

ICMJE DISCLOSURE FORM

Date: 7/7/2023

Your Name: Richard J. Perrin

Manuscript Title: Identifying Individuals with Non-Alzheimer's Disease Co-pathologies: A Precision Medicine Approach to Clinical Trials in Sporadic Alzheimer's Disease

Manuscript Number (if known): ADJ-D-23-00542

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)				
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 70%;"> P01 AG003991 (Morris) 05/01/19-04/30/24 P30 AG066444 (Morris) 05/01/20-04/30/25 U19 AG032438 (Bateman) 09/15/19-06/30/24 U19AG032438-09S1 (Bateman) 09/2019-06/2024 R01AG054567 (Benzinger)09/15/17-06/30/22 R01 AG052550 (Benzinger)04/15/18-01/31/23 R01 AG070883 (Kind, Raji)03/01/21-02/28/26 R01NS092865 (Xu) 02/01/16-11/30/21 R01AG054513(Yablonskiy)07/01/17-04/30/22 R01 NS075321(Perlmutter)05/01/11-04/30/22 NCE APDA (Perlmutter) 01/01/99-08/2023 R01NS097799 (Kotzbauer)07/2022-06/2027 R01AG068319 (Bateman) 09/15/20-05/31/25 R01 AG053267 (Bateman) 09/01/17-05/31/22 U19AG069701 (Bu) 06/2021-05/2026 </td> <td style="width: 30%; vertical-align: top;"> All to Institution </td> </tr> <tr> <td> U19NS110456 (Perlmutter) 09/2019-06/2024 R01AG058676 (Masters) 09/2018-05/2024 NCE R01AG074909 (Q Wang) 04/2022-01/2027 U19AG07879 (Ertekin-Taner) 03/2023-02/2027 </td> <td style="vertical-align: top;"> All to institution </td> </tr> </table>	P01 AG003991 (Morris) 05/01/19-04/30/24 P30 AG066444 (Morris) 05/01/20-04/30/25 U19 AG032438 (Bateman) 09/15/19-06/30/24 U19AG032438-09S1 (Bateman) 09/2019-06/2024 R01AG054567 (Benzinger)09/15/17-06/30/22 R01 AG052550 (Benzinger)04/15/18-01/31/23 R01 AG070883 (Kind, Raji)03/01/21-02/28/26 R01NS092865 (Xu) 02/01/16-11/30/21 R01AG054513(Yablonskiy)07/01/17-04/30/22 R01 NS075321(Perlmutter)05/01/11-04/30/22 NCE APDA (Perlmutter) 01/01/99-08/2023 R01NS097799 (Kotzbauer)07/2022-06/2027 R01AG068319 (Bateman) 09/15/20-05/31/25 R01 AG053267 (Bateman) 09/01/17-05/31/22 U19AG069701 (Bu) 06/2021-05/2026	All to Institution	U19NS110456 (Perlmutter) 09/2019-06/2024 R01AG058676 (Masters) 09/2018-05/2024 NCE R01AG074909 (Q Wang) 04/2022-01/2027 U19AG07879 (Ertekin-Taner) 03/2023-02/2027	All to institution
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11 Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="565 289 1133 394"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
12 Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="565 506 1133 611"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13 Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="565 695 1133 800"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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

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

ICMJE DISCLOSURE FORM

Date: 7/14/2023

Your Name: Tammie Benzinger

Manuscript Title: Identifying Individuals with Non-Alzheimer's Disease Co-pathologies: A Precision Medicine Approach to Clinical Trials in Sporadic Alzheimer's Disease

Manuscript Number (if known): ADJ-D-23-00542

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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Date: 7/14/2023

Your Name: Adam J Schwarz

Manuscript Title: Identifying Individuals with Non-Alzheimer's Disease Co-pathologies: A Precision Medicine Approach to Clinical Trials in Sporadic Alzheimer's Disease

