

## ICMJE DISCLOSURE FORM

**Date:** 11/28/2023

**Your Name:** Elena Tsoy

**Manuscript Title:** Scalable plasma and digital cognitive markers for diagnosis and prognosis of ADRD

**Manuscript Number (if known):** ADJ-D-23-01125

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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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:** Renaud La Joie

**Manuscript Title:** Scalable plasma and digital cognitive markers for diagnosis and prognosis of ADRD

**Manuscript Number (if known):** ADJ-D-23-01125

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## ICMJE DISCLOSURE FORM

**Date:** 11/28/2023

**Your Name:** Lawren VandeVrede

**Manuscript Title:** Scalable plasma and digital cognitive markers for diagnosis and prognosis of ADRD

**Manuscript Number (if known):** ADJ-D-23-01125

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		Retrotope	Payment made to me
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 type="checkbox"/> None	
		PSP Sleep Trial	Data Safety Monitoring Board
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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**Date:** 11/28/2023

**Your Name:** Julio C Rojas

**Manuscript Title:** Scalable plasma and digital cognitive markers for diagnosis and prognosis of ADRD

**Manuscript Number (if known):** ADJ-D-23-01125

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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:** 11/27/2023

**Your Name:** Claire Yballa

**Manuscript Title:** Scalable plasma and digital cognitive markers for diagnosis and prognosis of ADRD

**Manuscript Number (if known):** ADJ-D-23-01125

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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## ICMJE DISCLOSURE FORM

**Date:** 11/22/2023

**Your Name:** Brandon Chan

**Manuscript Title:** Scalable plasma and digital cognitive markers for diagnosis and prognosis of ADRD

**Manuscript Number (if known):** ADJ-D-23-01125

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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## ICMJE DISCLOSURE FORM

**Date:** 11/28/2023

**Your Name:** Argentina Lario Lago

**Manuscript Title:** Scalable plasma and digital cognitive markers for diagnosis and prognosis of ADRD

**Manuscript Number (if known):** ADJ-D-23-01125

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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## ICMJE DISCLOSURE FORM

**Date:** 11/27/2023

**Your Name:** Anne-Marie Rodriguez

**Manuscript Title:** Scalable plasma and digital cognitive markers for diagnosis and prognosis of ADRD

**Manuscript Number (if known):** ADJ-D-23-01125

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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:** 11/27/2023

**Your Name:** Collette A Goode

**Manuscript Title:** Scalable plasma and digital cognitive markers for diagnosis and prognosis of ADRD

**Manuscript Number (if known):** ADJ-D-23-01125

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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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:** 11/27/2023

**Your Name:** Sabrina J Erhoff

**Manuscript Title:** Scalable plasma and digital cognitive markers for diagnosis and prognosis of ADRD

**Manuscript Number (if known):** ADJ-D-23-01125

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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## ICMJE DISCLOSURE FORM

**Date:** 12/4/2023

**Your Name:** Boon Lead Tee

**Manuscript Title:** Scalable plasma and digital cognitive markers for diagnosis and prognosis of ADRD

**Manuscript Number (if known):** ADJ-D-23-01125

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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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <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> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <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> </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:** 12/4/2023

**Your Name:** Charles Windon

**Manuscript Title:** Scalable plasma and digital cognitive markers for diagnosis and prognosis of ADRD

**Manuscript Number (if known):** ADJ-D-23-01125

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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<b>Time frame: Since the initial planning of the work</b>									
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Alzheimer's Association	AACSF021-872476								
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> </td> <td style="width: 50%;"> </td> </tr> <tr> <td> </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 type="checkbox"/> None	
		LCN Consulting	Payment to Me
		The Kinetix Group	Payment to Me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		American Academy of Neurology	Payment 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 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	

		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)						
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="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> </table>							
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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:** 11/29/2023

**Your Name:** Serggio Lanata

**Manuscript Title:** Scalable plasma and digital cognitive markers for diagnosis and prognosis of ADRD

**Manuscript Number (if known):** ADJ-D-23-01125

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								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">NIH/NIA</td> <td>P30AG062422</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	NIH/NIA	P30AG062422			Click the tab key to add additional rows.	
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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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6	Payment for expert testimony	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Expert neurologist for medicolegal case</td> <td style="width: 50%; padding: 2px;">I have not been paid yet</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Expert neurologist for medicolegal case	I have not been paid yet							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <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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## ICMJE DISCLOSURE FORM

**Date:** 11/29/2023

**Your Name:** Joel H Kramer

**Manuscript Title:** Scalable plasma and digital cognitive markers for diagnosis and prognosis of ADRD

**Manuscript Number (if known):** ADJ-D-23-01125

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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## ICMJE DISCLOSURE FORM

