Date:	7/27/2023
Your Name:	Adam Naj
Manuscript Title:	Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-00742

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.	National Institute on Aging/NIH National Institute on Aging/NIH National Institute on Aging/NIH	R01 AG054060 RF1 AG061351 U01 AG032984
	this item.		
		Time frame: past 36 month	s
2	Grants or contracts from	[□] None	
	any entity (if not	National Institute on Aging/NIH	U24 AG041689
	indicated in item	National Institute on Aging/NIH	U54 AG052427
	#1 above).	National Institute on Aging/NIH	U01 AG058654
		National Institute on Aging/NIH	R01 AG066152
		National Institute on Aging/NIH	U01 AG062943
		National Institute on Aging/NIH	U01 AG057659
		National Institute on Aging/NIH	R01 AG073435
1		0 0	
		National Institute on Aging/NIH	R56 AG074604
		National Institute on Aging/NIH	R56 AG074604
		National Institute on Aging/NIH National Institute on Aging/NIH	R56 AG074604 R01 AG070864
		National Institute on Aging/NIH National Institute on Aging/NIH National Institute on Aging/NIH	R56 AG074604 R01 AG070864 RF1 AG074328

		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)
3	Royalties or licenses	None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Robert A. Winn Diversity in Clinical Trials Award Program (WinnCDA)	Taught class on epidemiology to WinnCDA Scholars; Honorarium: \$2,000
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		
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.			

Date:	7/7/2023
Your Name:	Andrew Saykin
Manuscript Title:	Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-00742

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,	Dr. Saykin receives support from multiple NIH grants (P30 AG010133, P30 AG072976, R01 AG019771, R01	
	article processing charges, etc.) No time limit for this item.	AG057739, U19 AG024904, R01 LM013463, R01 AG068193, T32 AG071444, U01 AG068057, U01 AG072177, and U19 AG074879).	
	uns 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 #1 above).	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)
3	Royalties or licenses	None	
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	Siemens Medical Solutions USA, Inc. (Dementia Advisory Board)	NIH NHLBI (MESA Observational Study Monitoring Board)
	Advisory Board	Eisai (Scientific Advisory Board)	NIH/NIA: External Advisory Committees, Multiple NIH-funded centers/programs
10	Leadership or fiduciary role in	None	
	other board, society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	[⊠] None	
12	Receipt of equipment,	□ None	
	materials, drugs, medical writing,	Avid Radiopharmaceuticals, a subsidiary of Eli Lilly (in kind contribution of PET	
	gifts or other services	tracer precursor)	
13	Other financial or	None	
13	non-financial		
	interests	Springer-Nature Publishing (Editorial Office Support as Editor-in-Chief, Brain	
		Imaging and Behavior)	
Plas	se nlace an "Y" novt	to the tollowing statement to indicate your agreems	nr.
Plea [⊠		to the following statement to indicate your agreeme answered every question and have not altered the wo	

3 12/13/2021 ICMJE Disclosure Form

Date:	8/21/2023
Your Name:	Angela Jefferson
Manuscript Title:	Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-00742

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	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.	F32-AG022773 R03-AG026610 The Kenneth B. Schwartz Center P30-AG13846 (PI: Kowall/Jefferson) T32-AG036697 K23-AG030962 IIRG-08-88733 R01-HL111516 T32-AG058524-S2 Diversity Supplement K12-HD043444 (PI: Silliman, Freund) R03-AG027480 The Arnold P. Gold Foundation P30-AG13846 (PI: Kowall) Collaborative Project # 2010-05 (PI: Kowall) R01-AG034962-S1 Diversity Supplement Toyoma Chemical Co., Ltd T32-AG058524-S1 Diversity Supplement F32-AG058395 (PI: Osborn) F31-AG059345 (PI: Cambronero) K23-AG048347 Paul B. Beeson Award (PI: Bell) F32-AG046093 (PI: Lane) K12-HD043483 (Candidate: Hohman) K12-HD043483 (Candidate: Gifford) K12-HD043483 (Candidate: Bell) Project #2011-JI-08 (PI: Gifford)	

