

ICMJE DISCLOSURE FORM

Date: 8/26/2023

Your Name: Mark Espeland

Manuscript Title: Rationale, Design, and Cohort Characteristics of the Action for Health in Diabetes Agin Study

Manuscript Number (if known): TRCI-D-23-00059

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

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

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

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----------|--|--|---|
| | | Time frame: Since the initial planning of the work | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | <input type="checkbox"/> None | |
| | | UOIAG073697 | Primary source of research funding to Institution |
| | | AG074562-01 | AncilFary study funding to institution |
| | | | |
| | | Time frame: past 36 months | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | 'C None | |
| | | Alzheimer's Association Grant | To Institution |
| | | | |
| 3 | Royalties or licenses | None | |
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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 | o None | |
| | | Nestle | Personal support: Steering Committee |
| | | | |
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| | | IMPACT-AD Workshop (NIA funded) | Honoraria for educational event |
| | | | |
| 6 | Payment for expert testimony | None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | None | |
| | | | |
| | | | |
| 8 | Patents planned, issued or pending | None | |
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| 9 | Participation on a Data safety Monitoring Board or Advisory Board | None | |
| | | I serve on 6 NIH DSMB/OSMBs | |
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|----|---|------|--|
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |
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12/13/2021

ICMJE Disclosure Form

| | | 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 | |
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| | | | |
| 13 | Other financial or non-financial interests | None | |
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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: 8/26/2023

Your Name: Kathleen M Hayden

Manuscript Title: ~~Rationale, Design, and Cohort Characteristics of the Action for Health in Diabetes Aging Study~~

Manuscript Number (if known): TRCI-D-23-00059

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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|-------------|--|--|---|------------|------------------------|-------------|---|-------------|--|
| | | Time frame: Since the initial planning of the work | | | | | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | <input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">NIH Grants</td> <td style="width: 50%;">Awarded to Institution</td> </tr> <tr> <td>UO1AG073697</td> <td>Primary source of research funding to institution</td> </tr> <tr> <td>AG074562-OI</td> <td>Ancillary study funding to institution</td> </tr> </table> | | NIH Grants | Awarded to Institution | UO1AG073697 | Primary source of research funding to institution | AG074562-OI | Ancillary study funding to institution |
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| AG074562-OI | Ancillary study funding to institution | | | | | | | | |
| | | 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%; margin-top: 10px;"> <tr> <td style="width: 50%;">NIH Grants</td> <td style="width: 50%;">Awarded to Institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | | NIH Grants | Awarded to Institution | | | | |
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| 3 | Royalties or licenses | None | |
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|---|--|--|---|
| 4 | Consulting fees | None | |
| | | Fred Hutchinson Cancer Research Center | Payment to Dr. Hayden |
| | | | |
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
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| | | | |
| 6 | Payment for expert testimony | None | |
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| 7 | Support for attending meetings and/or travel | None | |
| | | NIH CSR | 2022 Payment to Dr. Hayden |
| | | Hebrew Senior Life | 2022 Payment to Dr. Hayden |
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| 8 | Patents planned, issued or pending | None | |
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| 9 | Participation on a Data | None | |
| | | Wake Forest School of Medicine iDSMB | Unpaid |

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| | Safety Monitoring Board or Advisory Board | UNC Chapel Hill | Payment to Dr. Hayden |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 'O None | |
| | | Alzheimer's & Dementia: Translational Research and Clinical Interventions • | Unpaid |
| | | Alzheimer's & Dementia : Diagnosis, Assessment & Disease Monitorin | Unpaid |
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| 11 | Stock or stock options | None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
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| | | | |
| 13 | Other financial or non-financial interests | None | |
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Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 8/28/2023

Your Name: Lynne Wagenknecht

Manuscript Title: Rationale, Design, and Cohort Characteristics of the Action for Health in Diabetes Aging Study

Manuscript Number (if known): TRCI-D-23-00059

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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| | | UOIAG073697 | Primary source of research funding to institution |
| | | AG074562-O I | Ancillary study funding to institution |
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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 | |
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| 3 | Royalties or licenses | None | |
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| | | Name of 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 <table border="1" data-bbox="391 327 1528 432"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None <table border="1" data-bbox="391 573 1528 678"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
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| 6 | Payment for expert testimony | None <table border="1" data-bbox="391 936 1528 1041"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
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| 7 | Support for attending meetings and/or travel | None <table border="1" data-bbox="391 1167 1528 1272"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
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| 8 | Patents planned, issued or pending | None <table border="1" data-bbox="391 1398 1528 1503"> <tr><td></td><td></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 | None <table border="1" data-bbox="391 1629 1528 1734"> <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 | <p style="text-align: center;">None</p> <table border="1" style="width: 100%; height: 40px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | |
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|----|--|--|---|--|--|--|--|--|--|
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ICMJE DISCLOSURE FORM

Date: 8/26/2023

Your Name: Haiying Chen

Manuscript Title: Rationale, Design, and Cohort Characteristics of the Action for Health in Diabetes Aging Study

