Date:			12/2/2023	
Your Name:			Laura Molina Porcel	
Manuscript Title:			The Down Syndrome Biobank Consortium: A	A perspective
Ma	nuscript Number (if k	nown):	ADJ-D-23-01442	
content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in doub  The author's relationships/activiti		ipt. "Rela of the ma e in doub os/activiti nsion, yo	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.	
	tem #1 below, report me for disclosure is th		· · · · · · · · · · · · · · · · · · ·	ithout time limit. For all other items, the time
			Il entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	⊠ N	one	
	medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.
	article processing charges, etc.) No time limit for		Time frame: past 36 month	
2	article processing charges, etc.) No time limit for		Time frame: past 36 month one Focus Foundation grant CA2018010	

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)
4	Consulting fees	□ None  I report personal fees form Biogen for consulting activities outside the submitted work	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None, I report personal fees, not related to the subn  The Galician Society of Neurology for a lecture in 2022  The Spanish Society of Neurology for a resident's course in Dementia in 2021	The University of Oviedo as a teacher in a postraduate course in 2021 The University of Barcelona as a professor in the Neuroscience Master's program in 2021-2023.
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	☐ None  I reveived support form IDIBAPS to attend to: -the Iberian Neuropathology Group meeting -the Syumposium of Spanish Neuirological Tissue Banks	In Salamanca, Spain, March 2023 In Salamanca, Spain, March 2023
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None     ■	

		Name all entities with whom you have this elationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments with made to you or to your institution)	vere
11	Stock or stock options	□ None  I report stock not related to biomedical fields.	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None    Control of the control of th	
Plea	Please place an "X" next to the following statement to indicate your agreement:		
	I certify that I have	nswered every question and have not altered the wording of any of the questions on this form.	

Date:			12/2/2023		
You	r Name:		Anah Gilmore		
Manuscript Title:			The Down Syndrome Biobank Consortium: A perspective		
Maı	nuscript Number (if k	nown):	ADJ-D-23-01442		
con affe indi	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				
epic	•	nsion, yo	u should declare all relationships with manufa	acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th		·	ithout time limit. For all other items, the time	
			ll entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	NIH gra	one ants R01AG071228-02, R01AG070153, and 061566		
	article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.	
	charges, etc.) No time limit for		Time frame: past 36 month		
2	charges, etc.) No time limit for	L 1	Time frame: past 36 month one Focus Foundation grant CA2018010		

		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	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None  None
6	Payment for expert testimony	None    Output   Outp
7	Support for attending meetings and/or travel	Received support from BrightFocus Foundation grant CA2018010 to attend AD/PD 2023 conference in March in Gothenburg, Sweden
8	Patents planned, issued or pending	None    Output   Outp
9	Participation on a Data Safety Monitoring Board or Advisory Board	None    Output   Outp
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None  None

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	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.		

12/2/2023
Iban Aldecoa Ansorregui
The Down Syndrome Biobank Consortium: A perspective
ADJ-D-23-01442

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.

		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)
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.	Time frame: Since the initial planning of None  Time frame: past 36 months	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None	This is the DSBC grant funding the consortium
3	Royalties or licenses	None None	

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	⊠ None	
Plea	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.		

Dat	e:	_	4/12/2023		
You	ır Name:	_	Isabel Barroeta		
Mai	nuscript Title:	_	The Down Syndrome Biobank Consortium: A perspective		
Mai	nuscript Number (if k	nown):	ADJ-D-23-01442		
In the interest of transparency, we content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned.			ted" means any relation with for-profit or no nuscript. Disclosure represents a commitmen about whether to list a relationship/activity, es/interests should be defined broadly. For each should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
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.		one onts R01AG071228-02, R01AG070153, and 061566	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).		ocus Foundation grant CA2018010	This is the DSBC grant funding the consortium	
3	Royalties or licenses	⊠ No	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	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.		

Date:	12/4/2023
Your Name:	Eric Daniel Hamlett
Manuscript Title:	The Down Syndrome Biobank Consortium: A perspective
Manuscript Number (if known):	ADJ-D-23-01442

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.

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	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.		