Time frame: past 36 months  Property (if not indicated in item #1 above).  None  #VR4328  K24-AG046373  R01-NS100980  Trans-Institutional Programs Vanderbilt  Reinvestment Award  P20-AG068082 (Supplement)  R01-EB017230 (PI: Landman)  R01-AG064950 (PI: Robinson)  R01-AG061518 (PI: Hohman)  R03-AG065634  R01-AG034962  R01-AG034962  R01-AG034962  R01-AG034962  T32-AG059716 (PI: Hohman)	
Quants or contracts from any entity (if not indicated in item #1 above).    WVR4328   K24-AG046373   R01-NS100980	
contracts from any entity (if not indicated in item #1 above).    #VR4328  K24-AG046373  R01-NS100980  Trans-Institutional Programs Vanderbilt  Reinvestment Award  P20-AG068082 (Supplement)  R01-EB017230 (PI: Landman)  R01-AG064950 (PI: Robinson)  R01-AG061518 (PI: Hohman)  R03-AG065643 (PI: Gustavson)  R01-AG034962  R01-AG034962  R01-AG034962	
any entity (if not indicated in item #1 above).  #VR4328  K24-AG046373  R01-NS100980  Trans-Institutional Programs Vanderbilt  Reinvestment Award  P20-AG068082 (Supplement)  R01-EB017230 (PI: Landman)  R01-AG064950 (PI: Robinson)  R01-AG061518 (PI: Hohman)  R03-AG065643 (PI: Gustavson)  R01-AG034962  R01-AG034962  R01-AG034962	
R01-AG062826 (PI: Gifford) R01-DC017926 Supplement (PI: Duff) Biohaven Pharmaceuticals F32-AG076276 (PI: Bolton) F31-AG079640 (PI: Robb) Alzheimer's Association Clinician Scientist Fellowship (PI: Bolton) Alzheimer's Association Clinician Scientist Fellowship (PI: Koran) K01-AG0735584 (PI: Archer) F31-AG066358 (PI: Bown) K76-AG060001 (PI: Schrag) K23-AG045966 Paul B. Beeson Award (PI: Gifford) Howard Hughes Medical Institute Gilliam Fellowship (PI: Cambronero) F30-AG064847 (PI: Moore) K01-AG049164 (PI: Hohman)	

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)
3	Royalties or licenses	None	
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,	Advisory Council, Alzheimer's Association	

	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	International Society to Advance Alzheimer's Research and Treatment (ISTAART), Chicago, IL Program Committee, International Neuropsychological Society, Denver, CO Vascular Cognitive Impairment and Dementia Planning Committee, Alzheimer's Disease-Related Dementias Summit 2022, Bethesda, MD Observational Study Monitoring Board, Diverse-VCID: White Matter Lesion Etiology of Dementia in Diverse Populations (Diverse VCID) Study, Bethesda, MD  Scientific Advisory Committee, Paul B. Beeson Emerging Leaders Career Development Program, John A. Hartford Foundation and American Federation for Aging Research, New York, NY Observational Study Monitoring Board, Determinants of Incident Stroke Cognitive Outcomes and Vascular Effects on Recovery (DISCOVERY) Study, Bethesda, MD External Advisory Committee, Clin-STAR Coordinating Center, American Federation for Aging Research, New York, NY External Advisory Board, Kansas Alzheimer's Disease Core Center (P30), Kansas City, KS Alzheimer's Disease and Related Dementia Advisory Council, State of Tennessee Freezer Resources Advisory Committee, Vanderbilt University Medical Center, Nashville, TN Faculty Appointments and Promotions Committee, Vanderbilt University, and Inclusion Committee, Vanderbilt Brain Institute, Vanderbilt University, Nashville, TN Ceriatric Research Education and Clinical Center, Nashville, TN Geriatric Research Education and Clinical Center, Nashville, TN Discover, Learn, and Share Committee, StrategyShare 2020, Vanderbilt University Medical Center, StrategyShare 2020, Vanderbilt University Medical Center, Nashville, TN Promotion and Tenure Committee, Department of Neurology, Vanderbilt, TN Promotion and Tenure Committee, Department of Neurology, Vanderbilt University Medical Center, Nashville, TN Promotion and Tenure Committee, Department of Neurology, Vanderbilt, TN University, Nashville, TN Promotion and Tenure Committee, Department of Neurology, Vanderbilt University Medical Center, Nashville, TN University, Nashville, TN Vanderbilt Faculty Research Scholars	made to you or to your institution)
	- <u>-</u>	

