

ICMJE DISCLOSURE FORM

Date: 9/18/2023

Your Name: Emily K. Schworer

Manuscript Title: Cognitive and functional performance and plasma biomarkers of early Alzheimer’s disease in Down syndrome

Manuscript Number (if known): DADM-D-23-00092R1

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 | |
| | | National Institute on Aging and the National Institute for Child Health and Human Development (U01 AG051406, U01 AG051412, U19 AG068054) | |
| | | Alzheimer’s Disease Research Centers Program (P50 AG008702, P30 AG062421, P50 AG16537, P50 AG005133, P50 AG005681, P30 AG062715, and P30 AG066519) | |
| | | Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program (U54 HD090256, U54 HD087011, and P50 HD105353) | Click the tab key to add additional rows. |
| | | National Center for Advancing Translational Sciences (UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345) | |
| | | National Centralized Repository for Alzheimer Disease and Related Dementias (U24 AG21886) | |
| | | DS-Connect® (The Down Syndrome Registry) supported by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) | |
| | | NIHR Cambridge Biomedical Research Centre | |
| | | Windsor Research Unit, CPFT, Fulbourn Hospital Cambridge, UK | |
| Time frame: 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) |
|----------|--|--|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| | | | |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
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| | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 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 | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None | |
| | | <input type="text"/> | <input type="text"/> |
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| | | <input type="text"/> | <input type="text"/> |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
| | | <input type="text"/> | <input type="text"/> |
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| | | <input type="text"/> | <input type="text"/> |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
| | | <input type="text"/> | <input type="text"/> |
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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: 9/19/2023

Your Name: Benjamin L Handen

Manuscript Title: Cognitive and functional performance and plasma biomarkers of early Alzheimer’s disease in Down syndrome

Manuscript Number (if known): DADM-D-23-00092R1

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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| | | Alzheimer’s Disease Research Centers Program (P50 AG008702, P30 AG062421, P50 AG16537, P50 AG005133, P50 AG005681, P30 AG062715, and P30 AG066519) | |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None | |
| | | Autism Speaks | To University of Pittsburgh |
| | | Roche Pharma | To University of Pittsburgh |
| | | U19 AG068054 Alzheimer's Biomarker Consortium – Down Syndrome (ABC-DS) | To University of Pittsburgh |
| 3 | Royalties or licenses | <input type="checkbox"/> None | |
| | | Royalties for "Parent Training for Disruptive Behavior" | To self |
| | | Royalties for Autism spectrum disorder (Pittsburgh Pocket Psychiatry Series). London: Oxford University Press | To self |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
| | | Am Psych Association, August 2023; honoraria for lecture | To self |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| | | | |
| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None | |
| | | U19 AG068054 Alzheimer's Biomarker Consortium – Down Syndrome (ABC-DS) | To University of Pittsburgh to cover meetings and travel |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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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) |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None | |
| | | DSMB Chair, Dept of Defense funded grant: Comparative effectiveness of EIBI and adaptive ABA for children with autism. Pls: C Johnson, S Hyman, D Almirall, C Anderson, E Butter (2019-2022). | To self |
| | | | |
| 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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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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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: 9/26/2023

Your Name: Melissa Petersen

Manuscript Title: Cognitive and functional performance and plasma biomarkers of early Alzheimer’s disease in Down syndrome

Manuscript Number (if known): DADM-D-23-00092R1

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| | | Alzheimer’s Disease Research Centers Program (P50 AG008702, P30 AG062421, P50 AG16537, P50 AG005133, P50 AG005681, P30 AG062715, and P30 AG066519) | |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <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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| 3 | Royalties or licenses | <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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| 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> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | | | | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | | | | |
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| 9 | Participation on a Data Safety | <input checked="" type="checkbox"/> None | | | | | | | | | |

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| | | <input type="text"/> | <input type="text"/> |
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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 | |
| | | <input type="text"/> | <input type="text"/> |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| | | <input type="text"/> | <input type="text"/> |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| | | <input type="text"/> | <input type="text"/> |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |

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: 9/22/2023

Your Name: Sid O'Bryant

Manuscript Title: Cognitive and functional performance and plasma biomarkers of early Alzheimer's disease in Down syndrome

