

ICMJE DISCLOSURE FORM

Date: 11/14/2023

Your Name: Alexandra Lish

Manuscript Title: New Directions for Alzheimer’s Disease Research from The Jackson Laboratory Center for Alzheimer’s and Dementia Research 2022 Workshop

Manuscript Number (if known): TRCI-D-23-00119

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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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>							
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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,	<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> </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)
	society, committee or advocacy group, paid or unpaid		
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: 11/21/2023

Your Name: Gregory W. Carter

Manuscript Title: New Directions for Alzheimer’s Disease Research from The Jackson Laboratory Center for Alzheimer’s and Dementia Research 2022 Workshop

Manuscript Number (if known): TRCI-D-23-00119

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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The Jackson Laboratory	Internal grants							
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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%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">National Institutes of Health</td> <td style="width: 50%;">Grants R56 AG067573, R01 AG054180, R01 AG057914, R01 GM115518-S4.</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	National Institutes of Health	Grants R56 AG067573, R01 AG054180, R01 AG057914, R01 GM115518-S4.				
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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)
3	Royalties or licenses	<input type="checkbox"/> None	
		The Jackson Laboratory	Personal royalties
4	Consulting fees	<input checked="" type="checkbox"/> None	
		Astrex Pharmaceuticals	Personal consulting
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		National Institutes of Health	Personal grant review honoraria
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		The Jackson Laboratory	Three preliminary filings for mouse models
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
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:	11/19/23
Your Name:	Sarah Neuner
Manuscript Title:	New Directions for Alzheimer’s Disease Research from The Jackson Laboratory Center for Alzheimer’s and Dementia Research 2022 Workshop
Manuscript Number (if known):	TRCI-D-23-00119

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

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3	Royalties or licenses	X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	

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11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
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Please place an "X" next to the following statement to indicate your agreement:

X 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: 11/20/2023

Your Name: Amy Dunn

Manuscript Title: New Directions for Alzheimer’s Disease Research from The Jackson Laboratory Center for Alzheimer’s and Dementia Research 2022 Workshop

Manuscript Number (if known): TRCI-D-23-00119

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ICMJE DISCLOSURE FORM

Date: 11/14/2023

Your Name: Catherine Kaczorowski, PhD

Manuscript Title: New Directions for Alzheimer’s Disease Research from The Jackson Laboratory Center for Alzheimer’s and Dementia Research 2022 Workshop
New Directions for Alzheimer’s Disease Research from The Jackson Laboratory Center for Alzheimer’s and Dementia Research 2022 Workshop

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	<p>RF1AG063755: <i>Systems Genetic Analysis of Cognitive Resilience Using Multi-Parent Crosses:</i> PI NIH-DHHS-US 08/2023 - 02/2024 \$1,557,304</p> <p>R01AG074012: <i>Systems Genetics Analysis of Sex Differences in Alzheimer's Disease:</i> PI NIH-DHHS-US 08/2023 - 06/2026 \$3,744,962</p> <p>R01NS125742: <i>Genetic Mechanisms Controlling Resilience to Huntington's Disease:</i> PI NIH-DHHS-US 07/2023 - 11/2026 \$3,893,028</p> <p>R21AG075496: <i>3D Brain Tissue System for Modeling Resilience to Alzheimer's Disease and Drug Discovery:</i> PI NIH-DHHS-US 07/2023 - 06/2024 \$195,000</p> <p>R01AG075818: <i>Cell Type-Specific Proteins that Promote Resilience to Cognitive Aging and Alzheimer's Disease</i> PI NIH-DHHS-US 06/2023 - 05/2026 \$4,413,724</p> <p><i>SPI OConnell: Integration of electrophysiological and transcriptomic signatures of cognitive resilience in the hippocampus using patchseq:</i> PI Simons Foundation 03/2023 - 08/2025 \$605,525</p> <p><i>Understanding Resilience to Advance Precision Medicine for Dementia:</i> PI Alzheimer's Association 03/2023 - 06/2024 \$274,557</p> <p><i>Interventions Testing Program at UM</i> NIH/NIA \$6,273,686 9/2019 – 3/2024</p> <p><i>The Paul F. Glenn Laboratories for Biology of Aging Research at the University of Michigan</i> Glenn Foundation for Medical Research \$5,200,000 9/2018 – 6/2024</p> <p><i>Alzheimer's Disease-Related Dementia Models by Precision Editing and Relevant Genetic x Environmental Exposures</i> NIH/NIA \$278,932 9/2023 – 8/2025</p> <p><i>TargetAD: A Systems Multi-omics Approach to Drug Repositioning in Alzheimer's Disease</i> NIH/NIA \$511,041 7/2023 – 5/2024</p>	

