

ICMJE DISCLOSURE FORM

Date: 7/19/2023

Your Name: Pei-Chuan Ho

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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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	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								
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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: 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: 7/19/2023

Your Name: Wai Haung Yu

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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Date: 7/20/2023

Your Name: Boon Lead Tee

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		National Institute of Aging (R21AG068757, R01AG080469)	Support for travel
		Alzheimer's Association (AACSF02-97214)	Support for travel
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	
		CARE registry	
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None	

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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	

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ICMJE DISCLOSURE FORM

Date: 7/21/2023

Your Name: Wan-Ping Lee

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety	<input checked="" type="checkbox"/> None	

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	Monitoring Board or Advisory Board	<input type="text"/>	<input type="text"/>
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Date: 7/19/2023

Your Name: Clara Li

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

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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: 8/10/2021

Your Name: Yian Gu

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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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ICMJE DISCLOSURE FORM

Date: 7/31/2023

Your Name: Jennifer S. Yokoyama

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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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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	
		Lecture: "Immune Contributors to Neurodegenerative Disease," Washington University in St. Louis School of Medicine NeuroGenomics and Informatics Center, August 18, 2022	Payment to JSY directly
		Lecture: Immune Contributors to Neurodegeneration," North Central Florida Society for Neuroscience Chapter Conference, January 28, 2022	Payment to JSY directly
		Lecture: "Genetic Characterization of Neurodegenerative Diseases," The Ohio State University Inaugural Neurogenetics Symposium, September 24, 2021.	Payment to JSY directly
		Lecture: "Genetic information: A Tool for Predicting Alzheimer's Disease," HudsonAlpha: Update on Alzheimer's Research, June 19, 2020.	Payment to JSY directly
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	
		Epstein Family Alzheimer's Collaboration	Scientific Advisory Board member—payment made to institution
10	Leadership or fiduciary role in	<input checked="" type="checkbox"/> None	

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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

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ICMJE DISCLOSURE FORM

Date: 8/9/2021

Your Name: Dolly Reyes-Dumeyer

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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ICMJE DISCLOSURE FORM

Date: 7/20/2023

Your Name: Yun-Beom Choi

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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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: 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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13	Other financial or non-financial interests	<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>							

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

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

ICMJE DISCLOSURE FORM

Date: 7/25/2023

Your Name: Hyun-Sik Yang

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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

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

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

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
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%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;">NIH/NIA</td><td style="width: 50%;">K23 AG062750</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	NIH/NIA	K23 AG062750				
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></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	
		U Mass Boston	Consulting fee related to ACAD data collection and participant diagnostic adjudication
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
11	Stock or stock options	<input 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>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<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>							
13	Other financial or non-financial interests	<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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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: 08/10/2023

Your Name: Badri N Vardarajan

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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

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

ICMJE DISCLOSURE FORM

Date: 7/24/2023

Your Name: Marian Tzuang

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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

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

ICMJE DISCLOSURE FORM

Date: 7/26/2023

Your Name: Kevin Lieu

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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: 7/27/2023

Your Name: ANNA T. LU

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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: 7/20/2023

Your Name: Kelley Faber

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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: 7/25/2023

Your Name: Zoë Potter

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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ICMJE DISCLOSURE FORM

Date: 8/8/2023

Your Name: Carolyn Revta

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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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: 7/19/2023

Your Name: Maureen Kirsch

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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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ICMJE DISCLOSURE FORM

Date: 7/25/2023

Your Name: Jake McCallum

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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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13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Centre for Addiction and Mental Health	Employed by institution for duration of working on manuscript

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ICMJE DISCLOSURE FORM

Date: 7/25/2023

Your Name: Diana Mei

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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ICMJE DISCLOSURE FORM

Date: 8/4/2023

Your Name: Briana Booth

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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

ICMJE DISCLOSURE FORM

Date: 7/20/2023

Your Name: Laura Cantwell

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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: 7/31/2023

Your Name: Fangcong Chen

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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: 7/26/2023

Your Name: Sephera Chou

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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: 7/20/2023

Your Name: Dewi Clark

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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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: 7/28/2023

Your Name: Michelle Deng

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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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11	Stock or stock options	<input type="checkbox"/> None	
		Assertio Holdings Inc	Purchased stock(s)
		Akebia Therapeutics Inc	Purchased stock(s)
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: 8/4/2023

Your Name: Ting Hong

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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: 7/25/2023

