Date:	1/26/2024
Your Name:	Neelakshi Soni
Manuscript Title:	Genetic diversity promotes resilience in a mouse model of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-01518

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

		all entities with whom you have this nship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Time frame: Since the initial planning of None	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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

Date:	1/26/2024
Your Name:	Lindsay Hohsfield
Manuscript Title:	Genetic diversity promotes resilience in a mouse model of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-01518

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		. 1	Time frame: past 36 month	S
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3	Royalties or licenses		None	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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	
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Date:	1/26/2024
Your Name:	Kristine M Tran
Manuscript Title:	Genetic diversity promotes resilience in a mouse model of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-01518

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			Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None		
3	Royalties or licenses	None		

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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	
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Date:	1/26/2024
Your Name:	Shimako Kawauchi
Manuscript Title:	Genetic diversity promotes resilience in a mouse model of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-01518

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3	Royalties or licenses	None	

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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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13	Other financial or non-financial interests	None	
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Date:	1/26/2024
Your Name:	Amber Walker
Manuscript Title:	Genetic diversity promotes resilience in a mouse model of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-01518

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			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None		
3	Royalties or licenses	⊠ None		

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:	1/26/2024
Your Name:	Dominic Javonillo
Manuscript Title:	Genetic diversity promotes resilience in a mouse model of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-01518

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3	Royalties or licenses	None	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	⊠ None	
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Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	1/26/2024
Your Name:	Jimmy Phan
Manuscript Title:	Genetic diversity promotes resilience in a mouse model of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-01518

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3	Royalties or licenses	None	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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8	Patents planned, issued or pending	⊠ 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 🖂	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Dat	e:		1/29/2024	
Your Name:			Dina Matheos	
Manuscript Title:			Genetic diversity promotes resilience in a m	ouse model of Alzheimer's disease
Mai	nuscript Number (if kr	own):	ADJ-D-23-01518	
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.		t-for-profit third parties whose interests may be at to transparency and does not necessarily (interest, it is preferable that you do so.) example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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.	□ No	349	Click the tab key to add additional rows.
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for			
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	AG054 □ No	349	

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			ecifications/Comments (e.g., if payments were ade 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	
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11	Stock or stock options	None	
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13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	1/16/2024
Your Name:	Celia da Cunha
Manuscript Title:	Genetic diversity promotes resilience in a mouse model of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-01518

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3	Royalties or licenses	None None	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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13	Other financial or non-financial interests	None	
Plea 🖂	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	1/26/2024
Your Name:	Asli Uyar
Manuscript Title:	Genetic diversity promotes resilience in a mouse model of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-01518

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	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	
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Date:	1/26/2024
Your Name:	Giedre Milinkeviciute
Manuscript Title:	Genetic diversity promotes resilience in a mouse model of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-01518

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3	Royalties or licenses	None ■	

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

Date:	12/14/2023
Your Name:	Angela Gomez-Arboledas
Manuscript Title:	Genetic diversity promotes resilience in a mouse model of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-01518

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

Date:	1/26/2024
Your Name:	Katelynn Tran
Manuscript Title:	Genetic diversity promotes resilience in a mouse model of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-01518

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.

			tities with whom you have this or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	[⊠] None	Time frame: Since the initial planning	of the work Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None		
3	Royalties or licenses	⊠ None		

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

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

Date:	1/26/2024
Your Name:	Catherine C. Kaczorowski
Manuscript Title:	Genetic diversity promotes resilience in a mouse model of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-01518

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None RF1 AG063755 R01AG057914	
3	Royalties or licenses	None None	

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

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

Date:	1/26/2024
Your Name:	Marcelo Wood
Manuscript Title:	Genetic diversity promotes resilience in a mouse model of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-01518

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Nih U54 AG054349	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None NIH R01 AG076838 NIH R01 DA047441 NIH R01 DA047961	NIH R01 AG057558 NIH R21 AG078978 NIH T32 DA050558
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 EpiVario, Inc	Consultant, payment to institution
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	Hewitt Foundation Advisory Board	

		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	
		EpiVario, Inc	Stock options, to me
		KDAc Therapeutics	Stock options, to me
12	Receipt of equipment,	□ None	
	materials, drugs,	EpiVario, Inc	Gift, to institution
	medical writing,		
	gifts or other services		
13	Other financial or	⊠ None	
	non-financial interests		
	interests		
Plea	Please place an "X" next to the following statement to indicate your agreement:		
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	12/4/2023
Your Name:	Andrea J. Tenner
Manuscript Title:	Genetic diversity promotes resilience in a mouse model of Alzheimer's disease
Manuscript Number (if known): ADJ-D-23-01518	
content of your manuscript. "Rela affected by the content of the ma	re ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily of 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 suppo	ort for the work reported in this manuscript without time limit. For all other items, the time

frame for disclosure is the past 36 months.

Specifications/Comments (e.g., if payments were Name all entities with whom you have this relationship or indicate none (add rows as needed) made to you or to your institution) Time frame: Since the initial planning of the work All support for the □ None present manuscript (e.g., funding, provision NIH NIA U54 AG054349 (MPI, A.J.Tenner, FM. of study materials, LaFerla, K. Green) medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months Grants or None contracts from any entity (if not NIH NIA R21 AG068573 (MPI R. Spitale, indicated in item A.J. Tenner MPI) #1 above). Edythe M. Laudati Memorial Fund (AJT) NIH NIA R01 AG060148 (MPI, A.J. Tenner, A. Mortazavi) NIH NIA R21 AG061746 (AJT) Royalties or 3 None licenses UC Case No. 1999-408 -royality