Date:			12/2/2023		
Your Name:			Elliott J Mufson		
Manuscript Title:			The Down Syndrome Biobank Consortium:	A perspective	
Ma	nuscript Number (if k	known):	ADJ-D-23-01442		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned			ated" means any relation with for-profit or no nuscript. Disclosure represents a commitme t about whether to list a relationship/activity es/interests should be defined broadly. For e u should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	1 1	one ints R01AG071228-02, R01AG070153, and	PO1AG14449, RF1AG081286  Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH gra	one ints R01AG071228-02, R01AG070153, and	PO1AG14449, RF1AG081286  Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH gra	one ints R01AG071228-02, R01AG070153, and 061566	PO1AG14449, RF1AG081286  Click the tab key to add additional rows.	

licenses

None

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

ľ		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	A gift from a private donor to conduct research on ALS.		
13	Other financial or non-financial interests	None		
r	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 wo	rding of any of the questions on this form.	

Dat	e:		12/4/2023		
Your Name:			Sylvia E Perez		
Manuscript Title:			The Down Syndrome Biobank Consortium: A perspective		
Ma	nuscript Number (if k	nown):	ADJ-D-23-01442		
content of your manuscript. "Rela affected by the content of the ma			· · · · · · · · · · · · · · · · · · ·		
epi	•	nsion, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
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.		nt RF1AG081286	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		one	Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH gra	nt RF1AG081286	Click the tab key to add additional rows.	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	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.		

Date:	12/3/2023
Your Name:	Stephen D. Ginsberg, Ph.D]
Manuscript Title:	The Down Syndrome Biobank Consortium: A perspective
Manuscript Number (if known):	ADJ-D-23-01442
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.

		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 o	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.	NIH grants P01 AG014449, RF1 AG077103, R01 AG074004, and P01 AG017617	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).	None	
3	Royalties or licenses	None None	

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

12/2/2023
Ruma Raha-Chowdhury
The Down Syndrome Biobank Consortium: A perspective
ADJ-D-23-01442

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.

		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	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.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None  BrightFocus Foundation grant CA2018010	This is the DSBC grant funding the consortium
3	Royalties or licenses	None None	

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	⊠ None	
Plea		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Dat	e:		12/2/2023		
You	r Name:		Ann-Charlotte Granholm		
Manuscript Title:			The Down Syndrome Biobank Consortium: A perspective		
Ma	nuscript Number (if kr	nown):	ADJ-D-23-01442		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned.		pt. "Rela f the mar in doubt s/activitie nsion, you entioned	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitme about whether to list a relationship/activity es/interests should be defined broadly. For each should declare all relationships with manufin the manuscript.	/interest, it is preferable that you do so.	
			entities with whom you have this thip 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	□ No	one		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIH gra R01AG0	nts R01AG071228-02, R01AG070153, and D61566	Click the tab key to add additional rows.	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	_			
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	R01AG0	061566		

		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)	e
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None  None	
6	Payment for expert testimony	None  None	
7	Support for attending meetings and/or travel	Received support from the Department of Neurosurgery to attend the ADPD conference in Gothenburg, Sweden, in March.	
8	Patents planned, issued or pending	None  None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	CDIN NIH study section, standard member   Board member, Alzheimer Association Colorado	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	A gift from a private donor to conduct research on ALS.	
13	Other financial or non-financial interests	None	
Plea	·	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date	e:		12/3/2023		
You	r Name:		Huntington Potter		
Manuscript Title:			The Down Syndrome Biobank Consortium: A perspective		
Mai	nuscript Number (if k	nown):	ADJ-D-23-01442		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub  The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned		ipt. "Rela of the man e in doubt as/activition entioned all suppor	ted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity, es/interests should be defined broadly. For each should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
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.	NIH gra	nts R01AG071228-02, R01AG070153, and D61566 R61AG074859 RF1NS128739-01 Colorado annual grant to the CUACC	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH gra	nts <b>R01AG071228-02, R01AG070153, and</b> 061566 <u>R61AG074859 RF1NS128739-01</u>		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH gra R01AG0 State of	nts <b>R01AG071228-02, R01AG070153, and 061566</b> <u>R61AG074859 RF1NS128739-01</u> Colorado annual grant to the CUACC		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments we made to you or to your institution)	ere
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None  None	
7	Support for attending meetings and/or travel	Received support from the Department of Neurosurgery to attend the ADPD conference in Gothenburg, Sweden, in March.	
8	Patents planned, issued or pending	None  None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	CDIN NIH study section, standard member   Board member, Alzheimer Association Colorado	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	A gift from a private donor to conduct research on ALS.		
13	Other financial or non-financial interests	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.				