Your Name: Ling-Jen Hwang

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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ICMJE DISCLOSURE FORM

Date: 7/24/2023

Your Name: Lilly Jiang

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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

ICMJE DISCLOSURE FORM

Date: 7/19/2023

Your Name: Yoonmee Joo

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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: 8/22/2023

Your Name: Younhee Kang

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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: 7/20/2023

Your Name: Ellen SY Kim

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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ICMJE DISCLOSURE FORM

Date: 8/13/2023

Your Name: Huwon, Kim

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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

ICMJE DISCLOSURE FORM

Date: 7/20/2022

Your Name: Kyungmin Kim

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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: 7/24/2023

Your Name: Amanda Kuzma

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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: 7/20/2023

Your Name: Eleanor (Pak Wai) Lam

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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ICMJE DISCLOSURE FORM

Date: 7/26/2023

Your Name: Serggio Lanata, MD

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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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: 8/17/2023

Your Name: Kun Ho Lee

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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ICMJE DISCLOSURE FORM

Date: 7/19/2023

Your Name: Donghe Li

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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ICMJE DISCLOSURE FORM

Date: 7/25/2023

Your Name: Mingyao Li

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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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: 7/24/2023

Your Name: Xiang Li

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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: 7/23/2023

Your Name: Chia-Lun Liu

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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: 8/2/2023

Your Name: Collin Liu

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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: 7/25/2023

Your Name: Linghsi Liu

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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13	Other financial or non-financial interests	<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>							

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

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

ICMJE DISCLOSURE FORM

Date: 7/20/2023

Your Name: Jody-Lynn Lupo

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; 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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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: 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>									
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: 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>									
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: 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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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7/25/2023

Your Name: Khai H. Nguyen MD, MHS

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr> <td style="width: 60%;">Dr. Seuss Foundation</td> <td>Paid to the university - UCSD</td> </tr> <tr> <td>UCSD Academy of Clinical Scholars</td> <td>Paid to the university - UCSD</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Dr. Seuss Foundation	Paid to the university - UCSD	UCSD Academy of Clinical Scholars	Paid to the university - UCSD		
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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 checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
		California Department of Justice court case	Paid to me as 1099
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		National Medical Director of Community Health Accreditation Partner (CHAP) travel to board meetings	Payment to me as reimbursement for lodging, airfare, taxi-fare, food/drink costs
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	
		National Medical Director of Community Health Accreditation Partner (CHAP)	Payments to me as W-2
		NAHC Advisor for Palliative Care - member	Volunteer
		MedImpact P&T Committee Member	Payment to me as 1099

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
11	Stock or stock options	<input 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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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7/31/2023

Your Name: Shannon Pflueger

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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: 8/1/2023

Your Name: James Qian

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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: 7/25/2023

Your Name: Winnie Qian

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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: 8/14/2023

Your Name: Veronica Ramirez

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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Date: 7/25/2023

Your Name: Kristen A. Russ, PhD

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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ICMJE DISCLOSURE FORM

Date: 7/24/2023

Your Name: Eun Hyun Seo

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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

ICMJE DISCLOSURE FORM

Date: 7/30/2023

Your Name: Yeunjoo E. Song

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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: 7/19/2023

Your Name: Maria Carmela Tartaglia

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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: 8/17/2023

Your Name: Lu Tian

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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ICMJE DISCLOSURE FORM

Date: 7/19/2023

Your Name: Mina Torres

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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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: 7/21/2023

Your Name: Namkhue Vo

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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: 7/19/2023

Your Name: Ellen Chang Wong

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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: 8/9/2023

Your Name: Yuan Xie

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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: 7/19/2023

Your Name: Eugene Yau

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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ICMJE DISCLOSURE FORM

Date: 06/01/2023

Your Name: Isabelle Yi

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): [Click or tap here to enter text.](#)

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

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work									
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							Click the tab key to add additional rows.
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </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)						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 296 1516 401"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 562 1516 701"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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" data-bbox="383 856 1516 961"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1201 1516 1306"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1465 1516 1570"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1730 1516 1835"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety	<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)
	Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

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: 7/20/2023

Your Name: Victoria Yu

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></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: 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 checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 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>									
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: 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>									
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: 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>									
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: 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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 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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11	Stock or stock options	<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>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<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>							
13	Other financial or non-financial interests	<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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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7/19/2023

Your Name: Xiaoyi Zeng

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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Time frame: Since the initial planning of the work								
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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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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: 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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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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ICMJE DISCLOSURE FORM