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3	Royalties or licenses	<input type="checkbox"/> None	
		DEA Controlled Substance	
		IACUC Animal Protocol – PRO00011147	
		Isoflurane Monitoring	
4	Consulting fees	<input type="checkbox"/> None	
		Evnin Endowed Scholar at Jackson Laboratory	\$20,000 + \$250/hour
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Celdara Medical Lecture	Payment to Dr. Catherine Kaczorowski
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Covered by grants listed above and start-up funds.	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		TRPC3 Inhibitors and Methods of Use Thereof, Author, Kaczorowski C , 10/12/2021 International Patent: DLGAP2 as a Therapeutic Target for and Alzheimer's Disease and Age-Related Cognitive Decline, PCT/US2019/059311, Author, Kaczorowski C , 11/1/2019 US Patent: TRPC3 as a Therapeutic Target for Alzheimer's Disease, 16/688,435, Author, Kaczorowski C , 11/19/2019	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Data Management Coordinating Center for the Exceptional Longevity Projects, Steering Committee, NIA, Co-Chair	

	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)						
	<p>Exceptional Longevity Steering Committee, Co-Chair of Data Management Coordination Center, Sage Bionetworks, Co-Chair</p> <p>Resilience AD Investigators' Meeting, Resilience AD Projects Progress Report, NIH, Chair</p> <p>Resilience AD Investigators' Meeting, Key Gaps and Opportunities to Translate Mechanisms Resilience to Resilience-based Therapeutics for AD/ADRD, NIH, Chair</p> <p>Project Functional Genomics Consortium, External Advisory Board, NIA</p>							
<p>10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid</p>	<p><input type="checkbox"/> None</p>	<table border="1"> <tr> <td data-bbox="383 873 954 968">Director, Center for Alzheimer's and Dementia Research, The Jackson Laboratory, Bar Harbor, ME</td> <td data-bbox="954 873 1515 968"></td> </tr> <tr> <td data-bbox="383 968 954 1035"></td> <td data-bbox="954 968 1515 1035"></td> </tr> </table>	Director, Center for Alzheimer's and Dementia Research, The Jackson Laboratory, Bar Harbor, ME					
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<p>12 Receipt of equipment, materials, drugs, medical writing, gifts or other services</p>	<p><input checked="" type="checkbox"/> None</p>	<table border="1"> <tr> <td data-bbox="383 1341 954 1377"></td> <td data-bbox="954 1341 1515 1377"></td> </tr> <tr> <td data-bbox="383 1377 954 1413"></td> <td data-bbox="954 1377 1515 1413"></td> </tr> <tr> <td data-bbox="383 1413 954 1449"></td> <td data-bbox="954 1413 1515 1449"></td> </tr> </table>						
<p>13 Other financial or non-financial interests</p>	<p><input type="checkbox"/> None</p>	<table border="1"> <tr> <td data-bbox="383 1556 1572 1938"> <p>Summary of In-Kind Contribution: Material Transfer agreement with The University of Texas Southwestern Medical Center. Dr. Makoto Kuro-o will provide the Klotho mouse. Status of Support: Active Primary Place of Performance: The Jackson Laboratory – Bar Harbor, ME Project/Proposal Start and End Date (MM/YYYY) if available: 9/18/2020 – 9/17/2025 Person Months per budget period: N/A Estimated Dollar Value of In-Kind Information: \$1,500</p> <p>Summary of In-Kind Contribution: Data use agreement with Dr. David Bennett, Rush University Medical Center for access to data from the RUSH ROS and MAP studies. Status of Support: Active Primary Place of Performance: The Jackson Laboratory - Bar Harbor, ME Project/Proposal Start and End Date (MM/YYYY) if available: 01/4/2017 - 12/21/2026 Person Months per Budget Period: N/A</p> </td> </tr> </table>	<p>Summary of In-Kind Contribution: Material Transfer agreement with The University of Texas Southwestern Medical Center. Dr. Makoto Kuro-o will provide the Klotho mouse. Status of Support: Active Primary Place of Performance: The Jackson Laboratory – Bar Harbor, ME Project/Proposal Start and End Date (MM/YYYY) if available: 9/18/2020 – 9/17/2025 Person Months per budget period: N/A Estimated Dollar Value of In-Kind Information: \$1,500</p> <p>Summary of In-Kind Contribution: Data use agreement with Dr. David Bennett, Rush University Medical Center for access to data from the RUSH ROS and MAP studies. Status of Support: Active Primary Place of Performance: The Jackson Laboratory - Bar Harbor, ME Project/Proposal Start and End Date (MM/YYYY) if available: 01/4/2017 - 12/21/2026 Person Months per Budget Period: N/A</p>					
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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)
		<p>Estimated Dollar Value of In-Kind Information: \$500</p> <p>Summary of In-Kind Contribution: Material transfer agreement with Emory University. Drs. Rangaraju, Seyfried, and Rayaprolu will share the Rosa26TurboID mouse (live mice and/or cryopreserved sperm). (Associated with federal award R01 AG075818)</p> <p>Status of Support: Active</p> <p>Primary Place of Performance: The Jackson Laboratory - Bar Harbor, ME</p> <p>Project/Proposal Start and End Date (MM/YYYY) if available: 1/25/2022 - ongoing</p> <p>Person Months per budget period: N/A</p> <p>Estimated Dollar Value of In-Kind Information: \$1,500</p> <p>Summary of In-Kind Contribution: Data use agreement with Washington University for access to Dominantly Inherited Alzheimer Network (DIAN) data.</p> <p>Status of Support: Active</p> <p>Primary Place of Performance: The Jackson Laboratory - Bar Harbor, ME</p> <p>Project/Proposal Start and End Date (MM/YYYY) if available: 9/27/2022 – Ongoing</p> <p>Person Months per Budget period: N/A</p> <p>Estimated Value: \$500</p>