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)	
		Medical Center, Nashville, TN Howard S. Kirshner, MD, Lectureship Committee, Vanderbilt University Medical Center, Nashville, TN Edge Review Committee, Office of Clinical and Translational Career Development, Vanderbilt University Medical Center, Nashville, TN		
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	se place an "X" nex	t to the following statement to indicate your agreeme	ent:	
$[\boxtimes]$	□ I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Dat	e:		7/29/2021		
Your Name:			Brian Kunkle		
Manuscript Title:			Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease		
Mai	nuscript Number (if l	known):	ADJ-D-23-00742		
content of your manuscript. "Rela affected by the content of the ma			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 t 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 in that medication is not mentioned in the manuscript.					
	em #1 below, report ne for disclosure is th		·	ithout time limit. For all other items, the time	
			ll 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	
1	All support for the present manuscript (e.g., funding, provision of study materials,		one al Institutes on Aging (NIA)	Click the tab key to add additional rows.	
	medical writing, article processing charges, etc.) No time limit for this item.				
			Time frame: past 36 months	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one		
3	Royalties or licenses	⊠ No	one		

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None     Non	
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	National Institutes on Aging (NIA)	
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.			

8/21/2023

Date:

Your Name:			C. Dirk Keene		
Manuscript Title:			Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease		
Manuscript Number (if known):			ADJ-D-23-00742		
content of your manuscript. "Rela affected by the content of the man					
				example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report one for disclosure is the		· · · · · · · · · · · · · · · · · · ·	ithout time limit. For all other items, the time	
			l entities with whom you have this thip 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.,		one and Buster Alvord Endowment	Institution	
	funding, provision of study materials,				
	medical writing, article processing charges, etc.) No time limit for this item.				
	and reem		Time frame: past 36 month	s	
2	Grants or contracts from	[ <u></u> ] No	one		
	any entity (if not	NIH P30	) AG066509	Institution	
	indicated in item #1 above).	NIH U1	9 AG066567	Institution	
	#1 above).				

		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)
3	Royalties or licenses	□ None  UpToDate (Alzheimer's Disease)	Me
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	
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			
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.			

Dat	e:	7/24/2	023		
Your Name:		David	David A. Bennett		
Ma	nuscript Title:	Longitu disease		ce as a strong endophenotype for Alzheimer's	
Ma	nuscript Number (if kn	own): ADJ-D-	23-00742		
con affe indi The epid	tent of your manuscripected by the content of icate a bias. If you are author's relationships	ot. "Related" me the manuscript. in doubt about v /activities/intere sion, you should	eans any relation with for-profit or no Disclosure represents a commitmer whether to list a relationship/activity, ests should be defined broadly. For e declare all relationships with manufa	es/interests listed below that are related to the obt-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so.  Example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	tem #1 below, report a me for disclosure is the			ithout time limit. For all other items, the time	
			s with whom you have this ndicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Т	ime frame: Since the initial planning o	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.	NIH State of Illinois		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 #1 above).	[⊠] None	Time frame: past 36 months	s	

		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	

		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	Image: Second content of the content		
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:			

Date	e:		7/11/2023		
Your Name:			Derek Archer		
Manuscript Title:			Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease		
Mar	nuscript Number (if	known):	ADJ-D-23-00742		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti			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 t 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 u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			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	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	[-]	A (K01-AG073584)	Institution  Click the tab key to add additional rows.	
	this item.				
			Time frame: past 36 months	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one A (K01-AG073584)	Institution	
3	Royalties or licenses	No.	one		

		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	

		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:			7/27/2023		
Your Name:			Eden R. Martin		
Manuscript Title:			Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease		
Mai	nuscript Number (if k	nown):	ADJ-D-23-00742		
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."		ipt. "Rela of the ma e in doub is/activiti insion, yo entioned all suppo	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity, es/interests should be defined broadly. For e u should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
			ll 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	
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.	NIH	Time frame: Since the initial planning one	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for			Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH	one	Click the tab key to add additional rows.	

