			ICIVIJE DISCLOSORE FO	VIAI
Date	::		3/16/2024	
Your Name:			Emma Swinford	
Man	uscript Title:		A service-oriented approach to clinical to Methods and Case Examples of MyAllia	rial recruitment for dementia and brain health: nce for Brain Health
Man	uscript Number (if l	known):	TRCI-D-24-00001	
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubs." The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned.		ript. "Rela of the man re in double ps/activition rension, you nentioned	rt for the work reported in this manuscript without 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 4 Ag063724	Click the tab key to add additional rows.
			Time frame: past 36 months	3
Grants or contracts from any entity (if not indicated in item #1 above).		No.	one	
3	Royalties or licenses	⊠ No	one	

			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:			3/16/2024		
Your Name:			Tina Lewandowski		
Ma	nuscript Title:		A service-oriented approach to clinical to Methods and Case Examples of MyAllia	rial recruitment for dementia and brain health: nce for Brain Health	
Ma	nuscript Number (if k	nown):	TRCI-D-24-00001		
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.		
epi	•	nsion, you	· · · · · · · · · · · · · · · · · · ·	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
In item #1 below, report all suppo frame for disclosure is the past 36			·	ithout time limit. For all other items, the time	
			entities with whom you have this thip 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		relations	hip or indicate none (add rows as needed)	made to you or to your institution)	
1	All support for the present	relations	Time frame: Since the initial planning one	made to you or to your institution)	
1	All support for the	relations	thip or indicate none (add rows as needed) Time frame: Since the initial planning	made to you or to your institution)	
1	All support for the present manuscript (e.g., funding, provision of study materials,	relations	Time frame: Since the initial planning one	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.)	relations	Time frame: Since the initial planning one	made to you or to your institution) of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	relations	Time frame: Since the initial planning one	made to you or to your institution) 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	relations	Time frame: Since the initial planning one 4 Ag063724	made to you or to your institution) of the work Click the tab key to add additional rows.	
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	relations □ No NIH R24	Time frame: Since the initial planning one	made to you or to your institution) of the work Click the tab key to add additional rows.	

3

Royalties or

licenses

⊠ None

			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.			

	ICMJE DISCLOSURE FORM					
Da	te:	3/16/2024				
You	ur Name:	C Michelle Niedens				
Ma	nuscript Title:	A service-oriented approach to clinical to Methods and Case Examples of MyAllia	rial recruitment for dementia and brain health: nce for Brain Health			
Ma	nuscript Number (if kı	nown): TRCI-D-24-00001				
cor affe ind The epi tha	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	None NIH R24 Ag063724				

of study materials, Click the tab key to add additional rows. medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months 2 Grants or \boxtimes None contracts from any entity (if not indicated in item #1 above). 3 Royalties or **⊠** None licenses

			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.			

			ICIVISE DISCLOSURE I O	INIVI	
Date:			3/16/2024		
You	ır Name:		Erica Andrade		
Ma	nuscript Title:		A service-oriented approach to clinical tr Methods and Case Examples of MyAllia	ial recruitment for dementia and brain health: nce for Brain Health	
Ma	nuscript Number (if k	known):	TRCI-D-24-00001		
content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you		ript. "Rela of the mar e in doubt os/activitie ension, you	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 inuscript. Disclosure represents a commitment to transparency and does not necessarily 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 item #1 below, report all support frame for disclosure is the past 36			t for the work reported in this manuscript w	ithout time limit. For all other items, the time	
			entities with whom you have this hip 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 o	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials,		Ag063724	Click the tab key to add additional rows.	
	medical writing, article processing charges, etc.) No time limit for this item.				
			Time frame: past 36 months	5	
Grants or contracts from any entity (if not indicated in item #1 above).		⊠ No	one		
3	Royalties or licenses	⊠ No	one		

			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.			