Manuscript Number (if known): TRCI-D-23-00059

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|-------------|--|--|---|-------------|---|--|--|--|--|
| | [REDACTED] | [REDACTED] | [REDACTED] Time frame: Since the initial planning of the work | | | | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | <input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;">UOIAG073697</td> <td style="width: 50%;">Primary source of research funding to institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | | UOIAG073697 | Primary source of research funding to institution | | | | |
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| | [REDACTED] | [REDACTED] | [REDACTED] Time frame: past 36 months [REDACTED] | | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above) | None <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | | | | | | | |
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| 3 | Royalties or licenses | None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |
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ICMJE DISCLOSURE FORM

Date: 8/28/2023

Your Name: Michael Walkup

Manuscript Title: Rationale, Design, and Cohort Characteristics of the Action for Health in Diabetes Aging Study

Manuscript Number (if known): TRCI-D-23-00059

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| | | tJOIAG073697 | Primary source of research funding to institution |
| | | AG074562-OI | Ancillary study funding to institution |
| | | | |
| | [REDACTED] | Time frame: past 36 months | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | None | |
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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 | None | |

| | | | | | | | | |
|----|---|---|--|--|--|--|--|--|
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <p style="text-align: center;">None</p> <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="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> </table> | | | | | | |
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1 certify that have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 8/28/2023

Your Name: Mia Yang

Manuscript Title: Rationale, Design, and Cohort Characteristics of the Action for Health in Diabetes Aging Study

Manuscript Number (if known): TRCI-D-23-00059

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|--------------|--|--|---|--------------|---|-------------|--|--|--|
| | [REDACTED] | Time frame: Since the initial planning of the work | | | | | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | <input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;">IUOIAG073697</td> <td style="width: 50%;">Primary source of research funding to institution</td> </tr> <tr> <td>AG074562-01</td> <td>Ancillary study funding to institution</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | | IUOIAG073697 | Primary source of research funding to institution | AG074562-01 | Ancillary study funding to institution | | |
| IUOIAG073697 | Primary source of research funding to institution | | | | | | | | |
| AG074562-01 | Ancillary study funding to institution | | | | | | | | |
| | | | | | | | | | |
| | [REDACTED] | Time frame: past 36 months | | | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None <table border="1" style="width: 100%; margin-top: 5px;"> <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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| 3 | Royalties or licenses | None <table border="1" data-bbox="386 128 1528 233"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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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 <table border="1" data-bbox="386 548 1528 821"> <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> | | | | | | | | | |
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| | | | | | | | | | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None <table border="1" data-bbox="386 873 1528 978"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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| 6 | Payment for expert testimony | None <table border="1" data-bbox="386 1236 1528 1341"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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| 7 | Support for attending meetings and/or travel | None <table border="1" data-bbox="386 1463 1528 1625"> <tr> <td data-bbox="386 1463 959 1505">Alzheimer's Association</td> <td data-bbox="959 1463 1528 1505">Travel cost to attend research round table</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | Alzheimer's Association | Travel cost to attend research round table | | | | | | |
| Alzheimer's Association | Travel cost to attend research round table | | | | | | | | | | |
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| 8 | Patents planned, issued or pending | None <table border="1" data-bbox="386 1690 1528 1795"> <tr><td></td><td></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 | None | |
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| | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |
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12/13/2021

ECMJE Disclosure Form

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

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

3

ICMJE DISCLOSURE FORM

Date: 8/26/2023

Your Name: Judy L. Bahnson

Manuscript Title: Rationale, Design, and Cohort Characteristics of the Action for Health in Diabetes Aging Study

Manuscript Number (if known): TRCI-D-23-00059

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

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

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

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

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| 3 | Royalties or licenses | <p style="text-align: center;">None</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> </table> | | | | | | | | | |
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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 | <p style="text-align: center;">None</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 30px;"></td><td style="width: 50%; height: 30px;"></td></tr> <tr><td style="width: 50%; height: 30px;"></td><td style="width: 50%; height: 30px;"></td></tr> <tr><td style="width: 50%; height: 30px;"></td><td style="width: 50%; height: 30px;"></td></tr> <tr><td style="width: 50%; height: 30px;"></td><td style="width: 50%; height: 30px;"></td></tr> </table> | | | | | | | | | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <p style="text-align: center;">None</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> </table> | | | | | | | | | |
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| 6 | Payment for expert testimony | <p style="text-align: center;">None</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> </table> | | | | | | | | | |
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| 7 | Support for attending meetings and/or travel | <p style="text-align: center;">None</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> </table> | | | | | | | | | |
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| 8 | Patents planned, issued or pending | <p style="text-align: center;">None</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> </table> | | | | | | | | | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
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| | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |
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2

12/13/2021

ICMJE Disclosure Form

| | | 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 | |
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| | | | |
| 13 | Other financial or non-financial interests | None | |
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Please place an "X" next to the following statement to indicate your agreement:

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

3

ICMJE DISCLOSURE FORM

Date: 8/26/2023

Your Name: Denise Houston

Manuscript Title: Rationale, Design, and Cohort Characteristics of the Action for Health in Diabetes Aging Study