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: 11/14/2023

Your Name: Derek Archer

Manuscript Title: New Directions for Alzheimer’s Disease Research from The Jackson Laboratory Center for Alzheimer’s and Dementia Research 2022 Workshop

Manuscript Number (if known): TRCI-D-23-00119

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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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>							
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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>							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 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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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: 11/21/2023

Your Name: Gareth Howell

Manuscript Title: New Directions for Alzheimer’s Disease Research from The Jackson Laboratory Center for Alzheimer’s and Dementia Research 2022 Workshop

Manuscript Number (if known): TRCI-D-23-00119

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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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: 11/22/2023

Your Name: Kevin Charland

Manuscript Title: New Directions for Alzheimer’s Disease Research from The Jackson Laboratory Center for Alzheimer’s and Dementia Research 2022 Workshop

Manuscript Number (if known): TRCI-D-23-00119

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ICMJE DISCLOSURE FORM

Date: 11/21/2022

Your Name: Kristen O'Connell

Manuscript Title: New Directions for Alzheimer's Disease Research from The Jackson Laboratory Center for Alzheimer's and Dementia Research 2022 Workshop

Manuscript Number (if known): TRCI-D-23-00119

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8	Patents planned, issued or pending	<input type="checkbox"/> None <table border="1" data-bbox="383 1728 1516 1906"> <tr><td>TRPC3 Inhibitors and Methods of Use Thereof</td><td>Author, Kaczorowski C, 10/12/2021</td></tr> <tr><td>International Patent: DLGAP2 as a Therapeutic Target for and Alzheimer's Disease and Age-Related Cognitive Decline, PCT/US2019/059311,</td><td>Author, Kaczorowski C, 11/1/2019</td></tr> <tr><td>US Patent: TRPC3 as a Therapeutic Target for Alzheimer's Disease, 16/688,435,</td><td>Author, Kaczorowski C, 11/19/2019</td></tr> </table>	TRPC3 Inhibitors and Methods of Use Thereof	Author, Kaczorowski C , 10/12/2021	International Patent: DLGAP2 as a Therapeutic Target for and Alzheimer's Disease and Age-Related Cognitive Decline, PCT/US2019/059311,	Author, Kaczorowski C , 11/1/2019	US Patent: TRPC3 as a Therapeutic Target for Alzheimer's Disease, 16/688,435,	Author, Kaczorowski C , 11/19/2019			
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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)
		U.S. Provisional Patent Application No. 63/504,429 Filed: May 25, 2023 Title: Methods and compositions to treat obesity by targeting KCC2 and NKCC1 Filing Date: May 23, 2023	
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	
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: 11/17/2023

Your Name: Michael MacLean

Manuscript Title: New Directions for Alzheimer’s Disease Research from The Jackson Laboratory Center for Alzheimer’s and Dementia Research 2022 Workshop

Manuscript Number (if known): TRCI-D-23-00119

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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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: 11/13/2023

Your Name: Matt Huentelman

Manuscript Title: New Directions for Alzheimer’s Disease Research from The Jackson Laboratory Center for Alzheimer’s and Dementia Research 2022 Workshop

Manuscript Number (if known): TRCI-D-23-00119

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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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: 11/21/2023

Your Name: Maria Telpoukhovskaia

Manuscript Title: New Directions for Alzheimer’s Disease Research from The Jackson Laboratory Center for Alzheimer’s and Dementia Research 2022 Workshop

Manuscript Number (if known): TRCI-D-23-00119

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ICMJE DISCLOSURE FORM

Date: 11/20/2023

Your Name: Olivia Marola

Manuscript Title: New Directions for Alzheimer’s Disease Research from The Jackson Laboratory Center for Alzheimer’s and Dementia Research 2022 Workshop

