Dat	e:		5/24/2023		
You	r Name:		Tamar H. Gollan		
Manuscript Title:			The MINT Sprint 2.0: a picture naming test for detection of naming impairments in Alzheimer's disease (AD) and in preclinical AD		
Manuscript Number (if known):		nown):	ADJ-D-23-00415		
In the interest of transparency, w content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activitiepidemiology of hypertension, yo that medication is not mentioned.		pt. "Rela f the man e in doubt s/activition nsion, you entioned	rt for the work reported in this manuscript without time limit. For all other items, the time		
tran	ne for disclosure is the	e past 36	montns.		
			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				
•	resent manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		one 30-AG062429	Payments 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			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 P	Time frame: past 36 month	Click the tab key to add additional rows.	

			c/Comments (e.g., if payments were or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	to the following statement to indicate your agreeme	ent:
$\boxtimes$	I certify that I have	answered every question and have not altered the wo	ording of any of the questions on this form.

Date:	5/24/2023
Your Name:	Dalia L. Garcia
Manuscript Title:	The MINT Sprint 2.0: a picture naming test for detection of naming impairments in Alzheimer's disease (AD) and in preclinical AD
Manuscript Number (if known)	ADI-D-23-00415

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.

			e all entities with whom you have this ionship 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	$\boxtimes$	None	
	manuscript (e.g., funding, provision			
	of study materials,			
	medical writing, article processing			Click the tab key to add additional rows.
	charges, etc.)			
	No time limit for this item.			
			Time frame: past 36 month	
2	Grants or		None	
_	contracts from		None	
	any entity (if not indicated in item	NIA	AG077915	Payments to Institution
	#1 above).			
3	Royalties or licenses		None	
4	Consulting fees	$\boxtimes$	None	
-	consuming rees			
5	Payment or honoraria for		None	
	lectures, presentations,			
	speakers			
	bureaus, manuscript			
	writing or			
	educational events			
6	Payment for		None	
0	expert testimony		None	
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			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)
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	
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 th	e following statement to indicate your agreeme	nt:
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

5 12/13/2021 ICMJE Disclosure Form

Dat	e:		5/24/2023		
You	r Name:		Alena Stasenko		
Manuscript Title:			The MINT Sprint 2.0: a picture naming test for detection of naming impairments in Alzheimer's disease (AD) and in preclinical AD		
Mai	nuscript Number (if I	known):	ADJ-D-23-00415		
con affe	tent of your manuscr cted by the content o	ipt. "Rela of the mai			
epic		nsion, you		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)	
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials,	⊠ No	one		
	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 any entity (if not indicated in item #1 above).		one 1F32NS119285-01A1	Payment to Institution	
3	Royalties or licenses	⊠ No	one		

			cations/Comments (e.g., if payments were o 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 None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		e all entities with whom you have this ionship 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 🖂		e following statement to indicate your agreeme ered every question and have not altered the wo	

Date: 5/24/2023

Your Name: Mayra Murillo Beltran

Manuscript Title: The MINT Sprint 2.0: a picture naming test for detection of naming

impairments in Alzheimer's disease (AD) and in preclinical AD

Manuscript Number (if known): ADJ-D-23-00415

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.

			e all entities with whom you have this ionship 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	$\boxtimes$	None	
	of study materials,			
	medical writing, article processing			Click the tab key to add additional rows.
	charges, etc.)			
	No time limit for this item.			
			Time frame: past 36 month	
2	Grants or		None	
_	contracts from		None	
	any entity (if not indicated in item	NIA	AG076415	Payments to Institution
	#1 above).			
3	Royalties or licenses		None	
4	Consulting fees	$\boxtimes$	None	
	consuming rees			
5	Payment or honoraria for		None	
	lectures, presentations,			
	speakers			
	bureaus, manuscript			
	writing or			
	educational events			
6	Payment for		None	
0	expert testimony		None	
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			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)
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	
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	e following statement to indicate your agreeme	nt:
$\square$	I certify that I have	answe	ared every question and have not altered the wo	rding of any of the guestions on this form

10 12/13/2021 ICMJE Disclosure Form

Date:			5/24/2023		
You	ır Name:		Chi Kim		
Manuscript Title:			The MINT Sprint 2.0: a picture naming test for detection of naming impairments in Alzheimer's disease (AD) and in preclinical AD		
Manuscript Number (if known):		nown):	ADJ-D-23-00415		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma		ipt. "Rela of the mai	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.		
epi		nsion, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	tem #1 below, report me 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		Time frame: Since the initial planning one	of the work	
1	present manuscript (e.g.,			of the work  Payments to Institution	
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1	present manuscript (e.g., funding, provision of study materials, medical writing,		one	Payments to Institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		30-AG062429	Payments to Institution  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		one	Payments to Institution  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		30-AG062429	Payments to Institution  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		30-AG062429	Payments to Institution  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		30-AG062429	Payments to Institution  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		30-AG062429	Payments to Institution  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		30-AG062429	Payments 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/Commade to you or to you	ments (e.g., if payments were our institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None 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:				
$\boxtimes$	☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	5/24/2023	
Your Name:	Douglas Galasko	
Manuscript Title:	The MINT Sprint 2.0: a picture naming test for detection of naming impairments in Alzheimer's disease (AD) and in preclinical AD	
Manuscript Number (if known):	ADI-D-23-00415	

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

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
	Time frame: Since the initial planning of the work				
1	All support for the present	□ None			
	manuscript (e.g., funding, provision	NIH P30-AG062429	Payments to Institution		
	of study materials,	I			
	medical writing, article processing		Click the tab key to add additional rows.		
	charges, etc.)				
	No time limit for this item.				
		Time frame: past 36 month	is		
2	Grants or	None			
	contracts from any entity (if not				
	indicated in item				
	#1 above).				
3	Royalties or	None			
3	licenses	A NOTE			
4	Consulting fees	⊠ None			
5	Payment or honoraria for	⊠ None			
	lectures, presentations,				
	speakers				
	bureaus, manuscript				
	writing or				
	educational events				
6	Payment for expert testimony	None			
	, , , , ,				

			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)	
a n	Support for attending		None		
	meetings and/or travel				
8	Patents planned, issued or		None		
	pending				
9	Participation on a Data Safety		None		
	Monitoring Board or				
	Advisory Board				
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,	$\boxtimes$	None		
	materials, drugs, medical writing,				
	gifts or other				
	services				
13	Other financial or non-financial interests		None		
Please place an "X" next to the following statement to indicate your agreement:					
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

15 12/13/2021 ICMJE Disclosure Form

Date:		-	5/24/2023		
Your Name:		-	David P. Salmon		
Manuscript Title:		<u>-</u>	The MINT Sprint 2.0: a picture naming test for detection of naming impairments in Alzheimer's disease (AD) and in preclinical AD		
Mar	nuscript Number (if k	(nown):	ADJ-D-23-00415		
content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned		ipt. "Rela of the mar e in doubt os/activitie nsion, you entioned i	rt for the work reported in this manuscript without time limit. For all other items, the time		
II all	ne for disclosure is the	e past 30	months.		
			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	
	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.		one 30-AG062429	Payments to Institution  Click the tab key to add additional rows.	
			Time frame: past 36 month	is .	
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ No	076415	Payments to 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 we made to you or to your institution)	ere
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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