

ICMJE DISCLOSURE FORM

Date: 6/23/2023

Your Name: Gonzalo Andrés Farías

Manuscript Title: Cochlear dysfunction as an early biomarker for cognitive decline in normal hearing and mild hearing loss

Manuscript Number (if known): DADM-D-23-00079R1

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

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		"Workshop Alzheimer" sponsored by Roche Chile	Workshop participant (paid activity)
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 type="checkbox"/> None	
		INNOVATIVE BLOOD PLATELETS BIOMARKER FOR EARLY DAGNOSIS OF ALZHEMIERS DISEASE	PatentNo.: US9,012,237B2 Inventors: Ricardo B. Maccioni, Gonzalo Farias. https://patents.google.com/patent/US9012237B2/en
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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

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

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

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Date: 6/23/2023

Your Name: Chama Belkhiria

Manuscript Title: Cochlear dysfunction as an early biomarker for cognitive decline in normal hearing and mild hearing loss

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Date: 6/23/2023

Your Name: CHRISTINE GIERKE

Manuscript Title: Cochlear dysfunction as an early biomarker for cognitive decline in normal hearing and mild hearing loss

Manuscript Number (if known): DADM-D-23-00079R1

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Date: 6/23/2023

Your Name: Alexis Leiva Catalan

Manuscript Title: Cochlear dysfunction as an early biomarker for cognitive decline in normal hearing and mild hearing loss

Manuscript Number (if known): DADM-D-23-00079R1

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Date: 6/23/2023

Your Name: Cristina De Gatica Susbielles

Manuscript Title: Cochlear dysfunction as an early biomarker for cognitive decline in normal hearing and mild hearing loss

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 6/23/2023

Your Name: Carlos Felipe Navarro Clavería

Manuscript Title: Cochlear dysfunction as an early biomarker for cognitive decline in normal hearing and mild hearing loss

Manuscript Number (if known): DADM-D-23-00079R1

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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ICMJE DISCLOSURE FORM

Date: 6/23/2023

Your Name: Mauricio David Cerda Villablanca

Manuscript Title: Cochlear dysfunction as an early biomarker for cognitive decline in normal hearing and mild hearing loss

Manuscript Number (if known): DADM-D-23-00079R1

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

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ICMJE DISCLOSURE FORM

Date: 6/23/2023

Your Name: Paul H. Delano

Manuscript Title: Cochlear dysfunction as an early biomarker for cognitive decline in normal hearing and mild hearing loss

Manuscript Number (if known): DADM-D-23-00079R1

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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		ANID – BASAL FB0008	
		Proyecto Milenio ICN09_015	Click the tab key to add additional rows.
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ICMJE DISCLOSURE FORM

Date: 6/23/2023

Your Name: Rodrigo C. Vergara

Manuscript Title: Cochlear dysfunction as an early biomarker for cognitive decline in normal hearing and mild hearing loss

Manuscript Number (if known): DADM-D-23-00079R1

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

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ICMJE DISCLOSURE FORM

Date: 6/23/2023

Your Name: Simón San Martín Rubilar

Manuscript Title: Cochlear dysfunction as an early biomarker for cognitive decline in normal hearing and mild hearing loss

Manuscript Number (if known): DADM-D-23-00079R1

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input 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)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Agencia Nacional de Investigación y Desarrollo ANID, Gobierno de Chile.	National Doctorate Scholarship 2021-2024

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: 6/23/2023

Your Name: Vicente Medel

Manuscript Title: Cochlear dysfunction as an early biomarker for cognitive decline in normal hearing and mild hearing loss

Manuscript Number (if known): DADM-D-23-00079R1

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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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: 6/23/2023

Your Name: Melissa Martinez Sabja

Manuscript Title: Cochlear dysfunction as an early biomarker for cognitive decline in normal hearing and mild hearing loss

Manuscript Number (if known): DADM-D-23-00079R1

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

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ICMJE DISCLOSURE FORM

Date: 6/23/2023

Your Name: Carolina Delgado Derio

Manuscript Title: Cochlear dysfunction as an early biomarker for cognitive decline in normal hearing and mild hearing loss

Manuscript Number (if known): DADM-D-23-00079R1

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

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ICMJE DISCLOSURE FORM

Date: 6/23/2023

Your Name: Victor Vidal Cuevas

Manuscript Title: Cochlear dysfunction as an early biomarker for cognitive decline in normal hearing and mild hearing loss

Manuscript Number (if known): DADM-D-23-00079R1

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ICMJE DISCLOSURE FORM

Date: 6/23/2023

Your Name: Ximena Paz García Nuñez

Manuscript Title: Cochlear dysfunction as an early biomarker for cognitive decline in normal hearing and mild hearing loss

Manuscript Number (if known): DADM-D-23-00079R1

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input checked="" type="checkbox"/> None	
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)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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