		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	

		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:	7/10/2023
Your Name:	Emily H. Trittschuh
Manuscript Title:	Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-00742

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.

		e all entities with whom you have this onship 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, part 26 month	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 #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	
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	

		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:		7/22/2023			
Your Name:		Gerard D. Schellenberg	Gerard D. Schellenberg		
Manuscript Title:		Longitudinal change in memory perform disease	ance as a strong endophenotype for Alzheimer's		
Mar	nuscript Number (if kno	vn): _ADJ-D-23-00742			
content of your manuscript. "Rela affected by the content of the ma		"Related" means any relation with for-profit o e manuscript. Disclosure represents a commit	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 t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epic	lemiology of hypertensi	ctivities/interests should be defined broadly. Fin, you should declare all relationships with ma oned in the manuscript.	or example, if your manuscript pertains to the nufacturers of antihypertensive medication, even if		
	em #1 below, report all ne for disclosure is the p		t without time limit. For all other items, the time		
		me all entities with whom you have this ationship or indicate none (add rows as neede	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial plann	ng of the work		
1	All support for the present	None			
	present				
	1 1 1	01 AG032984 NIA/NIH	institution		
	funding, provision of study materials,	01 AG032984 NIA/NIH	institution  Click the tab key to add additional rows.		
	funding, provision of study materials, medical writing, article processing	01 AG032984 NIA/NIH			
	funding, provision of study materials, medical writing,	01 AG032984 NIA/NIH			
	funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	01 AG032984 NIA/NIH  Time frame: past 36 mo	Click the tab key to add additional rows.		
2	funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Time frame: past 36 mo	Click the tab key to add additional rows.		
2	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	Time frame: past 36 mo	Click the tab key to add additional rows.		
2	funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Time frame: past 36 mo	Click the tab key to add additional rows.		
	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 indicated in item #1 above).	Time frame: past 36 mo	Click the tab key to add additional rows.		
2	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 indicated in item	Time frame: past 36 mo	Click the tab key to add additional rows.		
	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 indicated in item #1 above).	Time frame: past 36 mo	Click the tab key to add additional rows.		

		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	

		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:			7/24/2023		
Your Name:			Jaclyn M. Eissman		
Manuscript Title:			Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease		
Manuscript Number (if known):		known):	ADJ-D-23-00742		
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			l 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)	
			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.	F31-AG		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 #1 above).	[□] <b>N</b>	077791		
3	Royalties or licenses	⊠ No	one		

		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	

		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:			7/10/2023			
Your Name:			Jesse Mez			
Manuscript Title:			Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease			
Manuscript Number (if known):		nown):	ADJ-D-23-00742	ADJ-D-23-00742		
cont affe	ent of your manuscri	pt. "Re of the m				
epid	-	nsion, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	em #1 below, report and the for disclosure is the			ithout time limit. For all other items, the time		
			all entities with whom you have this aship 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		
				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  nal Institutes of Health	Click the tab key to add additional rows.		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		None	Click the tab key to add additional rows.		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Nation	None  nal Institutes of Health	Click the tab key to add additional rows.		

		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	

		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:			

Date:			7/12/2023		
Your Name:			Jonathan Haines		
Manuscript Title:			Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease		
Mar	nuscript Number (if k	nown):	ADJ-D-23-00742		
content of your manuscript. "Rela affected by the content of the ma			· · · · · · · · · · · · · · · · · · ·		
epic		nsion, y		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report and the for disclosure is the			ithout time limit. For all other items, the time	
			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 the work	
1	All support for the present manuscript (e.g.,		None	Payments to CWRU	
1	present manuscript (e.g., funding, provision	NIH G		Payments to CWRU	
1	present manuscript (e.g., funding, provision of study materials,			Payments to CWRU  Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing				
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for				
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		rants	Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIH G		Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIH G	rants  Time frame: past 36 month	Click the tab key to add additional rows.	
	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 indicated in item	NIH G	rants  Time frame: past 36 month	Click the tab key to add additional rows.	
	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	NIH G	rants  Time frame: past 36 month	Click the tab key to add additional rows.	
	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 indicated in item #1 above).	NIH G	rants  Time frame: past 36 month	Click the tab key to add additional rows.	
2	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 indicated in item #1 above).	NIH G	Time frame: past 36 month None	Click the tab key to add additional rows.	
2	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 indicated in item #1 above).	NIH G	Time frame: past 36 month None	Click the tab key to add additional rows.	