Manuscript Number (if known): DADM-D-23-00092R1

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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| | | National Institute on Aging and the National Institute for Child Health and Human Development (U01 AG051406, U01 AG051412, U19 AG068054) | |
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| 9 | Participation on a Data Safety | <input checked="" type="checkbox"/> None | |

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ICMJE DISCLOSURE FORM

Date: 9/18/2023

Your Name: Jamie Peven

Manuscript Title: Cognitive and functional performance and plasma biomarkers of early Alzheimer’s disease in Down syndrome

Manuscript Number (if known): DADM-D-23-00092R1

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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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|-----------|---|--|---|
| | Monitoring Board or Advisory Board | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| 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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| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| 11 | Stock or stock options | <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 | |
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| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 9/26/2023

Your Name: Dana L. Tudorascu

Manuscript Title: Cognitive and functional performance and plasma biomarkers of early Alzheimer’s disease in Down syndrome

Manuscript Number (if known): DADM-D-23-00092R1

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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|--|--|--|--|--|--|--|--|---|---|--|---|--|---|--|---|--|--|--|--|
| 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; margin-top: 10px;"> <tr> <td style="width: 60%;">National Institute on Aging and the National Institute for Child Health and Human Development (U01 AG051406, U01 AG051412, U19 AG068054)</td> <td></td> </tr> <tr> <td>Alzheimer’s Disease Research Centers Program (P50 AG008702, P30 AG062421, P50 AG16537, P50 AG005133, P50 AG005681, P30 AG062715, and P30 AG066519)</td> <td></td> </tr> <tr> <td>Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program (U54 HD090256, U54 HD087011, and P50 HD105353)</td> <td style="font-size: small;">Click the tab key to add additional rows.</td> </tr> <tr> <td>National Center for Advancing Translational Sciences (UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345)</td> <td></td> </tr> <tr> <td>National Centralized Repository for Alzheimer Disease and Related Dementias (U24 AG21886)</td> <td></td> </tr> <tr> <td>DS-Connect® (The Down Syndrome Registry) supported by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)</td> <td></td> </tr> <tr> <td>NIHR Cambridge Biomedical Research Centre</td> <td></td> </tr> <tr> <td>Windsor Research Unit, CPFT, Fulbourn Hospital Cambridge, UK</td> <td></td> </tr> </table> | National Institute on Aging and the National Institute for Child Health and Human Development (U01 AG051406, U01 AG051412, U19 AG068054) | | Alzheimer’s Disease Research Centers Program (P50 AG008702, P30 AG062421, P50 AG16537, P50 AG005133, P50 AG005681, P30 AG062715, and P30 AG066519) | | Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program (U54 HD090256, U54 HD087011, and P50 HD105353) | Click the tab key to add additional rows. | National Center for Advancing Translational Sciences (UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345) | | National Centralized Repository for Alzheimer Disease and Related Dementias (U24 AG21886) | | DS-Connect® (The Down Syndrome Registry) supported by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) | | NIHR Cambridge Biomedical Research Centre | | Windsor Research Unit, CPFT, Fulbourn Hospital Cambridge, UK | | |
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| Time frame: past 36 months | | | | | | | | | | | | | | | | | | | |

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| | | | |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 9/23/2021

Your Name: Laisze Lee

Manuscript Title: Cognitive and functional performance and plasma biomarkers of early Alzheimer’s disease in Down syndrome

Manuscript Number (if known): DADM-D-23-00092R1

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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| 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: 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 | <input checked="" type="checkbox"/> None | | | | | | | | | |

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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 9/15/2023

Your Name: Sharon J. Krinsky-McHale

Manuscript Title: Cognitive and functional performance and plasma biomarkers of early Alzheimer's disease in Down syndrome

Manuscript Number (if known): DADM-D-23-00092R1

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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| | | National Institute on Aging and the National Institute for Child Health and Human Development (U01 AG051412, U19 AG068054) | To my institution |
| | | | |
| | | | 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 type="checkbox"/> None | |
| | | NIH Grant #R01 HD098179 | Consultant payment to me |
| | | | |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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ICMJE DISCLOSURE FORM

