Date:	2/27/2023
Your Name:	Chenglong Yu
Manuscript Title:	Validation of newly-derived polygenic risk scores for dementia in a prospective study of older individuals
Manuscript Number (if known):	ADJ-D-22-01219

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	■ None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/27/2023
Your Name:	Joanne Ryan
Manuscript Title:	Validation of newly-derived polygenic risk scores for dementia in a prospective study of older individuals
Manuscript Number (if known):	ADJ-D-22-01219

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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13	Other financial or non-financial interests	None	
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Date:	2/27/2023
Your Name:	Suzanne G. Orchard
Manuscript Title:	Validation of newly-derived polygenic risk scores for dementia in a prospective study of older individuals
Manuscript Number (if known):	ADJ-D-22-01219

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

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

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/27/2023
Your Name:	Catherine Robb
Manuscript Title:	Validation of newly-derived polygenic risk scores for dementia in a prospective study of older individuals
Manuscript Number (if known):	ADJ-D-22-01219

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	■ None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Dat	e:		2/18/2023		
Your Name: Manuscript Title:			Robyn L Woods		
			Validation of newly-derived polygenic ris older individuals	k scores for dementia in a prospective study of	
Ma	nuscript Number (if kr	nown):	ADJ-D-22-01219		
con affe indi The epic tha	the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the ntent of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be feeted by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily dicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  e author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the idemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if at medication is not mentioned in the manuscript.  item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time arms for disclosure is the past 36 months.		et-for-profit third parties whose interests may be not to transparency and does not necessarily //interest, it is preferable that you do so.  xample, if your manuscript pertains to the acturers of antihypertensive medication, even if		
			entities with whom you have this hip 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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1	All support for the present	relations	hip or indicate none (add rows as needed)  Time frame: Since the initial planning one	made to you or to your institution) of the work	
1	All support for the present manuscript (e.g.,	relations	hip or indicate none (add rows as needed)  Time frame: Since the initial planning one	made to you or to your institution) of the work  Payments to Monash University	
1	All support for the present	relations	hip or indicate none (add rows as needed)  Time frame: Since the initial planning one	made to you or to your institution) of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	relations	hip or indicate none (add rows as needed)  Time frame: Since the initial planning one	made to you or to your institution)  of the work  Payments to Monash University  Payments to Monash University	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	relations	hip or indicate none (add rows as needed)  Time frame: Since the initial planning one	made to you or to your institution)  of the work  Payments to Monash University  Payments to Monash University	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	relations	Time frame: Since the initial planning one	made to you or to your institution)  of the work  Payments to Monash University Payments to Monash University Click the tab key to add additional rows.	
	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.	relations  No.	Time frame: Since the initial planning one  Time frame: Time frame: Since the initial planning one	made to you or to your institution)  of the work  Payments to Monash University Payments to Monash University Click the tab key to add additional rows.	
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	NHMRC NIH	Time frame: Since the initial planning one	made to you or to your institution)  of the work  Payments to Monash University Payments to Monash University Click the tab key to add additional rows.	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not	relations  No.	Time frame: Since the initial planning one  Time frame: Time frame: Since the initial planning one	made to you or to your institution)  of the work  Payments to Monash University Payments to Monash University Click the tab key to add additional rows.	
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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	■ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	■ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	■ None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	2/27/2023
Your Name:	Rory Wolfe
Manuscript Title:	Validation of newly-derived polygenic risk scores for dementia in a prospective study of older individuals
Manuscript Number (if known):	ADJ-D-22-01219

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		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

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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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	2/27/2023
Your Name:	Alan E. Renton
Manuscript Title:	Validation of newly-derived polygenic risk scores for dementia in a prospective study of older individuals
Manuscript Number (if known):	ADJ-D-22-01219

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6	Payment for expert testimony	■ None	
7	Support for attending meetings and/or travel	None	
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13	Other financial or non-financial interests	None	
Plea	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	2/27/2023
Your Name:	Alison M. Goate
Manuscript Title:	Validation of newly-derived polygenic risk scores for dementia in a prospective study of older individuals
Manuscript Number (if known):	ADJ-D-22-01219

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13	Other financial or non-financial interests	None	
Plea	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	2/27/2023
Your Name:	Amy Brodtmann
Manuscript Title:	Validation of newly-derived polygenic risk scores for dementia in a prospective study of older individuals
Manuscript Number (if known):	ADJ-D-22-01219

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
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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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13	Other financial or non-financial interests	None	
Plea	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	2/19/2023
Your Name:	Raj C. Shah, MD
Manuscript Title:	Validation of newly-derived polygenic risk scores for dementia in a prospective study of older individuals
Manuscript Number (if known):	ADJ-D-22-01219