Manuscript Number (if known): ADJ-D-23-00542

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

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Date: 7/15/2023

Your Name: Duygu Tosun

Manuscript Title: Identifying Individuals with Non-Alzheimer's Disease Co-pathologies: A Precision Medicine Approach to Clinical Trials in Sporadic Alzheimer's Disease

Manuscript Number (if known): ADJ-D-23-00542

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

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

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

ICMJE DISCLOSURE FORM

Date: 7/14/2023

Your Name: Ozlem Yardibi

Manuscript Title: Identifying Individuals with Non-Alzheimer's Disease Co-pathologies: A Precision Medicine Approach to Clinical Trials in Sporadic Alzheimer's Disease

Manuscript Number (if known): ADJ-D-23-00542

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

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

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

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
	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).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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

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

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

ICMJE DISCLOSURE FORM

Date: 7/7/2023

Your Name: Prof Colin Masters

Manuscript Title: Identifying Individuals with Non-Alzheimer's Disease Co-pathologies: A Precision Medicine Approach to Clinical Trials in Sporadic Alzheimer's Disease

Manuscript Number (if known): ADJ-D-23-00542

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

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

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

ICMJE DISCLOSURE FORM

Date: 7/6/2023

Your Name: Arthur A. Simen

Manuscript Title: Identifying Individuals with Non-Alzheimer's Disease Co-pathologies: A Precision Medicine Approach to Clinical Trials in Sporadic Alzheimer's Disease

Manuscript Number (if known): ADJ-D-23-00542

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

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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input type="checkbox"/> None	
		As an employee of Takeda Development Center Americas, Inc. I own stock options in the company.	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		I am a full-time employee of Takeda Development Center Americas, Inc.	

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



Arthur A. Simen
7/6/2023

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

ICMJE DISCLOSURE FORM

Date: 7/6/2023

Your Name: Walter A. Kukull

Manuscript Title: Identifying Individuals with Non-Alzheimer's Disease Co-pathologies: A Precision Medicine Approach to Clinical Trials in Sporadic Alzheimer's Disease

Manuscript Number (if known): ADJ-D-23-00542

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

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

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Time frame: Since the initial planning of the work									
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Associated NIH grants mentioned below</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	Associated NIH grants mentioned below					Click the tab key to add additional rows.	
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	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).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">NIH grants R01 AG058676 and U24 AG072122</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	NIH grants R01 AG058676 and U24 AG072122						
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;">ADRC External Advisory committees for: USC, BU, KU, and Icahn MSSM (NY)</td> <td style="width: 50%;"></td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	ADRC External Advisory committees for: USC, BU, KU, and Icahn MSSM (NY)						
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7/7/2023

Your Name: Michael W. Weiner

Manuscript Title: Identifying Individuals with Non-Alzheimer's Disease Co-pathologies: A Precision Medicine Approach to Clinical Trials in Sporadic Alzheimer's Disease