Date: 7/26/2023

Your Name: Peter St George-Hyslop

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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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)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Canadian Institutes of Health Research Foundation Grant</td> <td>Grant for support or personnel and reagents.</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	Canadian Institutes of Health Research Foundation Grant	Grant for support or personnel and reagents.			<small>Click the tab key to add additional rows.</small>	
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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;"> <tr> <td style="width: 60%;">As above</td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	As above					
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4	Consulting fees	<input type="checkbox"/> None	
		Transition Bio	Consultant fees of unrelated project
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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13	Other financial or non-financial interests	<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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ICMJE DISCLOSURE FORM

Date: 7/27/2023

Your Name: Rhoda Au

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;">NIH</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	NIH					
NIH								
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></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	
		Signant Health	Self
		Biogen	Self
		Davos Alzheimer's Collaborative	Self
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		NovoNordisk	Honoraria for 3 sponsored panels
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 7/25/2023

Your Name: Gerard D. Schellenberg

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 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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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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

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ICMJE DISCLOSURE FORM

Date: 5/15/2023

Your Name: Jeffrey L. Dage

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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

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

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

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)																		
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">Indiana University School of Medicine</td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	Indiana University School of Medicine				Click the tab key to add additional rows.													
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">U01AG057195</td> <td></td> </tr> <tr> <td>P30AG072976</td> <td></td> </tr> <tr> <td>RD005665</td> <td></td> </tr> <tr> <td>U54AG054345</td> <td></td> </tr> <tr> <td>U19AG074879</td> <td></td> </tr> <tr> <td>R01AG072474</td> <td></td> </tr> <tr> <td>U54AG065181</td> <td></td> </tr> <tr> <td>U24AG021886</td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> </table>	U01AG057195		P30AG072976		RD005665		U54AG054345		U19AG074879		R01AG072474		U54AG065181		U24AG021886			
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		ADC Biomarker Steering Committee	
11	Stock or stock options	<input type="checkbox"/> None	
		Eli Lilly and Company minor shareholder	Self
		Monument Biosciences	Self
		Genotix Biotechnologies Inc	Self
		AlzPath	Self
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		Roche Diagnostics	Institution
		ADx Neurosciences	Institution
		Eli Lilly and Company	Institution
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 7/19/2023

Your Name: Rohit Varma. MD MPH

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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ICMJE DISCLOSURE FORM

Date: 7/21/2023

Your Name: Ging-Yuek Robin HSIUNG

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Biogen</td> <td>Clinical trials site investigator</td> </tr> <tr> <td>Cassava</td> <td>Clinical trials site investigator</td> </tr> <tr> <td>Lilly</td> <td>Clinical trials site investigator</td> </tr> <tr> <td>NIH</td> <td>Research grant in Alzheimer Genetics</td> </tr> <tr> <td>CIHR</td> <td>Research grant in Frontotemporal dementia</td> </tr> <tr> <td>CIHR</td> <td>Research grant in dementia biomarkers</td> </tr> </table>	Biogen	Clinical trials site investigator	Cassava	Clinical trials site investigator	Lilly	Clinical trials site investigator	NIH	Research grant in Alzheimer Genetics	CIHR	Research grant in Frontotemporal dementia	CIHR	Research grant in dementia biomarkers
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Biogen, Lilly, Roche, Novonordisk	Expert advisory committee
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board,	<input 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	President of C5R (Consortium of Canadian Centres for Clinical Cognitive Research)	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	

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ICMJE DISCLOSURE FORM

Date: 8/17/2023

Your Name: Howard Rosen, MD

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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Biogen Pharmaceuticals	Payment to institution							
NIH	Payment to institution							
State of California	Payment to institution							
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

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4	Consulting fees	<input type="checkbox"/> None	
		Wave Neuroscience	Payment to me
		Ionis Pharmaceuticals	Payment to me
		Eisai Pharmaceuticals	Payment to me
		Genentech	Payment 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 checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<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>							
13	Other financial or non-financial interests	<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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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: 8/16/2021

Your Name: Victor W. Henderson

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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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>							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Honorarium as a member of the External Advisory Committee of the Kansas University Alzheimer's Disease Center, Feb. & May 2021, Nov. 2022</td> <td style="width: 50%;">Payment made to me</td> </tr> <tr> <td>NIH Study Section reviewer honorarium</td> <td>Payment made to me</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	Honorarium as a member of the External Advisory Committee of the Kansas University Alzheimer's Disease Center, Feb. & May 2021, Nov. 2022	Payment made to me	NIH Study Section reviewer honorarium	Payment made to me			
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ICMJE DISCLOSURE FORM

