

ICMJE DISCLOSURE FORM

Date: 9/13/2023

Your Name: Shana Stites

Manuscript Title: How reactions to a brain scan result differ for adults based on self-identified Black and White race

Manuscript Number (if known): ADJ-D-23-00765

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.

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Date: 9/13/2023

Your Name: Rosalie Schumann

Manuscript Title: How reactions to a brain scan result differ for adults based on self-identified Black and White race

Manuscript Number (if known): ADJ-D-23-00765

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Date: 9/13/2023

Your Name: Pamela Sankar

Manuscript Title: How reactions to a brain scan result differ for adults based on self-identified Black and White race

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Date: 9/13/2023

Your Name: Emily Largent

Manuscript Title: How reactions to a brain scan result differ for adults based on self-identified Black and White race

Manuscript Number (if known): ADJ-D-23-00765

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Manuscript Title: How reactions to a brain scan result differ for adults based on self-identified Black and White race

Manuscript Number (if known): ADJ-D-23-00765

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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.

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Date: 9/13/2023

Your Name: Kristin Harkins

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