		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	

		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:			8/7/2023		
Your Name:			Julie A. Schneider		
Manuscript Title:			Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease		
Ma	nuscript Number (if kr	nown):	ADJ-D-23-00742		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activitie epidemiology of hypertension, yo that medication is not mentioned.			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity es/interests should be defined broadly. For each of the should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
ııaı	ne for disclosure is the	e past 30	months.		
			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	
1	All support for the present	[□] No	Time frame: Since the initial planning	of the work	
1				Payment to institution	
1	present manuscript (e.g., funding, provision of study materials,		one		
1	present manuscript (e.g., funding, provision		one	Payment to institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing,		one	Payment to institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		one	Payment to institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		one	Payment to institution  Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Nationa	one al Institute on Aging	Payment to institution  Click the tab key to add additional rows.	
	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 indicated in item	Nationa No.	Institute on Aging  Time frame: past 36 month	Payment to institution  Click the tab key to add additional rows.	

		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		To me To me
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	

		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:	7/24/2023
Your Name:	Katherine A. Gifford, PsyD
Manuscript Title:	Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-00742
In the interest of transparency, we	e ask you to disclose all relationships/activities/interests listed below that are related to the

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	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.	NIA K23AG045966  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	

		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	

		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:			

Date:	7/10/2023
Your Name:	Lindsay A. Farrer
Manuscript Title:	Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-00742

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	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 #1 above).	NIH	
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	
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	

		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.				

Dat	e:	7/11/2023			
Your Name:		Lisa L. Barnes	Lisa L. Barnes		
Manuscript Title:		Longitudinal change in memory performane disease	Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease		
Mai	Manuscript Number (if known): ADJ-D-23-00742				
con affe	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.				
epio		ctivities/interests should be defined broadly. For early, you should declare all relationships with manufioned 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.				
		me all entities with whom you have this ationship 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	ationship or indicate none (add rows as needed)	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	ationship or indicate none (add rows as needed)  Time frame: Since the initial planning  None	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.)	ationship or indicate none (add rows as needed)  Time frame: Since the initial planning  None	made to you or to your institution)  of the work  Click the tab key to add additional rows.		

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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	Deputy Editor for A & D	Payment made to me
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 NIH advisory board	
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:		7/25/2023		
Your Name:			Li-San Wang		
Manuscript Title:			Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease		
Ma	nuscript Number (if k	(nown):	ADJ-D-23-00742		
con affe ind The epi tha	etent of your manuscripected by the content of icate a bias. If you are author's relationship demiology of hypertent medication is not me	e interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the ent of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be ted by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily ate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  uthor's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the emiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if medication is not mentioned in the manuscript.			
	tem #1 below, report me for disclosure is th			ithout time limit. For all other items, the time	
			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	
1	All support for the present	[□] No	Time frame: Since the initial planning one	of the work	
1	present manuscript (e.g.,	[-]		Grant awarded to my institution	
1	present manuscript (e.g., funding, provision of study materials,	[-]	one		
1	present manuscript (e.g., funding, provision	[-]	one	Grant awarded to my institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	[-]	one	Grant awarded to my institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	[-]	one	Grant awarded to my institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	[-]	one	Grant awarded to my institution  Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Nationa	one al Institutes of Health	Grant awarded to my institution  Click the tab key to add additional rows.	
	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	Nationa	Institutes of Health  Time frame: past 36 month	Grant awarded to my institution  Click the tab key to add additional rows.	
	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	Nationa	Institutes of Health  Time frame: past 36 month	Grant awarded to my institution  Click the tab key to add additional rows.	
	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 indicated in item	Nationa	Institutes of Health  Time frame: past 36 month	Grant awarded to my institution  Click the tab key to add additional rows.	
	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 indicated in item	Nationa  Nationa	Institutes of Health  Time frame: past 36 month	Grant awarded to my institution  Click the tab key to add additional rows.	