Date: 9/15/2023

Your Name: Christy Hom

Manuscript Title: Cognitive and functional performance and plasma biomarkers of early Alzheimer’s disease in Down syndrome

Manuscript Number (if known): DADM-D-23-00092R1

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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| 3 | Royalties or licenses | <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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| 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> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | | | | |
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| 9 | Participation on a Data Safety | <input checked="" type="checkbox"/> None | | | | | | | | | |

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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 | |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| | | <input type="text"/> | <input type="text"/> |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| | | <input type="text"/> | <input type="text"/> |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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| | | <input type="text"/> | <input type="text"/> |

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: 9/16/2023

Your Name: Isabel C.H.Clare

Manuscript Title: Cognitive and functional performance and plasma biomarkers of early Alzheimer’s disease in Down syndrome

Manuscript Number (if known): DADM-D-23-00092R1

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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| 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 | |
| | | National Institute on Aging and the National Institute for Child Health and Human Development (U01 AG051406, U01 AG051412, U19 AG068054) | |
| | | Alzheimer’s Disease Research Centers Program (P50 AG008702, P30 AG062421, P50 AG16537, P50 AG005133, P50 AG005681, P30 AG062715, and P30 AG066519) | |
| | | Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program (U54 HD090256, U54 HD087011, and P50 HD105353) | Click the tab key to add additional rows. |
| | | National Center for Advancing Translational Sciences (UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345) | |
| | | National Centralized Repository for Alzheimer Disease and Related Dementias (U24 AG21886) | |
| | | DS-Connect® (The Down Syndrome Registry) supported by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) | |
| | | ICHC and SZ: NIHR Cambridge Biomedical Research Centre (NIHR203312) and the NIHR Applied Research Collaboration East of England. | x |
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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"> <tr> <td> CHC: Paid by the NHS through the Cambridgeshire & Peterborough Foundation Trust for 3 days/week to provide clinical and forensic psychology services to adults with intellectual disabilities and/or autism. Completely unrelated to this work </td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | CHC: Paid by the NHS through the Cambridgeshire & Peterborough Foundation Trust for 3 days/week to provide clinical and forensic psychology services to adults with intellectual disabilities and/or autism. Completely unrelated to this work | | | | | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | <table border="1"> <tr> <td> CHC: Receive payment for PhD student supervision (completely unrelated to this paper) </td> <td></td> </tr> <tr> <td> CHC: Paid by Lucy Cavendish College Cambridge as a pastoral Tutor – completely unrelated to this paper </td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | CHC: Receive payment for PhD student supervision (completely unrelated to this paper) | | CHC: Paid by Lucy Cavendish College Cambridge as a pastoral Tutor – completely unrelated to this paper | | | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | |
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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) |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
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| | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None | |
| | | ICHC: As a Fellow of Lucy Cavendish College Cambridge, I am a member of the Governing Body and Trustee of the College (unpaid) | |
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| | | | |
| 11 | Stock or stock options | <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 | |
| | | | |
| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 9/18/2023

Your Name: Bradley T Christian

Manuscript Title: Cognitive and functional performance and plasma biomarkers of early Alzheimer’s disease in Down syndrome

Manuscript Number (if known): DADM-D-23-00092R1

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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| 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 | |
| | | National Institute on Aging and the National Institute for Child Health and Human Development (U01 AG051406, U01 AG051412, U19 AG068054) | |
| | | Alzheimer’s Disease Research Centers Program (P50 AG008702, P30 AG062421, P50 AG16537, P50 AG005133, P50 AG005681, P30 AG062715, and P30 AG066519) | |
| | | Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program (U54 HD090256, U54 HD087011, and P50 HD105353) | Click the tab key to add additional rows. |
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| | | DS-Connect® (The Down Syndrome Registry) supported by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) | |
| | | NIHR Cambridge Biomedical Research Centre | |
| | | Windsor Research Unit, CPFT, Fulbourn Hospital Cambridge, UK | |
| Time frame: 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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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <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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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 9/15/2023

Your Name: Nicole Schupf, PhD, MPH, DrPH.