ļi		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	
		Apellis Forbion	Payment to me Payment to me
		Montis	Payment to me
			. cyment to me
5	Payment or honoraria for	□ None	
	lectures,	Seminar: Med Univ of South Carolina	Honorarium to self
	presentations,	Seminar: Michigan State University	Honorarium to self
	speakers	Seminar: Alnylam	Honorarium to self
	bureaus, manuscript	Award Presentation: Society of Leukocyte Biology	Donated to Soc. Leukocyte Biology.
	writing or	Seminar: Un. Of Colorado Med Campus, Denver	Donated to Un of Colo., Denver
	educational		
	events		
6	Payment for expert testimony	Image: square of the square o	
7	Support for attending	□ None	
	meetings and/or travel	Society for Leukocyte Biology	Covered Travel and Meeting expenses only
	traver	Aegean Conferences	Covered Travel and Meeting expenses only Covered Travel and Meeting expenses only
		Hanson Wade: Complement Based Drug Dev.	covered Travel and Meeting expenses only
8	Patents planned, issued or	□ None	
	pending	U.S. Patent # 5,965,439.	issued October 12, 1999.
9	Participation on a Data Safety	☑ None	
	Monitoring Board or		
	Advisory Board		
10	Leadership or	[⊠] None	
	fiduciary role in		
	other board, society,		
	committee or		
	advocacy group,		
	paid or unpaid		
<u> </u>	<u>'</u>		

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

Date:	12/14/2023
Your Name:	Frank LaFerla
Manuscript Title:	Genetic diversity promotes resilience in a mouse model of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-01518

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

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

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

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

Date:	1/26/2024
Your Name:	Gregory W. Carter
Manuscript Title:	Genetic diversity promotes resilience in a mouse model of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-01518

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
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.	National Institutes of Health The Jackson Laboratory Time frame: past 36 months	Grants U54 AG054345, U19 AG074866, U19 AG074866, U54 AG065187, R21 AG083299, R01 AG060477, RF1 AG079125, RF1 AG059778, RF1 AG055104. Internal grants Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	National Institutes of Health	Grants R56 AG067573, R01 AG054180, R01 AG057914, R01 GM115518-S4.
3	Royalties or licenses	The Jackson Laboratory	Personal royalties

		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	
		Astrex Pharmaceuticals	Personal consulting
5	Payment or honoraria for	□ None	
	lectures, presentations,	National Institutes of Health	Personal grant review and meeting speaker honoraria
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	[⊠] None	
	,		
7	Support for attending meetings and/or travel	□ None	
		University of Chile	Registration for conference attendance
	Patents planned, issued or	□ None	
	pending	The Jackson Laboratory	Three preliminary filings for mouse models
9	Participation on a Data Safety	[⊠] None	
	Monitoring Board or		
10	Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None ■	
	society, committee or		
	advocacy group, paid or 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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	1/11/2024	
Your Name:	Ali Mortazavi	
Manuscript Title:	Genetic diversity promotes resilience in a mouse model of Alzheimer's disease	
Manuscript Number (if known):	ADJ-D-23-01518	
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.		
n item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time rame for disclosure is the past 36 months.		

Name all entities with whom you have this Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution) Time frame: Since the initial planning of the work All support for the □ None present manuscript (e.g., NIA U54 AG054349 funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months Grants or \boxtimes None contracts from any entity (if not indicated in item #1 above). Royalties or **⊠** None licenses

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

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

Date:	12/13/2023
Your Name:	Vivek Swarup
Manuscript Title:	Genetic diversity promotes resilience in a mouse model of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-01518

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

			tities with whom you have this or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	[⊠] None	Time frame: Since the initial planning	of the work Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None		
3	Royalties or licenses	⊠ None		

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

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

	ICIVISE DISCEOSORE I O	MINI	
Date:	nte: 1/26/2024		
Your Name:	Grant MacGregor		
Manuscript Title:	Genetic diversity promotes resilience in a m	ouse model of Alzheimer's disease	
Manuscript Number (if k	nown): ADJ-D-23-01518		
content of your manuscriaffected by the content of indicate a bias. If you are The author's relationship epidemiology of hyperter that medication is not medication is not medicated.	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	Specifications/Comments (e.g., if payments were	

		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 th		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.	National Institute for Aging, National Institutes of Health	U54 AG054349 Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

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

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

Date:		12/13/2023		
Your Name:		Kim Green	Kim Green	
Manuscript Title:		Genetic diversity promotes resilience in a n	Genetic diversity promotes resilience in a mouse model of Alzheimer's disease	
Ma	ınuscript Number (if kı	nown): ADJ-D-23-01518		
cor affe	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.			
epi	demiology of hyperter	s/activities/interests should be defined broadly. For easion, you should declare all relationships with manufentioned 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 we made to you or to your institution)			
Time frame: Since the initial planning of the work			made to you or to your institution)	
			, ,	
1	All support for the present		, ,	
1	All support for the present manuscript (e.g., funding, provision	Time frame: Since the initial planning	, ,	
1	All support for the present manuscript (e.g., funding, provision of study materials,	Time frame: Since the initial planning None National Institute for Aging, National Institutes of	of the work U54 AG054349	
1	All support for the present manuscript (e.g., funding, provision	Time frame: Since the initial planning None National Institute for Aging, National Institutes of	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Time frame: Since the initial planning None National Institute for Aging, National Institutes of	of the work U54 AG054349	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	Time frame: Since the initial planning None National Institute for Aging, National Institutes of	of the work U54 AG054349	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Time frame: Since the initial planning None National Institute for Aging, National Institutes of	of the work U54 AG054349 Click the tab key to add additional rows.	

1 12/13/2021 ICMJE Disclosure Form

NIA

NIA

contracts from any entity (if not

indicated in item

#1 above).

Royalties or

licenses

1U01AG076791

T32-NS121727

⊠ None

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	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	Ashvattha Therapeutics	Stock options
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			