**Date:** 11/28/2023

**Your Name:** Bruce L Miller

**Manuscript Title:** Scalable plasma and digital cognitive markers for diagnosis and prognosis of ADRD

**Manuscript Number (if known):** ADJ-D-23-01125

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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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">NIH/Univ. of Wisconsin, Madison</td> <td>1R01AG070883</td> </tr> <tr> <td>Bluefield Project to Cure FTD, UCSF FTD Core</td> <td>P0544014</td> </tr> <tr> <td>NIH/NIA</td> <td>P01AG019724</td> </tr> <tr> <td>NIH/NIA</td> <td>R01AG057234</td> </tr> <tr> <td>NIH/NIA</td> <td>R01AG062562</td> </tr> <tr> <td>NIH/NIA</td> <td>R01AG062588</td> </tr> <tr> <td>NIH CSR</td> <td>R01AG052496</td> </tr> </table>	NIH/Univ. of Wisconsin, Madison	1R01AG070883	Bluefield Project to Cure FTD, UCSF FTD Core	P0544014	NIH/NIA	P01AG019724	NIH/NIA	R01AG057234	NIH/NIA	R01AG062562	NIH/NIA	R01AG062588	NIH CSR	R01AG052496
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3	Royalties or licenses	<input type="checkbox"/> <b>None</b>	
		Cambridge University Press	Payment made to me
		Elsevier, Inc.	Payment made to me
		Guilford Publications, Inc.	Payment made to me
		Johns Hopkins Press	Payment made to me
		Oxford University Press	Payment made to me
		Taylor & Francis Group	Payment made to me
4	Consulting fees	<input type="checkbox"/> <b>None</b>	
		Massachusetts General Hospital Alzheimer's Disease Research Center (ADRC) Scientific Advisory Board (SAB)	Payments made to me in 2021, 2022, and 2023
		Stanford University ADRC SAB	Payments made to me in 2021, 2022, and 2023
		University of Washington ADRC SAB	Payments made to me in 2021, 2022, and 2023
		Genworth Medical Advisory Board	Payment made to me in Mar 2023
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b>	
		Fromm Institute for Lifelong Learning	May 2023, payment made to me
		Global Summit on Neurodegenerative Diseases	Jun 2021, payment made to me
		Korean Dementia Society	Jul 2022, payment made to me
		Massachusetts General Hospital, dementia course	Payments made to me in 2022 and 2023
		National MS Society, Don Paty Lectureship	Jun 2021, payment made to me
		Ochsner Neuroscience Institute	Nov 2021, payment made to me
		Providence Saint Joseph Medical Center	Sep 2021, payment made to me
		Taipei Medical University, Dementia Center	Mar 2022, payment made to me
		UC Irvine Institute for Memory Impairments and Neurological Disorders (UCI MIND)	Mar 2022, payment made to me
		University of California, Los Angeles (UCLA) Grand Rounds	Apr 2022, payment made to me
		University of Texas, Center for Brain Health	Jan 2021, payment made to me
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b>	
		The Association for Frontotemporal Degeneration (AFTD) Education Symposium, St. Louis, MO	May 2023, travel and lodging support
		Milken Institute FTD Scientific Retreat, Los Angeles, CA	Mar 2023, travel and lodging support
		California Institute of the Arts, Los Angeles, CA	Apr 2022, travel and lodging support
	UCLA	Apr 2022, travel and lodging support	

		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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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:** 12/6/2021

**Your Name:** Peggye Dilworth-Anderson, PhD

**Manuscript Title:** Scalable plasma and digital cognitive markers for diagnosis and prognosis of ADRD

**Manuscript Number (if known):** ADJ-D-23-01125

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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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <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> </table>							
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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:** 11/30/2023

**Your Name:** Adam L Boxer

**Manuscript Title:** Scalable plasma and digital cognitive markers for diagnosis and prognosis of ADRD

**Manuscript Number (if known):** ADJ-D-23-01125

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 type="checkbox"/> <b>None</b>	
		Alector, Arrowhead, Arkuda, Arvinas, Amylyx, Aviado, Eli Lilly, Merck, Roche, UnlearnAI, Modalis, Oligomerix, Oscotec, Roche, Transposon	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
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		Alector, Arvinas, Arkuda	
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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:** 12/4/2023

**Your Name:** Gil D Rabinovici

**Manuscript Title:** Scalable plasma and digital cognitive markers for diagnosis and prognosis of ADRD

**Manuscript Number (if known):** ADJ-D-23-01125

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Miller Medical Communications	Paid to me										
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 150px;"></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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10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 150px;"></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		
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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:** 11/29/2023

**Your Name:** Katherine L Possin

**Manuscript Title:** Scalable plasma and digital cognitive markers for diagnosis and prognosis of ADRD

**Manuscript Number (if known):** ADJ-D-23-01125

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)								
<b>Time frame: Since the initial planning of the work</b>											
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td>NIH/NIA</td><td>P30AG062422</td></tr> <tr><td>NIH/NIA</td><td>R35AG072362</td></tr> <tr><td>NIH/NINDS</td><td>U01NS128913</td></tr> <tr><td>Global Brain Health Institute</td><td></td></tr> </table>	NIH/NIA	P30AG062422	NIH/NIA	R35AG072362	NIH/NINDS	U01NS128913	Global Brain Health Institute		
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td>French Foundation</td><td>Alzheimer's Association</td></tr> <tr><td>Quest Diagnostics</td><td>Other grants from NIH not listed above</td></tr> <tr><td>Rainwater Charitable Trust</td><td></td></tr> </table>	French Foundation	Alzheimer's Association	Quest Diagnostics	Other grants from NIH not listed above	Rainwater Charitable Trust				
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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;">Strub Lecture (Ochsner Health)</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> </table>	Strub Lecture (Ochsner Health)								
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