			ICIVISE DISCEOSORE I O	IXIVI	
Date	: :		3/16/2024		
You	r Name:		Aiden Bondurant		
Manuscript Title:			A service-oriented approach to clinical trial recruitment for dementia and brain health: Methods and Case Examples of MyAlliance for Brain Health		
Man	uscript Number (if k	(nown):	TRCI-D-24-00001		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned		ript. "Relatof the male in double os/activitions, you entioned all suppo	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity, es/interests should be defined broadly. For each of the u should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
			I 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	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.	1 1	one 4 Ag063724	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).	No	one		
3	Royalties or licenses	⊠ No	one		

			fications/Comments (e.g., if payments were 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:			

			ICIVITE DISCLOSURE FO	VIAI	
Date	2:		3/16/2024		
Your Name:			Debra Brook		
Manuscript Title:			A service-oriented approach to clinical trial recruitment for dementia and brain health: Methods and Case Examples of MyAlliance for Brain Health		
Man	nuscript Number (if k	known):	TRCI-D-24-00001		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mar indicate a bias. If you are in doubt The author's relationships/activities		ript. "Rela of the man e in doubt os/activition ension, you entioned	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. es/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.		
	ne for disclosure is th			infour 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 4 Ag063724	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).	[⊠ No	one		
3	Royalties or licenses	⊠ Ne	one		

			fications/Comments (e.g., if payments were 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:			

			ICIVI.	L DISCLOSORE I O	IXIVI
Date:		3/16/2024			
You	r Name:		Jennifer Freund		
Manuscript Title:		A service-oriented approach to clinical trial recruitment for dementia and brain health: Methods and Case Examples of MyAlliance for Brain Health			
Mar	nuscript Number (if k	known):	TRCI-D-24-00001		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt." The author's relationships/activities.		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. es/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.			
	em #1 below, report ne for disclosure is th		•	orted in this manuscript w	ithout time limit. For all other items, the time
			l entities with who ship or indicate no	m you have this ne (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 4 Ag063724		Click the tab key to add additional rows.
			T	ime frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).		one		
3	Royalties or licenses	⊠ Ne	one		

			fications/Comments (e.g., if payments were 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:			

				IVIVI		
Dat	e:	-	3/16/2024			
Your Name:		-	Mickeal Key			
Manuscript Title:		-	A service-oriented approach to clinical trial recruitment for dementia and brain health: Methods and Case Examples of MyAlliance for Brain Health			
Mai	nuscript Number (if k	nown):	TRCI-D-24-00001			
content of your manuscript. "Rela affected by the content of the man		ipt. "Rela of the mar e in doubt	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		nsion, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
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.				ithout time limit. For all other items, the time		
			entities with whom you have this	Specifications/Comments (e.g., if payments were		
		relations	hip or indicate none (add rows as needed)	made to you or to your institution)		
		relations	Time frame: Since the initial planning of			
1	All support for the present manuscript (e.g.,	[□ Nc				
1	present manuscript (e.g., funding, provision	[□ Nc	Time frame: Since the initial planning o	of the work		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	[□ Nc	Time frame: Since the initial planning o			
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	[□ Nc	Time frame: Since the initial planning one A Ag063724	of the work Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH R24	Time frame: Since the initial planning o	of the work Click the tab key to add additional rows.		

		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	Global Alzheimer's Platform Foundation	Payments made to me
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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship 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:			3/16/2024		
Your Name:			W Todd Moore		
Manuscript Title:			A service-oriented approach to clinical trial recruitment for dementia and brain health: Methods and Case Examples of MyAlliance for Brain Health		
Ма	nuscript Number (if k	(nown):	TRCI-D-24-00001		
content of your manuscript. "Rela affected by the content of the ma		ipt. "Rela 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.		
epi	•	nsion, you	ies/interests should be defined broadly. For example, if your manuscript pertains to the bu should declare all relationships with manufacturers of antihypertensive medication, even if I in the manuscript.		
	tem #1 below, report me 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	
1	All support for the present	[□ No	one		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing	NIH R24	4 Ag063724	Click the tab key to add additional rows.	
	funding, provision of study materials, medical writing,	NIH R24	4 Ag063724	Click the tab key to add additional rows.	
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH R24	4 Ag063724 Time frame: past 36 month		
2	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for				

			fications/Comments (e.g., if payments were 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:	3/16/2024
Your Name:	Jill Peltzer
Manuscript Title:	A service-oriented approach to clinical trial recruitment for dementia and brain health: Methods and Case Examples of MyAlliance for Brain Health
Manuscript Number (if known):	TRCI-D-24-00001

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 o	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 R24 Ag063724	Click the tab key to add additional rows.
		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			fications/Comments (e.g., if payments were 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.		

