Date:	11/20/2023
Your Name:	Diana Ortega-Cruz
Manuscript Title:	"Three-dimensional histology reveals dissociable human hippocampal long axis gradients of Alzheimer's pathology."
Manuscript Number (if known):	ADJ-D-23-00997

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as		re
		Time frame: Since the initia	al planning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	⊠ None		
		Time frame: past	t 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None		
3	Royalties or licenses	☑ None		

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

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

Date:	11/20/2023
Your Name:	Kimberly S. Bress
Manuscript Title:	"Three-dimensional histology reveals dissociable human hippocampal long axis gradients of Alzheimer's pathology."
Manuscript Number (if known):	ADJ-D-23-00997

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7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	⊠ None □ □ □ □ □ □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None □ □ □ □ □ □	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	11/22/2023
Your Name:	Harshvardhan Gazula
Manuscript Title:	"Three-dimensional histology reveals dissociable human hippocampal long axis gradients of Alzheimer's pathology."
Manuscript Number (if known):	ADJ-D-23-00997

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6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	⊠ None □ □ □ □ □ □	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None □ □ □ □ □ □	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	11/20/2023
Your Name:	Alberto Rabano
Manuscript Title:	"Three-dimensional histology reveals dissociable human hippocampal long axis gradients of Alzheimer's pathology."
Manuscript Number (if known):	ADJ-D-23-00997

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑ None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	⊠ None □ □ □ □ □ □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	

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11	Stock or stock options	⊠ None □ □ □ □ □ □ □ □	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None □ □ □ □ □ □	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	11/27/2023
Your Name:	Juan Eugenio Iglesias
Manuscript Title:	"Three-dimensional histology reveals dissociable human hippocampal long axis gradients of Alzheimer's pathology."
Manuscript Number (if known):	ADJ-D-23-00997

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8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None □ □ □ □ □ □	

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11	Stock or stock options	⊠ None □ □ □ □ □ □ □ □	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None □ □ □ □ □ □	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	11/24/2023
Your Name:	Bryan A. Strange
Manuscript Title:	"Three-dimensional histology reveals dissociable human hippocampal long axis gradients of Alzheimer's pathology."
Manuscript Number (if known):	ADJ-D-23-00997

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6	Payment for expert testimony	[⊠] None 	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	[⊠] None [
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	 None Advisory Board, Federation of Spanish Parkinson's Disease Societies (unpaid). 	

		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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