Date:	1/19/2024			
Your Name:	Allan Levey			
Manuscript Title:	Genetic and Multi-omic Risk Assessment of Alzheimer's Disease Implicates Core Associated Biological Domains			
Manuscript Number (if known):	TRCI-D-23-00137			
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/activiti	The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the			

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 payment made to you or to your institution)		
		Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None Click the tab key to add additional rows.		
		Time frame: past 36 month	ns	
2	Grants or contracts from any entity (if not indicated in item #1 above).	U54AG065187 U01AG061357 P30AG066511		
3	Royalties or licenses	Linus Health Emtherapro		

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments with made to you or to your institution)		
4	Consulting fees	MEPSGEN Emtherapro		
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 [14/199,456		
9	Participation on a Data Safety Monitoring Board or Advisory Board	NextSense Karuna Cognito Therapeutics		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	EmTheraPro		

		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 EmTheraPro NextSense	
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:			1/19/2024			
Your Name: Stephen Keegan						
Manuscript Title:			L	Genetic and Multi-omic Risk Assessment of Alzheimer's Disease Implicates Core Associated Biological Domains		
Mar	nuscript Number (if I	known	: TRCI-D-23-00137			
con affe indi	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.			ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so.		
epic	lemiology of hyperte	ension,	rities/interests should be defined broadly. For e you should declare all relationships with manufa ed in the manuscript.	example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	em #1 below, report ne for disclosure is th	-	port for the work reported in this manuscript w 36 months.	ithout time limit. For all other items, the time		
			all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
			Time frame: Since the initial planning	of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		None	Click the tab key to add additional rows.		
			Time frame: past 36 month	is .		
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	[⊠] 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	e:		1/19/2024		
You	r Name:		Gregory Cary		
Mar	nuscript Title:	Genetic and Multi-omic Risk Assessment of Alzheimer's Disease Implicates Core Associated Biological Domains			
Mar	nuscript Number (if	known):	TRCI-D-23-00137		
con affe indi	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.				
epic		ension, yo		xample, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
	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)			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	[⊠] N	one		
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.			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).	[⊠] N	one		
3	Royalties or licenses	⊠ N	one		

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

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

Date	e:		1/19/2024		
You	r Name:	Anna K. Greenwood			
Manuscript Title: Genetic and Multi-omic Risk Assessment of Alzheimer's Disease Implicates Core Associated Biological Domains					
Mar	nuscript Number (if I	known):	TRCI-D-23-00137		
contaffe indicate The epic	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.				
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		one IH Grant: U54 AG065187	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).		one		
3	Royalties or licenses	⊠ No	one		

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

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

Date:			1/19/2024		
You	Your Name:		Jesse Wiley		
Ma	Manuscript Title:		Genetic and Multi-omic Risk Assessment of Alzheimer's Disease Implicates Core Associated Biological Domains		
Ma	nuscript Number (if l	known):	TRCI-D-23-00137		
cor affe ind The epi	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 frame for disclosure is the past 36 months.			ithout time limit. For all other items, the time		
Name all entities with whom you have this relationship or indicate none (add rows as needed) specifications/Comments (e.g., if particular parti			Specifications/Comments (e.g., if payments were made to you or to your institution)		
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		one ant: U54 AG065187	Click the tab key to add additional rows.	
			Time frame: past 36 month	is .	
2	Grants or	[⊠] N	one		

1 12/13/2021 ICMJE Disclosure Form

any entity (if not

indicated in item #1 above).

Royalties or

licenses

3

NIH/NIA

⊠ 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	[⊠] 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:			1/19/2024		
Your Name:			Laura Heath		
Manuscript Title:			Genetic and Multi-omic Risk Assessment of Alzheimer's Disease Implicates Core Associated Biological Domains		
Mar	nuscript Number (if	known):	TRCI-D-23-00137		
content of your manuscript. "Rela affected by the content of the ma			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
			ies/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
In item #1 below, report all suppor frame for disclosure is the past 36			•	ithout time limit. For all other items, the time	
			Il entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision	[⊠] N	one		
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.			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).	[⊠] N	one		
3	Royalties or licenses	× N	one		

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

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

Date:			1/19/2024		
Your Name:			Robert R Butler III		
Manuscript Title:			Genetic and Multi-omic Risk Assessment of Alzheimer's Disease Implicates Core Associated Biological Domains		
Mar	nuscript Number (if	known	: TRCI-D-23-00137		
content of your manuscript. "Rela affected by the content of the ma		ript. "F of the e in do	elated" means any relation with for-profit or no nanuscript. Disclosure represents a commitmer ubt about whether to list a relationship/activity,	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.	
epic	lemiology of hyperte	ension,	rities/interests should be defined broadly. For e you should declare all relationships with manufaced in the manuscript.	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
In item #1 below, report all support frame for disclosure is the past 36		-	port for the work reported in this manuscript was 36 months.	ithout time limit. For all other items, the time	
			all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		None	Click the tab key to add additional rows.	
			Time frame: past 36 month	S .	
2	Grants or contracts from any entity (if not indicated in item #1 above).		None		
3	Royalties or licenses		None		

		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:	1/22/2024
Your Name:	Gregory W. Carter
Manuscript Title:	Genetic and Multi-omic Risk Assessment of Alzheimer's Disease Implicates Core Associated Biological Domains
Manuscript Number (if known):	TRCI-D-23-00137