Manuscript Title: Cognitive and functional performance and plasma biomarkers of early Alzheimer’s disease in Down syndrome

Manuscript Number (if known): DADM-D-23-00092R1

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

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

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

ICMJE DISCLOSURE FORM

Date: 9/15/2023

Your Name: Joseph H. Lee

Manuscript Title: Cognitive and functional performance and plasma biomarkers of early Alzheimer’s disease in Down syndrome

Manuscript Number (if known): DADM-D-23-00092R1

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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| Time frame: past 36 months | | | | | | | | | | | | | | | | | | |
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|---|--|---|---|--|--|--|--|--|--|
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 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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| 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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| 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: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 40px; vertical-align: top;"> External Advisory Board, Alzheimer’s Disease Resource Center for Minority Aging Research, School of Medicine, University of Texas, Rio Grande Valley (UTRGV). </td> <td style="width: 50%;"></td> </tr> </table> | External Advisory Board, Alzheimer’s Disease Resource Center for Minority Aging Research, School of Medicine, University of Texas, Rio Grande Valley (UTRGV). | | | | | | |
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|-----------|---|---|---|
| | | External Advisory Board, Center for Life Sciences, Nazarbayev University, Astana, Kazakhstan. | |
| 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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| 11 | Stock or stock options | <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 | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 9/15/2023

Your Name: Elizabeth Head

Manuscript Title: Cognitive and functional performance and plasma biomarkers of early Alzheimer’s disease in Down syndrome

Manuscript Number (if known): DADM-D-23-00092R1

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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| | Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program (U54 HD090256, U54 HD087011, and P50 HD105353) | | Click Institution k the tab key to add additional rows. |
| | National Center for Advancing Translational Sciences (UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345) | | Institution |
| | National Centralized Repository for Alzheimer Disease and Related Dementias (U24 AG21886) | | Institution |
| | DS-Connect® (The Down Syndrome Registry) supported by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) | | Institution |
| | NIHR Cambridge Biomedical Research Centre | | Institution |
| | Windsor Research Unit, CPFT, Fulbourn Hospital Cambridge, UK | | Institution |
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| 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) |
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| | Monitoring Board or Advisory Board | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None | |
| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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ICMJE DISCLOSURE FORM

Date: 9/15/2023

Your Name: Mark Mapstone

Manuscript Title: Cognitive and functional performance and plasma biomarkers of early Alzheimer’s disease in Down syndrome

Manuscript Number (if known): DADM-D-23-00092R1

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| | | Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program (U54 HD090256, U54 HD087011, and P50 HD105353) | Click the tab key to add additional rows. |
| | | National Center for Advancing Translational Sciences (UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345) | |
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| | | U54 AG054349 | |
| | | U19 AG078109 | |
| | | R01 AG056726 | |
| | | R01 AG058644 | |
| 3 | Royalties or licenses | <input type="checkbox"/> None | |
| | | University of Rochester | Royalty payments to Dr. Mapstone |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input type="checkbox"/> None | |
| | | US Patent #7,645,140 | |
| | | US Patent #10,578,629 | |
| | | US Patent #10,718,021 | |
| | | US Patent #10,890,589 | |
| | | US Patent #10,900,977 | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None | |
| | | Scientific Advisory Board | Brain Neurotherapy Bio, Inc |
| | | Scientific Advisory Board | Davis Phinney Foundation for Parkinson's |
| | | Scientific Advisory Board Chair, NIH/NIA Data and Safety Monitoring Board. | Alzheon, Inc Efficacy and Mechanisms of Combined Aerobic Exercise and Cognitive Training (ACT) in Mild Cognitive Impairment (MCI): The ACT Trial |
| 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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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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ICMJE DISCLOSURE FORM

Date: 9/15/2021

Your Name: Ira T. Lott

Manuscript Title: Cognitive and functional performance and plasma biomarkers of early Alzheimer’s disease in Down syndrome

Manuscript Number (if known): DADM-D-23-00092R1

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| | | National Institute on Aging and the National Institute for Child Health and Human Development (U01 AG051406, U01 AG051412, U19 AG068054) | ABC-DS grant from NIA |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | | | | |
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| 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: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | | | | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | | | | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | | | | |
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| 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 | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None | |
| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |

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: 8/26/2021

Your Name: Beau Ances

Manuscript Title: Cognitive and functional performance and plasma biomarkers of early Alzheimer’s disease in Down syndrome

Manuscript Number (if known): DADM-D-23-00092R1

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 | |
| | | National Institute on Aging and the National Institute for Child Health and Human Development (U01 AG051406, U01 AG051412, U19 AG068054) | |
| | | Alzheimer’s Disease Research Centers Program (P50 AG008702, P30 AG062421, P50 AG16537, P50 AG005133, P50 AG005681, P30 AG062715, and P30 AG066519) | |
| | | Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program (U54 HD090256, U54 HD087011, and P50 HD105353) | Click the tab key to add additional rows. |
| | | National Center for Advancing Translational Sciences (UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345) | |
| | | National Centralized Repository for Alzheimer Disease and Related Dementias (U24 AG21886) | |
| | | DS-Connect® (The Down Syndrome Registry) supported by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) | |
| | | NIHR Cambridge Biomedical Research Centre | |
| | | Windsor Research Unit, CPFT, Fulbourn Hospital Cambridge, UK | |
| Time frame: 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) | | | | | | | | |
|---|--|--|---|--|--|--|--|--|--|--|--|
| 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 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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| 3 | Royalties or licenses | <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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| 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> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | | | | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | | | | |
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| 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 | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None | |
| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
| | | <input type="text"/> | <input type="text"/> |
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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.

AICMJE DISCLOSURE FORM

Date: 9/21/2023

Your Name: Shahid H. Zaman

Manuscript Title: Cognitive and functional performance and plasma biomarkers of early Alzheimer’s disease in Down syndrome

Manuscript Number (if known): DADM-D-23-00092R1

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 | |
| | | National Institute on Aging and the National Institute for Child Health and Human Development (U01 AG051406, U01 AG051412, U19 AG068054) | ABC-DS is funded by NIH. |
| | | Alzheimer’s Disease Research Centers Program (P50 AG008702, P30 AG062421, P50 AG16537, P50 AG005133, P50 AG005681, P30 AG062715, and P30 AG066519) | |
| | | Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program (U54 HD090256, U54 HD087011, and P50 HD105353) | Click the tab key to add additional rows. |
| | | National Center for Advancing Translational Sciences (UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345) | |
| | | National Centralized Repository for Alzheimer Disease and Related Dementias (U24 AG21886) | |
| | | DS-Connect® (The Down Syndrome Registry) supported by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) | |
| | | NIHR Cambridge Biomedical Research Centre (NIHR203312) | |
| | | Windsor Research Unit, CPFT, Fulbourn Hospital Cambridge, UK | |

| | | 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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| 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"> <tr> <td>Alzheimer's Research-United Kingdom</td> <td>Legacy funding now expired.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | Alzheimer's Research-United Kingdom | Legacy funding now expired. | | | | | |
| Alzheimer's Research-United Kingdom | Legacy funding now expired. | | | | | | | | |
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| | | | | | | | | | |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1"> <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 type="checkbox"/> None <table border="1"> <tr> <td>Lundbeck</td> <td>Ad hoc consultation honorarium for advice regarding drug development in Down syndrome</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | Lundbeck | Ad hoc consultation honorarium for advice regarding drug development in Down syndrome | | | | | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></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 type="checkbox"/> None <table border="1"> <tr> <td>Alzheimer's Biomarkers Consortium-Down Syndrome</td> <td>Annual meetings-Travel, accommodation & expenses paid by NIH</td> </tr> <tr> <td>Trial Ready Cohort-Down Syndrome</td> <td>Annual meetings-Travel, accommodation & expenses paid by NIH</td> </tr> <tr> <td></td> <td></td> </tr> </table> | Alzheimer's Biomarkers Consortium-Down Syndrome | Annual meetings-Travel, accommodation & expenses paid by NIH | Trial Ready Cohort-Down Syndrome | Annual meetings-Travel, accommodation & expenses paid by NIH | | | |
| Alzheimer's Biomarkers Consortium-Down Syndrome | Annual meetings-Travel, accommodation & expenses paid by NIH | | | | | | | | |
| Trial Ready Cohort-Down Syndrome | Annual meetings-Travel, accommodation & expenses paid by NIH | | | | | | | | |
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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) |
|-----------|---|--|---|
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| | | | |
| 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 | |
| | | Trisomy21 Research Society | Chair of Scientific Committee of biannual Society conference. Unpaid role. |
| | | | |
| | | | |
| 11 | Stock or stock options | <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 | |
| | | | |
| | | | |
| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 8/22/2023