Date: 8/22/2021

Your Name: Tatiana Foroud

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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ICMJE DISCLOSURE FORM

Date: 7/31/2023

Your Name: Walter A. Kukull, PhD

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<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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Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 7/20/2021

Your Name: Guerry M. Peavy

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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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ICMJE DISCLOSURE FORM

Date: 7/26/2023

Your Name: Haeok Lee

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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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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: 12/1/2023

Your Name: Howard H Feldman

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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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4	Consulting fees	<input type="checkbox"/> None	
		LuMind Foundation	Service agreement with UC San Diego for consulting activities
		Samus Therapeutics	Service agreement with UC San Diego for consulting activities
		Biosplice Therapeutics	Service agreement with UC San Diego for consulting activities
		Novo Nordisk, Inc.	Service agreement with UC San Diego for consulting activities
		Axon Neuroscience	Service agreement with UC San Diego for consulting activities
		Arrowhead Pharmaceuticals	Service agreement with UC San Diego for consulting activities
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	
		Novo Nordisk, Inc.	Payment to UC San Diego for travel related expenses to F2F meeting during CTAD, October 2023
		Royal Society of Canada	Payment to UC San Diego for travel related expenses to conference, November 2023
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		Feldman HH (filed November 26, 2008). Detecting and Treating Dementia Serial Number 12/3-2691 U.S. Patent No. PCT/US2007/07008. Washington, DC: U.S. Patent and Trademark Office	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Roche/Genentech Pharmaceuticals	Service agreement with UC San Diego for DMC and DSMB
		Tau Consortium	Service agreement with UC San Diego for Scientific Advisory Board
		Janssen Research & Development LLC	Service agreement with UC San Diego for DSMB

		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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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	
		Epstein Family Alzheimer's Research Collaboration	Philanthropic support for Alzheimer therapeutic research

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: 8/14/2023

Your Name: Richard Mayeux

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									

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13	Other financial or non-financial interests	<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>							

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: 8/14/2023

Your Name: Helena Chui

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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 type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">U19AG079774</td> <td>R01AG05162</td> </tr> <tr> <td>P30AG066530</td> <td>RF1AG072490</td> </tr> <tr> <td>P01G052350</td> <td>R01AG054434,RF1AG054442</td> </tr> </table>	U19AG079774	R01AG05162	P30AG066530	RF1AG072490	P01G052350	R01AG054434,RF1AG054442
U19AG079774	R01AG05162							
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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: 60%;"> </td> <td> </td> </tr> <tr> <td> </td> <td> </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 checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
		Los Angeles Public Defender	Payments go to University Southern CA
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 type="checkbox"/> None	
		Alzheimer Los Angeles	

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

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

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

ICMJE DISCLOSURE FORM

Date: 7/25/2023

Your Name: Gyungah R. Jun

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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: 7/19/2023

Your Name: Van Ta Park

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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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4	Consulting fees	<input type="checkbox"/> None	
		UC Davis, Ladson Hinton (PI), NIH/NIA R01AG064688	Payment to self
		Adam Sobol, CareBand, Inc., NIH/NIA R43AG074753	Payment to self
		Genentech, Asian American advisory meeting	Payment to self
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		AARP, Solving for Asian American Data Equity	Payment to self
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 19 July 2023

Your Name: Tiffany Chow

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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: 7/25/2023

Your Name: Li-San Wang

Manuscript Title: Asian Cohort for Alzheimer's Disease (ACAD) Pilot Study on Genetic and Non-Genetic Risk Factors for Alzheimer's Disease among Asian Americans and Canadians

Manuscript Number (if known): ADJ-D-23-00578

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

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work									
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">National Institutes of Health</td> <td>Grant awarded to my institution</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>	National Institutes of Health	Grant awarded to my institution			Click the tab key to add additional rows.	
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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </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: 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"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;">Academia Sinica, Taipei, Taiwan</td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;">China Medical University, Taichung, Taiwan</td><td></td></tr> <tr><td style="height: 15px;">Taichung Veterans General Hospital, Taiwan</td><td></td></tr> </table>	Academia Sinica, Taipei, Taiwan		China Medical University, Taichung, Taiwan		Taichung Veterans General Hospital, Taiwan				
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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: 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>									
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: 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>									
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: 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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 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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