

# ICMJE DISCLOSURE FORM

**Date:** 7/5/2023

**Your Name:** Natalia Gomes Gonçalves

**Manuscript Title:** Education and cognitive function among older adults in Brazil and Mexico

**Manuscript Number (if known):** DADM-D-23-00087

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)
<b>Time frame: Since the initial planning of the work</b>			
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>	
		Alzheimer's Association	23AARFD-1029257; funding for me through my institution
		Click the tab key to add additional rows.	
<b>Time frame: past 36 months</b>			
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>	

		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)
<b>3</b>	Royalties or licenses	x <b>None</b>	
<b>4</b>	Consulting fees	x <b>None</b>	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b>	
		FAAMA (lecture in educational events)	Payment made to me
<b>6</b>	Payment for expert testimony	x <b>None</b>	
<b>7</b>	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b>	
		Alzheimer's Association travel fellowship (2022 and 2023)	
<b>8</b>	Patents planned, issued or pending	x <b>None</b>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	x <b>None</b>	
<b>10</b>	Leadership or fiduciary role in other board,	x <b>None</b>	

		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)
	society, committee or advocacy group, paid or unpaid		
<b>1</b>	Stock or stock options	x <b>None</b>	
<b>1</b>			
<b>1</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x <b>None</b>	
<b>2</b>			
<b>1</b>	Other financial or non-financial interests	x <b>None</b>	
<b>3</b>			

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

x 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:** 6/26/2023

**Your Name:** Jaqueline Contrera Avila

**Manuscript Title:** Education and cognitive function among older adults in Brazil and Mexico

**Manuscript Number (if known):** Click or tap here to enter text.

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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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>							Click the tab key to add additional rows.
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<b>Time frame: past 36 months</b>									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Brown University Seed Award (01/2021-12/2022)</td><td></td></tr> <tr><td>UMass Boston- Harvard Cancer Center U54 Seed Award (01/2023-08/2023)</td><td></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> </table>		Brown University Seed Award (01/2021-12/2022)		UMass Boston- Harvard Cancer Center U54 Seed Award (01/2023-08/2023)			
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
<b>7</b>	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b>	
		Gateway to global aging HCAP Workshop (May 2023)	
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
<b>10</b>	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b>	

		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)
	society, committee or advocacy group, paid or unpaid		
<b>1</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>1</b>			
<b>1</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>2</b>			
<b>1</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
<b>3</b>			

**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:** 6/28/2023

**Your Name:** Laiss Bertola

**Manuscript Title:** Education and cognitive function among older adults in Brazil and Mexico

**Manuscript Number (if known):** Click or tap here to enter text.

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)						
<b>Time frame: Since the initial planning of the work</b>								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table> <p style="font-size: small; color: gray; text-align: right;">Click the tab key to add additional rows.</p>						
<b>Time frame: past 36 months</b>								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>						

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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
<b>10</b>	Leadership or fiduciary role in other board, society,	<input checked="" type="checkbox"/> <b>None</b>	



		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)
	committee or advocacy group, paid or unpaid		
<b>1</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>1</b>			
<b>1</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>2</b>			
<b>1</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
<b>3</b>			

**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:** 7/28/2023

**Your Name:** Alejandra Michaels-Obregón

**Manuscript Title:** Education and cognitive function among older adults in Brazil and Mexico

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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)						
<b>Time frame: Since the initial planning of the work</b>									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">National Institute on Aging/National Institutes of Health</td> <td style="width: 40%;">Research Grant Number R01AG018016</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	National Institute on Aging/National Institutes of Health	Research Grant Number R01AG018016			<small>Click the tab key to add additional rows.</small>	
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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	<input type="checkbox"/> None	
		University of Southern California	Harmonized MHAS as part of the Gateway to Aging Project
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 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	

		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)						
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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# ICMJE DISCLOSURE FORM

**Date:** 6/27/2023

**Your Name:** Cleusa Pinheiro Ferri

**Manuscript Title:** Education and cognitive function among older adults in Brazil and Mexico

**Manuscript Number (if known):** Click or tap here to enter text.

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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		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)
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	
<b>4</b>	Consulting fees	<input type="checkbox"/> <b>None</b>	
		Pan American Health Organization	Personal
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
<b>7</b>	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b>	
		University College London - MRC-UK (GACD meeting)	
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
<b>10</b>	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b>	

		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)
	society, committee or advocacy group, paid or unpaid		
<b>1</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>1</b>			
<b>1</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>2</b>			
<b>1</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
<b>3</b>			

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

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# ICMJE DISCLOSURE FORM

**Date:** 6/27/2023

**Your Name:** Rebeca Wong

**Manuscript Title:** Education and cognitive function among older adults in Brazil and Mexico

**Manuscript Number (if known):** Click or tap here to enter text.

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<b>4</b>	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; height: 20px;">University of Texas at Austin</td> <td style="width:50%;">Advisory Board member for Aging Center, CAPS</td> </tr> <tr> <td style="height: 20px;">University of Pennsylvania</td> <td>Advisory Board member for Aging Center, PARC</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>		University of Texas at Austin	Advisory Board member for Aging Center, CAPS	University of Pennsylvania	Advisory Board member for Aging Center, PARC				
University of Texas at Austin	Advisory Board member for Aging Center, CAPS										
University of Pennsylvania	Advisory Board member for Aging Center, PARC										
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; height: 20px;"></td><td style="width:50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; height: 20px;"></td><td style="width:50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; height: 20px;"></td><td style="width:50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; height: 20px;"></td><td style="width:50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
<b>10</b>	Leadership or fiduciary role in other	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; height: 20px;"></td><td style="width:50%;"></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)
	board, society, committee or advocacy group, paid or unpaid		
<b>1</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>1</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>1</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
<b>3</b>			

**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:** 6/27/2023

**Your Name:** Claudia Kimie Suemoto

**Manuscript Title:** Education and cognitive function among older adults in Brazil and Mexico

**Manuscript Number (if known):** Click or tap here to enter text.

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)								
<b>Time frame: Since the initial planning of the work</b>										
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">AARF-D to Natalia Gonçalves</td> <td>Institution</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>	AARF-D to Natalia Gonçalves	Institution			Click the tab key to add additional rows.			
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Click the tab key to add additional rows.										
<b>Time frame: past 36 months</b>										
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Alzheimer's Association Research Grant</td> <td>Institution</td> </tr> <tr> <td>FAPESP</td> <td>Institution</td> </tr> <tr> <td>LATAM FINGERS executive committee</td> <td>Me</td> </tr> <tr> <td>CNPq productivity fellowship</td> <td>Me</td> </tr> </table>	Alzheimer's Association Research Grant	Institution	FAPESP	Institution	LATAM FINGERS executive committee	Me	CNPq productivity fellowship	Me
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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)
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
<b>7</b>	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b>	
		Alzheimer's Association	
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
<b>10</b>	Leadership or fiduciary role in other board, society,	<input type="checkbox"/> <b>None</b>	
		Sociedade Brasileira de Geriatria e Gerontologia, seção São Paulo	Unpaid

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	committee or advocacy group, paid or unpaid		
<b>1</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>1</b>			
<b>1</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>2</b>			
<b>1</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
<b>3</b>			

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

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