		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	Academia Sinica, Taipei, Taiwan China Medical University, Taichung, Taiwan Taichung Veterans General Hospital, Taiwan	
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 agreement answered every question and have not altered the wo	

Date:			7/10/2023		
Your Name:			Logan Dumitrescu		
Manuscript Title:			Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease		
Mai	nuscript Number (if k	(nown):	ADJ-D-23-00742		
con affe indi	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				
	demiology of hyperte t medication is not m			acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th		·	ithout time limit. For all other items, the time	
			l entities with whom you have this thip 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.,		Time frame: Since the initial planning one  1 AG073439	of the work	
1	present manuscript (e.g., funding, provision		one		
1	present manuscript (e.g., funding, provision of study materials, medical writing,		one	of the work  Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials,		one		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		one		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		DI AG073439	Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIA RO	AG073439  Time frame: past 36 month	Click the tab key to add additional rows.	
2	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	NIA RO	Time frame: past 36 month	Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIA RO	AG073439  Time frame: past 36 month	Click the tab key to add additional rows.	
	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	NIA RO	Time frame: past 36 month	Click the tab key to add additional rows.	
2	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 indicated in item #1 above).	NIA RO	Time frame: past 36 month  Dine  L AG073439	Click the tab key to add additional rows.	
	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 indicated in item	NIA RO	Time frame: past 36 month	Click the tab key to add additional rows.	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	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	
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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:	7/13/2023	
Your Name:	Michael Lee	
Manuscript Title:	Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease	
Manuscript Number (if known):	ADJ-D-23-00742	
content of your manuscript. "Rela affected by the content of the ma	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 t 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 u should declare all relationships with manufacturers of antihypertensive medication, even if 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	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)
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	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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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 agreement answered every question and have not altered the wo	

Dat	e:	7/10/2023	_		
You	ır Name:	Michael Cuccaro	Michael Cuccaro		
Manuscript Title:		Longitudinal change in memory performation	Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease		
Ma	nuscript Number (if kr	nown): ADJ-D-23-00742	ADJ-D-23-00742		
con affe	tent of your manuscripected by the content of	rency, we ask you to disclose all relationships/activ pt. "Related" means any relation with for-profit or f the manuscript. Disclosure represents a commitr in doubt about whether to list a relationship/activ	not-for-profit third parties whose interests may be nent to transparency and does not necessarily		
epi	demiology of hyperten	s/activities/interests should be defined broadly. For nsion, you should declare all relationships with mare entioned in the manuscript.			
	tem #1 below, report a me for disclosure is the	all support for the work reported in this manuscript e past 36 months.	without time limit. For all other items, the time		
		Name all autitios with whom you have this			
		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)		
			) made to you or to your institution)		
1	All support for the	relationship or indicate none (add rows as needed	) made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision of study materials,	relationship or indicate none (add rows as needed)  Time frame: Since the initial planni	) made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision	relationship or indicate none (add rows as needed)  Time frame: Since the initial planni  None  Alzheimer's Disease Sequencing Project Phenotype Harmonization Consortium	made to you or to your institution) g of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	relationship or indicate none (add rows as needed)  Time frame: Since the initial planni  None  Alzheimer's Disease Sequencing Project Phenotype Harmonization Consortium	made to you or to your institution)  g of the work  Payments to 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	relationship or indicate none (add rows as needed)  Time frame: Since the initial planni  None  Alzheimer's Disease Sequencing Project Phenotype Harmonization Consortium	made to you or to your institution)  g of the work  Payments to institution  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	Time frame: Since the initial planni  None  Alzheimer's Disease Sequencing Project Phenotype Harmonization Consortium (AG074855)	made to you or to your institution)  g of the work  Payments to institution  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.	Time frame: Since the initial planni  None  Alzheimer's Disease Sequencing Project Phenotype Harmonization Consortium (AG074855)  Time frame: past 36 mor	made to you or to your institution)  g of the work  Payments to institution  Click the tab key to add additional rows.		