Manuscript Number (if known): TRCI-D-23-00059

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

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

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

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----------|--|--|---|
| | Time frame: Since the initial planning of the work | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | <input type="checkbox"/> None | |
| | | UOI AG073697 | Funding to institution |
| | | | |
| | Time frame: past 36 months | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None | |
| | | UOI DK057136 | Funding to institution |
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| 3 | Royalties or licenses | None <table border="1" data-bbox="386 132 1528 237"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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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 <table border="1" data-bbox="386 552 1528 814"> <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> | | | | | | | | | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None <table border="1" data-bbox="386 867 1528 972"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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| 6 | Payment for expert testimony | None <table border="1" data-bbox="386 1224 1528 1329"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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| 7 | Support for attending meetings and/or travel | None <table border="1" data-bbox="386 1455 1528 1560"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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| 8 | Patents planned, issued or pending | None <table border="1" data-bbox="386 1686 1528 1791"> <tr><td></td><td></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 | 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 | 8. 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.

ICMJE DISCLOSURE FORM

Date: 8/28/2023

Your Name: Rebecca Neiberg

Manuscript Title: Rationale, Design, and Cohort Characteristics of the Action for Health in Diabetes Aging Study

Manuscript Number (if known): TRCI-D-23-00059

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

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

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

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) | | | | | | |
|-------------|--|---|---|-------------|---|-------------|--|--|--|
| | | Time frame: Since the initial planning of the work | | | | | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | <input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;">UOIAG073697</td> <td style="width: 50%;">Primary source of research funding to institution</td> </tr> <tr> <td>AG074562-OI</td> <td>Ancillary study funding to institution</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | | UOIAG073697 | Primary source of research funding to institution | AG074562-OI | Ancillary study funding to institution | | |
| UOIAG073697 | Primary source of research funding to institution | | | | | | | | |
| AG074562-OI | Ancillary study funding to institution | | | | | | | | |
| | | | | | | | | | |
| | | Time frame: past 36 months | | | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | | | | | | | |
| | | <table border="1" style="width: 100%; height: 40px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | | | | | | | |
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| 3 | Royalties or licenses | None | | | | | | | |
| | | <table border="1" style="width: 100%; height: 40px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | | | | | | | |
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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 | |
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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) |
|----|--|--|---|
| 11 | Stock or stock options | None | |
| | | | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
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| | | | |
| 13 | Other financial or non-financial interests | None | |
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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: 8/29/2023

Your Name: Peter Huckfeldt

Manuscript Title: Rationale, Design, and Cohort Characteristics of the Action for Health in Diabetes Aging Study

Manuscript Number (if known): TRCI-D-23-00059

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: Since the initial planning of the work | | | | | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | <input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;">NtH-NIA grant U01AG073697</td> <td>Source of research funding to institution.</td> </tr> <tr> <td>NIH-NIA grant NIDDK ROIDK107552</td> <td>Source of research funding to institution.</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | | NtH-NIA grant U01AG073697 | Source of research funding to institution. | NIH-NIA grant NIDDK ROIDK107552 | Source of research funding to institution. | | |
| NtH-NIA grant U01AG073697 | Source of research funding to institution. | | | | | | | | |
| NIH-NIA grant NIDDK ROIDK107552 | Source of research funding to institution. | | | | | | | | |
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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%; margin-top: 5px;"> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | | | | | | | |
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| 3 | Royalties or licenses | None <table border="1" data-bbox="383 128 1523 233"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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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 <table border="1" data-bbox="383 558 1523 835"> <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> | | | | | | | | | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None <table border="1" data-bbox="383 888 1523 993"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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| 6 | Payment for expert testimony | None <table border="1" data-bbox="383 1251 1523 1356"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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| 7 | Support for attending meetings and/or travel | None <table border="1" data-bbox="383 1482 1523 1587"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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| 8 | Patents planned, issued or pending | None <table border="1" data-bbox="383 1713 1523 1818"> <tr><td></td><td></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 | <p style="text-align: center;">None</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> </table> | | | | | | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <p style="text-align: center;">None</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> </table> | | | | | | |
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12/13/2021

ICMJE Disclosure Form

| | Name alt 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 | <p style="text-align: center;">None</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> </table> | | | | | | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <p style="text-align: center;">None</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> </table> | | | | | | |
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| 13 | Other financial or non-financial interests | <p style="text-align: center;">None</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> </table> | | | | | | |
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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: 8/29/2023

Your Name: Tar D. Beckner

Manuscript Title: Rationale, Design, and Cohort Characteristics of the Action for Health in Diabetes Aging Study

Manuscript Number (if known): TRCI-D-23-00059

| | | 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 <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> |
| | | Time frame: past 36 months | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> |

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|---|-----------------------|---|--|--|--|--|--|--|
| 3 | Royalties or licenses | <p style="text-align: center;">None</p> <table border="1" style="width: 100%; height: 40px;"> <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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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) |
|---|--|--|---|
| 4 | Consulting fees | None | |
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| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
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| 6 | Payment for expert testimony | None | |
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| 7 | Support for attending meetings and/or travel | None | |
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| 8 | Patents planned* issued or pending | None | |
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| 9 | Participation on a Data Safety Monitoring | None | |
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| | Board or Advisory Board | | |
| 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.