			ICIVISE DISCEOSORE I OI	(14)
Dat	e:		3/16/2024	
You	ır Name:		Jaime Perales Puchalt	
Manuscript Title:			A service-oriented approach to clinical tr Methods and Case Examples of MyAllia	ial recruitment for dementia and brain health: nce for Brain Health
Mai	nuscript Number (if k	nown):	TRCI-D-24-00001	
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activities		ipt. "Re of the m e in dou s/activinsion, y entione	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. es/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.	
	em #1 below, report : ne for disclosure is the		ort for the work reported in this manuscript wi 6 months.	thout time limit. For all other items, the time
			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)
				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.	relatio	nship or indicate none (add rows as needed)	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	relatio	Time frame: Since the initial planning o	made to you or to your institution) If the work Click the tab key to add additional rows.
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	relatio	Time frame: Since the initial planning of None 24 Ag063724	made to you or to your institution) If the work Click the tab key to add additional rows.

			fications/Comments (e.g., if payments were 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:	3/16/2024
Your Name:	Tiffany Schwasinger_Schmidt
Manuscript Title:	A service-oriented approach to clinical trial recruitment for dementia and brain health: Methods and Case Examples of MyAlliance for Brain Health
Manuscript Number (if known):	TRCI-D-24-00001

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

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Time frame: Since the initial planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIH R24 Ag063724	Click the tab key to add additional rows.
		Time frame: past 36 month:	s
2	Grants or contracts from	□ None	
	any entity (if not	Eisai	Corcept
	indicated in item	Janssen	Boehringer Ingelheim
	#1 above).	SAGE Pharmaceuticals	Bellus
		GSK	Shionogi
	ļ	Astra Zeneca	Sanofi
	ļ	Axsome	Johnson and Johnson
	ļ	Moderna	Pfizer
		Acumen	

		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 Non	
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	
10	Leadership or fiduciary role in other board,	⊠ None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
	society, committee or advocacy group, paid or unpaid			
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:	3/16/2024
Your Name:	Susan Sprague
Manuscript Title:	A service-oriented approach to clinical trial recruitment for dementia and brain health: Methods and Case Examples of MyAlliance for Brain Health
Manuscript Number (if known):	TRCI-D-24-00001

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

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			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 R24 Ag063724	Click the document to add
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	# None / # 90ADPI0073-01-00	
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	•	t to the following statement to indicate your agreeme	

Date	e:		3/16/2024		
Your Name:			Ryan Townley		
Manuscript Title:			A service-oriented approach to clinical trial recruitment for dementia and brain health: Methods and Case Examples of MyAlliance for Brain Health		
Mar	nuscript Number (if I	known):	TRCI-D-24-00001		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt." The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned.		ript. "Rela of the man re in doubt ps/activition rentioned all suppo	rt for the work reported in this manuscript without 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 o	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.	[—]	4 Ag063724	Click the tab key to add additional rows.	
			Time frame: past 36 months	5	
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	AAN – Speaker Honoraria KCCNS – Neurology Update Course	\$400 x 2 different years of presentations – 2022 and 2023 – speaking on Lewy body Disease Biomarkers \$450 for 2022 Keynote speaker and \$150 for 2023 speaker fee.
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	EISAI C2N Biomarkers	2022 - \$1700 payment to me for 4 hrs of time.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			cations/Comments (e.g., if payments were to you or to your institution)	
11	Stock or stock options	None 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.			

			ICIVIJE DISCLOSORE FO	VIAI	
Date:			3/16/2024		
Your Name:			Eric Vidoni		
Manuscript Title:			A service-oriented approach to clinical to Methods and Case Examples of MyAllia	rial recruitment for dementia and brain health: nce for Brain Health	
Mar	nuscript Number (if k	(nown):	TRCI-D-24-00001		
In the interest of transparency, w content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned.		ipt. "Rela of the man e in doubt os/activition nsion, you entioned all suppo	rt for the work reported in this manuscript without 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.		9 Ag063724	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).	R01 AG	070036 053952 049749		
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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Vanderbilt University	Honorarium for serving on external advisory panel, work specific to recruitment Honorarium for serving on external advisory panel, work specific to recruitment
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: 3/16/2024
Your Name: JoEllen Wurth