Your Name: Adam M. Brickman

Manuscript Title: Cognitive and functional performance and plasma biomarkers of early Alzheimer’s disease in Down syndrome

Manuscript Number (if known): DADM-D-23-00092R1

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 | | | |
| 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 | |
| | | National Institute on Aging and the National Institute for Child Health and Human Development (U01 AG051406, U01 AG051412, U19 AG068054) | |
| | | Alzheimer’s Disease Research Centers Program (P50 AG008702, P30 AG062421, P50 AG16537, P50 AG005133, P50 AG005681, P30 AG062715, and P30 AG066519) | |
| | | Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program (U54 HD090256, U54 HD087011, and P50 HD105353) | Click the tab key to add additional rows. |
| | | National Center for Advancing Translational Sciences (UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345) | |
| | | National Centralized Repository for Alzheimer Disease and Related Dementias (U24 AG21886) | |
| | | DS-Connect® (The Down Syndrome Registry) supported by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) | |
| | | NIHR Cambridge Biomedical Research Centre | |
| | | Windsor Research Unit, CPFT, Fulbourn Hospital Cambridge, UK | |
| | | RF1 AG079519 | |

| | | 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: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| 4 | Consulting fees | <input type="checkbox"/> None | |
| | | Cognito Therapeutics - - scientific advising | self |
| | | Regeneron - - scientific advising | Self |
| | | Cognition Therapeutics - - scientific advising | Self |
| | | | |
| 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 | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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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) |
|----|---|--|---|
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None | |
| | | Albert Einstein College of Medicine | Self |
| | | CogState | Self |
| | | | |
| 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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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 9/25/2023

Your Name: Florence Lai, MD

Manuscript Title: Cognitive and functional performance and plasma biomarkers of early Alzheimer’s disease in Down syndrome

Manuscript Number (if known): DADM-D-23-00092R1

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

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|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|
| Time frame: Since the initial planning of the work | | | | | | | | | | | | | | | | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table> | | | | | | | |
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| 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%; 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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| 10 | Leadership or fiduciary role in other board, | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> </table> | | | | | | | |
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| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|-----------|--|--|---|
| | society, committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 9/22/2023

Your Name: Herminia Diana Rosas

Manuscript Title: Cognitive and functional performance and plasma biomarkers of early Alzheimer’s disease in Down syndrome

Manuscript Number (if known): DADM-D-23-00092R1

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 | | | |
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| | | National Institute on Aging and the National Institute for Child Health and Human Development (U01 AG051406, U01 AG051412, U19 AG068054) | |
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| | | Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program (U54 HD090256, U54 HD087011, and P50 HD105353) | Click the tab key to add additional rows. |
| | | National Center for Advancing Translational Sciences (UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345) | |
| | | National Centralized Repository for Alzheimer Disease and Related Dementias (U24 AG21886) | |
| | | DS-Connect® (The Down Syndrome Registry) supported by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) | |
| | | NIHR Cambridge Biomedical Research Centre | |
| | | Windsor Research Unit, CPFT, Fulbourn Hospital Cambridge, UK | |
| Time frame: past 36 months | | | |

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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 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) |
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| | Monitoring Board or Advisory Board | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| 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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| | | <input type="text"/> | <input type="text"/> |
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| | | <input type="text"/> | <input type="text"/> |
| | | <input type="text"/> | <input type="text"/> |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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ICMJE DISCLOSURE FORM

Date: 9/22/2023

Your Name: Sigan Hartley

Manuscript Title: Cognitive and functional performance and plasma biomarkers of early Alzheimer’s disease in Down syndrome

Manuscript Number (if known): DADM-D-23-00092R1

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