Manuscript Number (if known): ADJ-D-23-00542

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

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Time frame: Since the initial planning of the work																									
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">NIH Grant: 5R01AG058676-02</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>NIH Grant: 2 U19 AG024904.16</td> <td>Payments were made to my institution.</td> </tr> <tr> <td colspan="2" style="text-align: right; color: #ccc;">Click the tab key to add additional rows.</td> </tr> </table>	NIH Grant: 5R01AG058676-02	Payments were made to my institution.	NIH Grant: 2 U19 AG024904.16	Payments were made to my institution.	Click the tab key to add additional rows.																		
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Time frame: past 36 months																									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">NIH Grant: 5U2CAG060426-04</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>NIH Grant: 1RF1AG059009-01</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>NIH Grant: R33 AG062867</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>NIH Grant: 1R01NS119651-01</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>NIH Grant: RF1AG062196</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>NIH Grant: R56AG075744-01A1</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>Additional support from Department of Defense (DOD)</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>Additional support from: California Department of Public Health (CDPH)</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>Additional support from: Siemens</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>Additional support from: Biogen</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>Additional support from: Hillblom Foundation</td> <td>Payments were made to my institution.</td> </tr> </table>	NIH Grant: 5U2CAG060426-04	Payments were made to my institution.	NIH Grant: 1RF1AG059009-01	Payments were made to my institution.	NIH Grant: R33 AG062867	Payments were made to my institution.	NIH Grant: 1R01NS119651-01	Payments were made to my institution.	NIH Grant: RF1AG062196	Payments were made to my institution.	NIH Grant: R56AG075744-01A1	Payments were made to my institution.	Additional support from Department of Defense (DOD)	Payments were made to my institution.	Additional support from: California Department of Public Health (CDPH)	Payments were made to my institution.	Additional support from: Siemens	Payments were made to my institution.	Additional support from: Biogen	Payments were made to my institution.	Additional support from: Hillblom Foundation	Payments were made to my institution.	
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		Additional support from: Alzheimer's Association Additional support from: Johnson & Johnson Additional support from: Kevin and Connie Shanahan Additional support from: GE Additional support from: VUmc Additional support from: Australian Catholic University (HBI-BHR) Additional support from: The Stroke Foundation Additional support from: Veterans Administration	Payments were made to my institution. Payments were made to my institution. Payments were made to my institution. Payments were made to my institution. Payments were made to my institution. Payments were made to my institution. Payments were made to my institution.
3	Royalties or licenses	<input checked="" type="checkbox"/> None 	
4	Consulting fees	<input type="checkbox"/> None Boxer Capital Cerecin Clario/BioClinica Dementia Society of Japan Eisai Guidepoint Health and Wellness Partners Indiana U. LCN Consulting Merck Sharp & Dohme Corp. Duke U. Prova Education T3D Therapeutics University of Southern CA (USC) WebMD	Payment was made directly to me. Payment was made directly to me. Payment was made directly to me. Payment was made directly to me. Payment was made directly to me. Payment was made directly to me. Payment was made directly to me. Payment was made directly to me. Payment was made directly to me. Payment was made directly to me. Payment was made directly to me. Payment was made directly to me. Payment was made directly to me. Payment was made directly to me.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None China Association for Alzheimer's Disease (CAAD) Taipei Medical University Cleveland Clinic AD/PD Congress Foundation of Learning; Health Society (Japan) INSPIRE Project; U. Toulouse Japan Society for Dementia Research Korean Dementia Society Merck Sharp & Dohme Corp., National Center for Geriatrics and Gerontology (NCGG; Japan) University of Southern California (USC)	Payment was made directly to me. Payment was made directly to me. Payment was made directly to me. Payment was made directly to me. Payment was made directly to me. Payment was made directly to me. Payment was made directly to me. Payment was made directly to me. Payment was made directly to me. Payment was made directly to me.

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		AD/PD Congress	Payment was made either directly to the travel accommodations provider, or reimbursed to me.
		Cleveland Clinic	Payment was made either directly to the travel accommodations provider, or reimbursed to me.
		CTAD Congress	Payment was made either directly to the travel accommodations provider, or reimbursed to me.
		Foundation of Learning; Health Society (Japan)	Payment was made either directly to the travel accommodations provider, or reimbursed to me.
		INSPIRE Project; U. Toulouse	Payment was made either directly to the travel accommodations provider, or reimbursed to me.
		Japan Society for Dementia Research	Payment was made either directly to the travel accommodations provider, or reimbursed to me.
		Korean Dementia Society	Payment was made either directly to the travel accommodations provider, or reimbursed to me.
		Merck Sharp & Dohme Corp.,	Payment was made either directly to the travel accommodations provider, or reimbursed to me.
		National Center for Geriatrics and Gerontology (NCGG; Japan)	Payment was made either directly to the travel accommodations provider, or reimbursed to me.
		University of Southern California (USC)	Payment was made either directly to the travel accommodations provider, or reimbursed to me.
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		ADNI Scientific Advisory Board	Leadership
		UCSF Committee for Human Research	Committee Member
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		UCSF Inclusion Diversity Equity & Awareness Committee	Leadership
		Diversity Task Force of the Alzheimer's Disease Neuroimaging Initiative (ADNI)	Leadership

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

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

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