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	g of the work	
1	All support for the present	□ None	Current HEA A COE 42 45 1140 A CO740 CC 1140	
	manuscript (e.g., funding, provision of study materials, medical writing,	National Institutes of Health	Grants U54 AG054345, U19 AG074866, U19 AG074866, U54 AG065187, R21 AG083299, R01 AG060477, RF1 AG079125, RF1 AG059778, RF1 AG055104.	
	article processing	The Jackson Laboratory	Internal grants	
	charges, etc.) No time limit for		Click the tab key to add additional rows.	
	this item.			
		Time frame: past 36 months		
2	Grants or contracts from	[□] None		
	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 □ None 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	[□] None	
	meetings and/or travel	University of Chile	Registration for conference attendance
8	Patents planned, issued or pending	[□] None	
		The Jackson Laboratory	Three preliminary filings for mouse models
9	Participation on a Data Safety	[⊠] None	
	Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role in other board,		
	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		
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:		1/19/2023	1/19/2023		
Your Name:		Jake Gockley	Jake Gockley		
Manuscript Title:		L	Genetic and Multi-omic Risk Assessment of Alzheimer's Disease Implicates Core Associated Biological Domains		
Ma	nuscript Number (if kr	nown): TRCI-D-23-00137			
con 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	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)		
) made to you or to your institution)		
1		relationship or indicate none (add rows as needed) made to you or to your institution)		
1	All support for the present manuscript (e.g.,	relationship or indicate none (add rows as needed Time frame: Since the initial planni) made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision	relationship or indicate none (add rows as needed Time frame: Since the initial plannii	Only relevant post my contribution to this work During contribution to this work		
1	All support for the present manuscript (e.g.,	relationship or indicate none (add rows as needed Time frame: Since the initial plannii None Cajal Neuroscience – Salary	made to you or to your institution) ng of the work Only relevant post my contribution to this 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	relationship or indicate none (add rows as needed Time frame: Since the initial plannii None Cajal Neuroscience – Salary	Only relevant post my contribution to this work During contribution to this work Click the tab key to add additional rows.		

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	Cajal Neuroscience	Only in relevant post contributions to this work
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	Cajal Neuroscience	Post Contribution to this work I accepted a position and moved to a different company
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:			1/22/2024		
Your Name:			Benjamin Logsdon	Benjamin Logsdon	
Manuscript Title:			L	Genetic and Multi-omic Risk Assessment of Alzheimer's Disease Implicates Core Associated Biological Domains	
Mar	nuscript Number (if I	known	: TRCI-D-23-00137		
content of your manuscript. "Rela affected by the content of the ma		ript. "F of the e in do	elated" means any relation with for-profit or no nanuscript. Disclosure represents a commitmen ubt about whether to list a relationship/activity,	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.	
epic	lemiology of hyperte	ension,	rities/interests should be defined broadly. For e you should declare all relationships with manufa ed in the manuscript.	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th	-	port for the work reported in this manuscript w 36 months.	ithout time limit. For all other items, the time	
			all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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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		

		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	
		Cajal Neuroscience, Inc	Equity holder and VP of Computational Biology, oversee target prioritization strategy at early stage neurodegeneration drug discovery startup.
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:	1/22/2024		
Your Name:	Frank Longo		
Manuscript Title:	Genetic and Multi-omic Risk Assessment of Alzheimer's Disease Implicates Core Associated Biological Domains		
Manuscript Number (if known): TRCI-D-23-00137			
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	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
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	[⊠] None	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None PharmatrophiX	Consulting contract
3	Royalties or licenses	None PharmatrophiX	Founder, board member, IP, equity, consultant

		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	PharmatrophIX Red Tree Venture Capital The Key	Consulting Consulting Consulting
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	Stanford University	Travel support for meetings
8	Patents planned, issued or pending	None PharmatrophiX Stanford	Small molecule IP Small molecule IP
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 PharmatrophiX	Founder, Chairman of the 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 PharmatrophiX	Founder, board member, IP, equity, consultant	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None PharmatrophiX	Drug candidates for academic laboratory testing	
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:	01/20/2024 Sai Sruthi Amirtha Ganesh	
Your Name:		
Manuscript Title:	Genetic and Multi-omic Risk Assessment of Alzheimer's Disease Implicates Core Associated Biological Domains	
Manuscript Number (if known):	TRCI-D-23-00137	

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 the work		
1	1 All support for the present manuscript (e.g., funding, provision	None	
	of study materials,		
	medical writing, article processing		Click the tab key to add additional rows.
charges, etc.) No time limit for this item.			
	Time frame: past 36 months		
2	contracts from any entity (if not	None	
	indicated in item #1 above).		

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

		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)
	Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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:X			
х	X I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	Click or tap to enter a date. $1/22/2024$		
Your Name:	Click or tap here to enter text. Lara Mangravite		
Manuscript Title:	Genetic and Multi-omic Risk Assessment of Alzheimer's Disease		
	Implicates Core Associated Biological Domains		
Manuscript Number (if known):	TRCI-D-23-00137		
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	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 National Institute on Aging	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).	NIH	
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 NIH	
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 Board Director, Center for Open Science	

		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 HI-Bio	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	べ None	
13	Other financial or non-financial interests	None Non	
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.		

3 12/13/2021 ICMJE Disclosure Form