Dat	e:		5/12/2023				
Your Name:			Sujay Ghosh				
Manuscript Title:			The Down Syndrome Biobank Consortium: A perspective				
Manuscript Number (if known):		nown):	ADJ-D-23-01442				
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.							
epi	•	nsion, yοι	should declare all relationships with manu	example, if your manuscript pertains to the facturers of antihypertensive medication, even if			
	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.						
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)			
			Time frame: Since the initial planning	of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	Indian (	Council of Medical Research (ICMR). Grant t Number ICMR/0414/SG/2020-2023	Click the tab key to add additional rows.			
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	Indian (	Council of Medical Research (ICMR). Grant				
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Indian (	Council of Medical Research (ICMR). Grant	Click the tab key to add additional rows.			
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Indian C Support	Council of Medical Research (ICMR). Grant t Number ICMR/0414/SG/2020-2023	Click the tab key to add additional rows.			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	□ None  Trisomy 21 Research Society. T21RS.
8	Patents planned, issued or pending	⊠  None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Chair, Trisomy21Research Society, Indian Chapter

		Name all entities with whom you have this relationship or indicate none (add rows as need	Specifications/Comments (e.g., if payments were ded) made to you or to your institution)		
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non-financial interests	None			
Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:	12/2/2023
Your Name:	Samuel Guzman, MD
Manuscript Title:	The Down Syndrome Biobank Consortium: A perspective
Manuscript Number (if known):	ADJ-D-23-01442

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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.

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		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.		None	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).		None			
3	Royalties or licenses	Non	None e			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g made to you or to your institu	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	Received support from the Department of Neurosurgery to attend the ADPD conference in Gothenburg, Sweden, in March.	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea 🖂	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.			

Dat	te:	12/2/2023			
Your Name:		Steven L. Carroll	Steven L. Carroll		
Manuscript Title:		The Down Syndrome Biobank Consortium:	A perspective		
Ma	nuscript Number (if kr	nown): _ ADJ-D-23-01442			
cor affe ind The epi tha	ntent of your manuscripected by the content of licate a bias. If you are a author's relationships demiology of hypertent medication is not me	ency, we ask you to disclose all relationships/activities of the manuscript. Disclosure represents a commitmer in doubt about whether to list a relationship/activity, activities/interests should be defined broadly. For esion, you should declare all relationships with manufantioned in the manuscript.  Ill support for the work reported in this manuscript we past 36 months.	ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
		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	NIH grants R01NS109655, R01NS109655-03S1, R01AG08286	Click the tab key to add additional rows.		
	charges, etc.) No time limit for this item.				
	No time limit for	Time frame: past 36 month	s		
2	No time limit for	Time frame: past 36 month  None  BrightFocus Foundation grant CA2018010	This is the DSBC grant funding the consortium		

		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	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Carolina	Member, South Carolina Alzheimer's Disease and Related Disorders Resource Coordination Center Advisory Council

			entities with whom you have this thip 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	No.	one	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	No.	one	
13	Other financial or non-financial interests	No.	one	
Plea	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.			

Date	e:		12/2/2023		
Your Name:			Thomas Wisniewski		
Mar	nuscript Title:		The Down Syndrome Biobank Consortium:	A perspective	
Mar	nuscript Number (if l	known):	ADJ-D-23-01442		
In the interest of transparency, w content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti		ript. "Rela of the ma re in doub ps/activition ension, you	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	l I	one ants P30AG066512, P01AG060882,	Click the tab key to add additional rows.	
	No time limit for this item.				
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one focus Foundation grant CA2018010	This is the DSBC grant funding the consortium	
3	Royalties or licenses	⊠ <b>N</b> one	one		

		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	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	DSM Board member for Biogen Study 247-AD-201 DSM Board member for Down Syndrome Foundation study: LIFE-DSR-BIO	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Field Chief Editor Frontiers in Aging Neuroscience	

			entities with whom you have this thip 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	No.	one	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	No.	one	
13	Other financial or non-financial interests	No.	one	
Plea	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.			

Date:	12/2/2023
Your Name:	William H. Yong
Manuscript Title:	The Down Syndrome Biobank Consortium: A perspective
Manuscript Number (if known):	ADJ-D-23-01442

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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.

		•	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.	None	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).	None   BrightFocus Foundation grant CA2018010   R01 CA227874   R01 DE029353   UM1MH130994   5U24MH100929-09	This is the DSBC grant funding the consortium Brain tumor research Brain development/tumor research Human Brain Atlas AIDS Brain Bank	
3	Royalties or licenses	None None		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	College of American Pathologists California Society of Pathologists	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Board member, California Society of Pathologists Steering Committee, House of Delegates, College of American Pathologists	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	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.		