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	
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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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	

Dat	e:	_	7/11/2021		
You	ır Name:	_	Paul Crane		
Ma	nuscript Title:	_	Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease		
Manuscript Number (if known):		nown):	ADJ-D-23-00742		
con affe indi	tent of your manuscricted by the content of cate a bias. If you are	ipt. "Relat of the man e in doubt	ed" means any relation with for-profit or no		
	demiology of hyperted t medication is not me	-	The state of the s	acturers of antihypertensive medication, even if	
	em #1 below, report me for disclosure is th			rithout time limit. For all other items, the time	
			entities with whom you have this nip 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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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.	U24 was		To my institution using standard NIH policies and procedures  Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	US NIH &	grant funding through NIA – the Hohman the primary funding mechanism but we zed data from multiple studies each one	To my institution using standard NIH policies and procedures  Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	US NIH &	grant funding through NIA – the Hohman the primary funding mechanism but we zed data from multiple studies each one had substantial grant support.  Time frame: past 36 month	To my institution using standard NIH policies and procedures  Click the tab key to add additional rows.	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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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 agreement answered every question and have not altered the wo	

Date:			7/11/2023		
You	r Name:		Paul Thompson		
Manuscript Title:			Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease		
Manuscript Number (if known):		nown):	ADJ-D-23-00742		
con affe indi The epic that	tent of your manuscripted by the content of cate a bias. If you are author's relationships demiology of hypertent medication is not me	pt. "Rela f the man in doubt s/activitionsion, you entioned	ated" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity es/interests should be defined broadly. For early u should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
		Name al	l entities with whom you have this	Specifications/Comments (e.g., if payments were	
		relations	ship or indicate none (add rows as needed)	made to you or to your institution)	
		relations	ship or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)	
1		[ ]		made to you or to your institution)	
1	All support for the present manuscript (e.g.,	[□] No	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,	[□] No	Time frame: Since the initial planning	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,	[□] No	Time frame: Since the initial planning	made to you or to your institution)  of the work  To institution	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	[□] No	Time frame: Since the initial planning	made to you or to your institution)  of the work  To institution	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	[□] No	Time frame: Since the initial planning	made to you or to your institution)  of the work  To 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	[□] No	Time frame: Since the initial planning	made to you or to your institution)  of the work  To institution  Click the tab key to add additional rows.	
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.	NIH gra	Time frame: Since the initial planning one ant NIA U01 AG068057	made to you or to your institution)  of the work  To institution  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	NIH gra	Time frame: Since the initial planning one ant NIA U01 AG068057  Time frame: past 36 month	made to you or to your institution)  of the work  To institution  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 indicated in item	NIH gra	Time frame: Since the initial planning one ant NIA U01 AG068057  Time frame: past 36 month one ants, DoD grant, Alzheimer's Association,	made to you or to your institution)  of the work  To institution  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	NIH gra	Time frame: Since the initial planning one ant NIA U01 AG068057  Time frame: past 36 month one ants, DoD grant, Alzheimer's Association,	made to you or to your institution)  of the work  To institution  Click the tab key to add additional rows.	

		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	

		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.						

Date:	7/11/2023
Your Name:	Phoebe Scollard
Manuscript Title:	Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-00742

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

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

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

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	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, nost 26 month	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 #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	
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	

		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:	7/24/2023
Your Name:	Richard Mayeux
Manuscript Title:	Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-00742

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None  Time frame, part 26 month	Click the tab key to add additional rows.
		 Time frame: past 36 month	S
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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	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:	7/10/2023
Your Name:	Seo-Eun Choi
Manuscript Title:	Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-00742

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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:	7/11/2023
Your Name:	Shubhabrata Mukherjee
Manuscript Title:	Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-00742

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.

		e all entities with whom you have this onship 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	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 #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	
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	

		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:			

Date:	7/12/2023
Your Name:	Timothy J. Hohman
Manuscript Title:	Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-00742

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,	National Insutitutes of Health	Grants supporting my research. U24AG074855, R01AG059716		
	medical writing,		Click the tab key to add additional rows.		
	article processing charges, etc.)				
	No time limit for this item.				
		Time frame: past 36 month	s		
2	Grants or contracts from	□ None			
	any entity (if not indicated in item #1 above).	National Institutes of Health (NIH)	Grants supporting my research. R01AG061518, R01AG074012, P20AG068082, RF1AG059869, RF1AG063755, U01AG068057, R21AG059941, K01AG049164, HHSN311201600276P, K12HD043483		
		Phrma Foundation	Grants supporting my research.		
		Charleston Conferences on Alzheimer's Disease	Grants supporting my research.		
		Alzheimer's Association	Grants supporting my research.		