Manuscript Number (if known): TRCI-D-23-00119

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ICMJE DISCLOSURE FORM

Date: 11/21/2023

Your Name: Kristen Onos

Manuscript Title: New Directions for Alzheimer’s Disease Research from The Jackson Laboratory Center for Alzheimer’s and Dementia Research 2022 Workshop

Manuscript Number (if known): TRCI-D-23-00119

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								
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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>							
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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>							
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	society, committee or advocacy group, paid or unpaid		
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: 11/13/2023

Your Name: Tain Luquez

Manuscript Title: New Directions for Alzheimer’s Disease Research from The Jackson Laboratory Center for Alzheimer’s and Dementia Research 2022 Workshop

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ICMJE DISCLOSURE FORM

Date: 11/13/2023

Your Name: Tom Murdy

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Date: 11/13/2023

Your Name: Linda Van Eldik

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		2021 Stanford Univ ADRC EAC honorarium: \$1000	Paid to me
		2022 Stanford Univ ADRC EAC honorarium: \$1000	Paid to me
		2021 Wake Forest Univ ADRC EAC honorarium: \$750	Paid to me
		2022 Wake Forest Univ ADRC EAC honorarium: \$1000	Paid to me
		2022 UC Davis ADRC EAC honorarium: \$1000	Paid to me
		2022 Univ Oklahoma SAB honorarium: \$1000	Paid to me
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		Several patents issued through Northwestern Univ	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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Your Name: Vilas Menon

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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)
	society, committee or advocacy group, paid or unpaid		
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: 11/21/2023

Your Name: Jesse Wiley

Manuscript New Directions for Alzheimer’s Disease Research from The Jackson Laboratory Center for Alzheimer’s and Dementia Research 2022 Workshop

Manuscript Number (if known): TRCI-D-23-00119

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								
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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%;"> </td> <td style="width: 40%;"> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </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: 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>							
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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,	<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> </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: 11/14/2023

Your Name: Matthias Arnold

Manuscript Title: New Directions for Alzheimer’s Disease Research from The Jackson Laboratory Center for Alzheimer’s and Dementia Research 2022 Workshop

Manuscript Number (if known): TRCI-D-23-00119

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								
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3	Royalties or licenses	<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%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
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8	Patents planned, issued or pending	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 15px;">Co-inventor on several patent applications on the application of metabolomics in diseases of the central nervous system.</td> <td style="width: 50%; height: 15px;"></td> </tr> <tr> <td style="height: 15px;"></td> <td style="height: 15px;"></td> </tr> <tr> <td style="height: 15px;"></td> <td style="height: 15px;"></td> </tr> </table>	Co-inventor on several patent applications on the application of metabolomics in diseases of the central nervous system.						
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10	Leadership or fiduciary role in	<input checked="" type="checkbox"/> None							

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/>	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	Equity in Chymia LLC and IP in PsyProtix and Atai that are exploring the potential for therapeutic applications targeting mitochondrial metabolism in treatment-resistant depression.

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: 11/17/2023

Your Name: Alison Goate

Manuscript Title: New Directions for Alzheimer’s Disease Research from The Jackson Laboratory Center for Alzheimer’s and Dementia Research 2022 Workshop

Manuscript Number (if known): TRCI-D-23-00119

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								
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NIH grants to Institution								
JPB Foundation grant to Institution								
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: 50%;">Rainwater Charitable Foundation</td> <td style="width: 50%;">Grant to Institution</td> </tr> <tr> <td>Cure Alzheimer Foundation</td> <td>Grant to Institution</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Rainwater Charitable Foundation	Grant to Institution	Cure Alzheimer Foundation	Grant 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 type="checkbox"/> None	
		Biogen	Payment to me for seminar at Biogen
		Alector	Payment to me for travel/hotel to present seminar
		Denali Therapeutics	Payment to me for seminar at Denali Therapeutics
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 type="checkbox"/> None	
		Muna Therapeutics	Payment to me for SAB service
		Genentech	Payment to me for seminar and SAB service
		VIB Leuven	Payment to me for SAB service
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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		Cognition Therapeutics	Stock options
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: 11/13/2023

Your Name: Paul R. Territo, Ph.D

Manuscript Title: New Directions for Alzheimer’s Disease Research from The Jackson Laboratory Center for Alzheimer’s and Dementia Research 2022 Workshop

Manuscript Number (if known): TRCI-D-23-00119

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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 type="checkbox"/> None	
		U54 AG054345	NIH/NIA Grant
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 type="checkbox"/> None	
		MODEL-AD Scientific Advisory Board	
		ADCS Scientific Advisory Board	
		Can Thumbs UP Scientific Advisory Board	

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