		Wave Neuroscience	
		Ionis Pharmaceuticals	
		Eisai Pharmaceuticals	
		Genentech	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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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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