		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)
3	Royalties or licenses	None None □	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	University of Utah Center on Aging National Academy of Neuropsychology Indiana University University of Kentucky Boston University International Neuropsychological Society American Academy of Insurance Medicine	Alzheimer's disease lecture
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	Scientific Adivsory Board
10	Leadership or fiduciary role in other board,	□ None ISTAART	Chair of Sex and Gender Differences PIA

		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		
11	Stock or stock options	None   Vivid Genomics	Stock Options
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:			7/10/2023		
Your Name:			Walter A. Kukull		
Manuscript Title:			Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease		
Maı	nuscript Number (if k	nown):	ADJ-D-23-00742		
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activit		ipt. "Rela of the man e in doubt os/activitions onsion, you	eted" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity es/interests should be defined broadly. For each of the should declare all relationships with manufactures.	/interest, it is preferable that you do so.	
that	medication is not me	entioned	in the manuscript.		
	em #1 below, report and for disclosure is the			ithout time limit. For all other items, the time	
			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	
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.	NIH gra	ents	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for				
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH gra	Time frame: past 36 month		

			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	ADRC EAC's for USC, MSSM (NY), KU, BU	
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:	7/28/2023	
Your Name:	William S. Bush	
Manuscript Title:	Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease	
Manuscript Number (if known):	ADJ-D-23-00742	
content of your manuscript. "Rela affected by the content of the ma	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 muscript. 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.	
• •	ies/interests should be defined broadly. For example, if your manuscript pertains to the ou should declare all relationships with manufacturers of antihypertensive medication, even if lin 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 o	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.		Click the tab key to add additional rows.
		Time frame: past 36 months	\$
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	
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	

		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	e:		7/28/2023		
Your Name:			Margaret A Pericak-Vance		
Manuscript Title:			Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease		
Mar	nuscript Number (if	known):	ADJ-D-23-00742		
content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activitie epidemiology of hypertension, you		ript. "Rela of the man re in doubt ps/activition ension, you	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 t about whether to list a relationship/activity/interest, it is preferable that you do so.  des/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if		
In item #1 below, report all supports frame for disclosure is the past 36		all suppo	rt for the work reported in this manuscript w	ithout time limit. For all other items, the time	
			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	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	[-]	al Institute on Aging	Click the tab key to add additional rows.	
	charges, etc.) No time limit for this item.		Time frame: past 36 month:	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one al Institute on Aging		
3	Royalties or licenses	⊠ No	one		

		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 National Institute on Aging	
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.			

Alzheimer's Disease Genetics Consortium

9/5/2023

Date:

Your Name:

Manuscript Title:			Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease		
Mai	nuscript Number (if k	nown):	ADJ-D-23-00742		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mar					
			•	xample, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report and for disclosure is the			thout time limit. For all other items, the time	
			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	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.		6032984		
			Time frame: past 36 months	5	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one		

		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)
3	Royalties or licenses	None None	
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	
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			
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.			

9/5/2023

Date:

Your Name:			Alzheimer's Disease Sequencing Project	
Manuscript Title:			Sex-specific genetic architecture of late-life	memory performance
Mar	nuscript Number (if l	known):	ADJ-D-23-00385	
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epic		ension, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time
			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)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	Alzhei	Time frame: Since the initial planning one mer's Disease Genetics Consortium C) U01AG032984 NIA/NIH	of the work
	this item.		Time frame: past 26 month	-
2	Grants or contracts from any entity (if not indicated in item #1 above).		Time frame: past 36 month	

		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)
3	Royalties or licenses	None None	
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	
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			
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:	9/5/2023				
Your Name:	Alzheimer's Disease Neuroimaging Initiative				
Manuscript Title:	Longitudinal change in memory performance as a strong endophenotype for Alzheimer's disease				
Manuscript Number (if known): ADJ-D-23-00742					
content of your manuscript. "Rela affected by the content of the ma	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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3	Royalties or licenses	None	
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	
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				
11	Stock or stock options	Image: square of the square o			
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.					