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		Time frame: Since the initial planning	of the work
presen manus funding of stud	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	None NIH	Co-Investigator on ASPREE and ASPREE-XT (U01AG029824 and U01AG062682)
	article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item	□ None	
		Amylyx Pharmaceuticals, Inc	Site Sub-I for AD clinical trial; Paid to my institution
	#1 above).	Athira Pharma, Inc	Site PI for AD clinical trial; Paid to my institution
		Edgewater Safety Systems, LLC.	Site PI for AD clinical research; Paid to my institution
		Eli Lilly & Co, Inc	Site Sub-I for AD clinical trial; Paid to my institution
		Genentech, Inc.	Site PI for AD clinical trial; Paid to my institution
		Novartis Pharmaceuticals, Inc.	Site Sub-I for AD clinical trial; Paid to my institution

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
æ	Royalties or licenses	None None	
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board,	□ 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)
	society, committee or advocacy group, paid or unpaid	Voluntary Member, Board of Directors, Alzheimer's Association Illinois Chapter	Completed activity on June 30, 2021 after serving 10 years
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:		2/20/2023	2/20/2023		
Your Name:		Trevor Chong	Trevor Chong		
Manuscript Title:		Validation of newly-derived polygenic ri older individuals	Validation of newly-derived polygenic risk scores for dementia in a prospective study of older individuals		
Ma	nuscript Number (if kno	own): ADJ-D-22-01219			
con affe	tent of your manuscript ected by the content of t	ncy, we ask you to disclose all relationships/activiti t. "Related" means any relation with for-profit or n the manuscript. Disclosure represents a commitme n doubt about whether to list a relationship/activity	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily		
epi	demiology of hypertensi	activities/interests should be defined broadly. For ion, you should declare all relationships with manutioned in the manuscript.			
In item #1 below, report all support frame for disclosure is the past 36 r		I support for the work reported in this manuscript v past 36 months.	vithout time limit. For all other items, the time		
		ame all entities with whom you have this elationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		•	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision	elationship or indicate none (add rows as needed)	made to you or to your institution)		
1	All support for the present manuscript (e.g.,	elationship or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	elationship or indicate none (add rows as needed)  Time frame: Since the initial planning	of the work  Click the tab key to add additional rows.		

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/27/2023
Your Name:	Kerry Sheets
Manuscript Title:	Validation of newly-derived polygenic risk scores for dementia in a prospective study of older individuals
Manuscript Number (if known):	ADJ-D-22-01219

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None  Time frame: past 36 month	Click the tab key to add additional rows.
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3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	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	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/27/2023
Your Name:	Christopher Kyndt
Manuscript Title:	Validation of newly-derived polygenic risk scores for dementia in a prospective study of older individuals
Manuscript Number (if known):	ADJ-D-22-01219

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		Time frame: Since the initial planning of	of the work
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None  Time frame: past 36 months	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/20/2023
Your Name:	Ajay Sood
Manuscript Title:	Validation of newly-derived polygenic risk scores for dementia in a prospective study of older individuals
Manuscript Number (if known):	ADJ-D-22-01219

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		Time frame: Since the initial planning of	of the work
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3	Royalties or licenses	None	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/27/2023
Your Name:	Elsdon Storey
Manuscript Title:	Validation of newly-derived polygenic risk scores for dementia in a prospective study of older individuals
Manuscript Number (if known):	ADJ-D-22-01219

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

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13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/27/2023
Your Name:	Anne M. Murray
Manuscript Title:	Validation of newly-derived polygenic risk scores for dementia in a prospective study of older individuals
Manuscript Number (if known):	ADJ-D-22-01219

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7	Support for attending meetings and/or travel	None	
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13	Other financial or non-financial interests	None			
Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:			2/17/2023		
Your Name:			John McNeil		
Manuscript Title:			Validation of newly-derived polygenic risk scores for dementia in a prospective study of older individuals		
Mar	nuscript Number (if k	known):	ADJ-D-22-01219		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub."  The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned.		ript. "Rela of the man e in doubt os/activition ension, you entioned	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitme t about whether to list a relationship/activity es/interests should be defined broadly. For e u should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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			ici	IJE DISCLOSORE I O	IVIAI
Date:		2/27/2023			
Your Name:		Paul Lacaze			
Manuscript Title:			Validation of n		sk scores for dementia in a prospective study of
Man	nuscript Number (if k	(nown):	ADJ-D-22-01219	)	
content of your manuscript. "Relat affected by the content of the man indicate a bias. If you are in doubt The author's relationships/activities		e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the ushould declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.			
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3	Royalties or licenses	× Ne	one		

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