Date:	12/2/2023
Your Name:	Elizabeth Head
Manuscript Title:	The Down Syndrome Biobank Consortium: A perspective
Manuscript Number (if known):	ADJ-D-23-01442 Click or tap here to enter text.

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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.

		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	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.		Institution  Click the tab key to add additional rows.
		Time frame: past 36 months	3
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	Alzheon Cyclo Therapeutics	To me To me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	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.		

Date:			12/2/2023		
You	r Name:		Juan Fortea		
Manuscript Title:			The Down Syndrome Biobank Consortium: A perspective		
Mar	nuscript Number (if I	known):	ADJ-D-23-01442		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub."  The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned.		ript. "Rela of the man e in doubt os/activition ension, you entioned	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity, es/interests should be defined broadly. For e u should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
	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.	Fondo of de Salu Nationa Genera Fundac Spain. Alzheim Brightfo	de Investigaciones Sanitario (FIS), Instituto d Carlos III. Spain. al Institutes of Health (NIH). USA. litat de Catalunya. Spain. ió Tatiana Pérez de Guzmán el Bueno. ner's Association. USA. bcus. USA. in 2020 (European Commission).	To my institution.  To my institution.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> </u>	one elecular Imaging (LMI)	To my institution.	
3	Royalties or licenses	× No	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	□ None	
		Novartis	To me.
		Lundbeck	To me.
		Roche	To me.
		AC Inmune	To me.
5	Payment or honoraria for	□ None	
	lectures,	Roche	To me.
	presentations,	NovoNordisk	To me.
	speakers bureaus,	Esteve	To me.
	manuscript	Biogen	To me.
	writing or	Laboratorios Carnot	To me.
	educational	Adamed	To me.
	events	LMI	To me.
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or		
	pending	WO2019175379 A1 Markers of synaptopathy in neurodegenerative disease issued.	To my institution and to me.
9	Participation on a Data Safety	a Data Safety	
	Monitoring Board or	AC Immune	To me.
	Advisory Board	Alzheon	To me.
	Advisory board	Lundbeck	To me.
		Zambon Lilly	To me.
10	Leadership or fiduciary role in other board, society, committee or advocacy group,	None    Spanish Neurological Society.     T21 Research Society.     Lumind foundation     Jérôme-Lejeune Foundation.	No payments.  No payments.  No payments.  No payments.
	paid or unpaid	Alzheimer's Association.	No payments.
		National Institutes of Health. USA.	Payments for the participation in Study Sections.
		Ivational institutes of fiedlin. USA.	r ayments for the participation in Study Sections.

		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)	
		Instituto de Salud Carlos III. Spain.	Payments for the participation in Study Sections.	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea [⊠	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	12/3/2023
Your Name:	Shahid H. Zaman
Manuscript Title:	The Down Syndrome Biobank Consortium: A perspective
Manuscript Number (if known):	ADJ-D-23-01442

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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.

	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
. All support for the present	□ None	
manuscript (e.g., funding, provision	Cambridgeshire & Peterborough Foundation NHS Trust (CPFT), UK	SHZ is funded by CPFT
of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIHR Cambridge Biomedical Research Centre (NIHR203312)	All research at the Department of Psychiatry in the University of Cambridge is supported by the NIHR Cambridge Biomedical Research Centre (NIHR203312) and NIHR Applied Research Centre. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care the tab key to add additional rows.
	Time frame: past 36 month	าร
Grants or contracts from	□ None	
any entity (if not	BrightFocus Foundation grant CA2018010	This is the DSBC grant funding the consortium
indicated in item #1 above).	National Institute on Aging and the National Institute for Child Health and Human Development (U01 AG051406, U01 AG051412, U19 AG068054)	ABC-DS is funded by NIH.
	Windsor Research Unit, CPFT, Fulbourn Hospital Cambridge, UK	Cambridgeshire & Peterborough Foundation NHS Trust (CPFT), UK mick

		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	None	
4	Consulting fees	Lundbeck	Ad hoc consultation honorarium for advice regarding drug development in Down syndrome
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Alzheimer's Biomarkers Consortium-Down Syndrome Trial Ready Cohort-Down Syndrome	Annual meetings-Travel, accommodation & expenses paid by NIH Annual meetings-Travel, accommodation & expenses paid by NIH
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Chair of Scientific Committee for biannual conference for Trisomy21 Research Society	Chair of Scientific Committee of biannual Society conference. Unpaid role.
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.			