Manuscript Title: A service-oriented approach to clinical trial recruitment for dementia and

brain health: Methods and Case Examples of MyAlliance for Brain Health

Manuscript Number (if known):

TRCI-D-24-00001

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 relationship or indicate none (add rows as payments were made to you or to your needed) institution)

Time frame: Since the initial planning of the work 1 All support for □ None the present manuscript (e.g., NIH R24 Ag063724 funding, provision of Click the tab key to add additional rows. study materials, medical writing. article processing charges, etc.) No time limit for this item. Time frame: past 36 months 2 Grants or None contracts from any entity (if not indicated in item #1 above). 3 Royalties or None licenses 4 Consulting fees None None

	î
5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None
6 Payment for expert testimony	5/None
7 Support for attending meetings and/or travel	Mone
8 Patents planned, issued or pending	t√ 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
11 Stock or stock options	None
12 Receipt of equipment, materials, drugs, medical writing, gifts or other services	Mone
13 Other financial or non-financial interests	M 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.

12/13/2021

ICMJE Disclosure Form

			ICIVISE DISCESSORE I O	IXIVI	
Date:			3/16/2024		
Your Name:			Kelli Barton		
Manuscript Title:			A service-oriented approach to clinical trial recruitment for dementia and brain health: Methods and Case Examples of MyAlliance for Brain Health		
Mar	uscript Number (if k	nown):	TRCI-D-24-00001		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned		ipt. "Rela of the man e in doubt os/activition ension, you entioned	rt for the work reported in this manuscript without 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 4 Ag063724	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).	⊠ Ne	one		
3	Royalties or licenses	× No	one		

			fications/Comments (e.g., if payments were 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.			

			ici	THE DISCLOSURE I C	/1\1V1
Date:		3/16/2024			
Your Name:		Jeffrey Burns			
Manuscript Title:		A service-oriented approach to clinical trial recruitment for dementia and brain health: Methods and Case Examples of MyAlliance for Brain Health			
Mar	nuscript Number (if k	known):	TRCI-D-24-0000	1	
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned		nted" means any nuscript. Disclosi t about whether the sylinterests shou u should declare in the manuscrip	relation with for-profit or nure represents a commitment of list a relationship/activity. Id be defined broadly. For all relationships with manut.	es/interests listed below that are related to the ot-for-profit third parties whose interests may be ent to transparency and does not necessarily interest, it is preferable that you do so. example, if your manuscript pertains to the facturers of antihypertensive medication, even if without time limit. For all other items, the time	
					1
				nom you have this one (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time fran	ne: 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 4 Ag063724		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).	[⊠ No	one		
3	Royalties or licenses	⊠ Ne	one		

			fications/Comments (e.g., if payments were 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:	3/16/2024			
Your Name:	Jannette Berkley-Patton			
Manuscript Title:	A service-oriented approach to clinical trial recruitment for dementia and brain health: Methods and Case Examples of MyAlliance for Brain Health			
Manuscript Number (if known):	TRCI-D-24-00001			
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 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., NIH R24 Ag063724 funding, provision of study materials, Click the tab key to add additional rows. medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months Grants or \boxtimes 2 None contracts from any entity (if not indicated in item #1 above). 3 Royalties or \boxtimes None licenses

			fications/Comments (e.g., if payments were 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.			

ICMJE DISCLOSURE FORM				
Date:	Date: 3/25/2024			
Your Name:	Melissa Robinson			
Manuscript Title:		A service-oriented approach to clinical trial recruitment for dementia and brain health: Methods and Case Examples of MyAlliance for Brain Health		
Manuscript Number (if know	Manuscript Number (if known): TRCI-D-24-00001			
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.				
	me all entities with whom you have this ationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		

		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 R24 Ag063724	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 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:			3/25/2024			
Your Name:			Ashley Shaw			
Manuscript Title:			A service-oriented approach to clinical trial recruitment for dementia and brain health: Methods and Case Examples of MyAlliance for Brain Health			
Manuscript Number (if known):			TRCI-D-24-00001			
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 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 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.						
			l entities with whom you have this hip or indicate none (add rows as nee	eded)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial pla	nning	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.		A Ag063724		Click the tab key to add additional rows.	
			Time frame: past 36 r	nonth	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one 1 AG072034			
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				
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.						