

ICMJE DISCLOSURE FORM

Date: March 17, 2024

Your Name: Leslie M Shaw

Manuscript Title: A Cross-sectional Study of α -Synuclein Seed Amplification Assay in Alzheimer's Disease Neuroimaging Initiative: Prevalence and Associations with Alzheimer's Disease Biomarkers and Cognitive Function

Manuscript number (if known): _____

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 following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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.	<u> X </u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIA/NIH: P30 AG072979; U19 AG024904; R01 AG067505	

		DOD: W81XWH2211081-B	
		FNIH Plasma Abeta project	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	Biogen; Roche;	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Biogen	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Fujirebio in-kind reagents/equipment ADNI4 study	
		Roche in-kind reagents/equipment ADNI4	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

X 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: 12/14/2023

Your Name: Richard J. Perrin

Manuscript Title: A Cross-sectional Study of α -Synuclein Seed Amplification Assay in Alzheimer's Disease Neuroimaging Initiative: Prevalence and Associations with Alzheimer's Disease Biomarkers and Cognitive Function

Manuscript Number (if known): [Click or tap here to enter text.](#)

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

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Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <input type="checkbox"/> U19AG024904 (Weiner) 09/2022-07/2027	Institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <input type="checkbox"/> P01 AG003991 (Morris) 05/01/19-04/30/24 <input type="checkbox"/> P30 AG066444 (Morris) 05/01/20-04/30/25 <input type="checkbox"/> R01AG054567 (Benzinger)09/15/17-06/30/22 <input type="checkbox"/> R01 AG052550 (Benzinger)04/15/18-01/31/23 <input type="checkbox"/> R01 AG070883 (Kind, Raji)03/01/21-02/28/26 <input type="checkbox"/> R01NS092865 (Xu) 02/01/16-11/30/21 <input type="checkbox"/> R01AG054513(Yablonskiy)07/01/17-04/30/22 <input type="checkbox"/> R01 NS075321(Perlmutter)05/01/11-04/30/22 NCE APDA (Perlmutter) 01/01/99-08/2023 <input type="checkbox"/> R01NS097799 (Kotzbauer)07/2022-06/2027 <input type="checkbox"/> U19AG069701 (Bu) 06/2021-05/2026	All to Institution
		<input type="checkbox"/> U19NS110456 (Perlmutter) 09/2019-06/2024 <input type="checkbox"/> R01AG058676 (Masters) 09/2018-05/2024 NCE <input type="checkbox"/> R01AG074909 (Q Wang) 04/2022-01/2027 <input type="checkbox"/> U19AG07879 (Ertekin-Taner) 03/2023-02/2027 <input type="checkbox"/> U19 AG032438 (Bateman) 09/15/19-06/30/24 <input type="checkbox"/> U19AG032438-09S1 (Bateman) 09/2019-06/2024 <input type="checkbox"/> R01AG068319 (Bateman) 09/15/20-05/31/25 <input type="checkbox"/> R01 AG053267 (Bateman) 09/01/17-05/31/22	All to 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)						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 70%; height: 15px;"></td><td style="width: 30%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 70%; height: 15px;"></td><td style="width: 30%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 70%; height: 15px;"></td><td style="width: 30%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 70%; height: 15px;"></td><td style="width: 30%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 70%; height: 15px;"></td><td style="width: 30%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 70%; height: 15px;"></td><td style="width: 30%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 70%; height: 15px;"></td><td style="width: 30%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 70%; height: 15px;"></td><td style="width: 30%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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

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

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

ICMJE DISCLOSURE FORM

Date: 03/17/2024

Your Name: Andrew Saykin

Manuscript Title: A Cross-sectional Study of α -Synuclein Seed Amplification Assay in Alzheimer's Disease Neuroimaging Initiative: Prevalence and Associations with Alzheimer's Disease Biomarkers and Cognitive Function

Manuscript Number (if known): [Click or tap here to enter text.](#)

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

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Time frame: Since the initial planning of the work										
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>Dr. Saykin receives support from multiple NIH grants (P30 AG010133, P30 AG072976, R01 AG019771, R01 AG057739, U19 AG024904, R01 LM013463, R01 AG068193, T32 AG071444, U01 AG068057, U01 AG072177, and U19 AG074879).</p> </div> <div style="text-align: right; font-size: small; margin-top: 5px;"> Click the tab key to add additional rows. </div>								
Time frame: past 36 months										
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>								

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Siemens Medical Solutions USA, Inc. (Dementia Advisory Board)	NIH NHLBI (MESA Observational Study Monitoring Board)
		Eisai (Scientific Advisory Board) Novo Nordisk (Scientific Advisory Board)	NIH/NIA: External Advisory Committees, Multiple NIH-funded centers/programs
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		Avid Radiopharmaceuticals, a subsidiary of Eli Lilly (in kind contribution of PET tracer precursor)	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Springer-Nature Publishing (Editorial Office Support as Editor-in-Chief, Brain Imaging and Behavior)	

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: _____ November 20, 2023 _____

Your Name: _____ Sean McEvoy _____

Manuscript Title: _____ A Cross-sectional Study of α -Synuclein Seed Amplification Assay in Alzheimer's Disease
 Neuroimaging Initiative: Prevalence and Associations with Alzheimer's Disease Biomarkers and Cognitive Function _____

Manuscript number (if known): _____

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

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		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.	Amprion Inc.	SM is an employee of Amprion. Amprion supported SAA analysis of CSF from all autopsy specimens for this study. The samples were blinded and coded by ADNI before being sent to Amprion.
		NIH/CARD	SAA analysis of CSF from non-autopsy ADNI samples was generously supported by NIH- Center for Alzheimer's and Related Dementias (CARD). Samples were blinded and coded by ADNI before being sent to Amprion.
Time frame: past 36 months			
2		<input checked="" type="checkbox"/> X None	See above

	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None Amprion inc.	SM is an employee of Amprion and is therefore eligible for employee stock options associated with this employment.
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None Amprion Inc.	SM is an employee of Amprion

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: 12/13/2023

Your Name: Andrew Singleton

Manuscript Title: **A Cross-sectional Study of α -Synuclein Seed Amplification Assay in Alzheimer's Disease Neuroimaging Initiative: Prevalence and Associations with Alzheimer's Disease Biomarkers and Cognitive Function**

Manuscript Number (if known): Click or tap here to enter text.

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

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Time frame: Since the initial planning of the work						
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Intramural Research Program of the National Institutes of Health</td> <td style="width: 50%; padding: 2px;">Intramural Research Support</td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: right; padding: 2px;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	Intramural Research Program of the National Institutes of Health	Intramural Research Support		<small>Click the tab key to add additional rows.</small>
Intramural Research Program of the National Institutes of Health	Intramural Research Support					
	<small>Click the tab key to add additional rows.</small>					
Time frame: past 36 months						
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>				

		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	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Movement Disorders Journal	Honorarium for serving as Associate Editor
		npjParkinson's Disease	Honorarium for serving as Associate Editor
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Chan Zuckerberg Initiative	Sponsored travel to attend annual investigators meeting
		Michael J Fox Foundation	Sponsored travel to attend Parkinson's Progression Marker Initiative annual meeting
		Weill Cornell	Sponsored travel to give grand rounds
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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ICMJE DISCLOSURE FORM

Date: 12/14/2023

Your Name: Duygu Tosun

Manuscript Title: A Cross-sectional Study of α -Synuclein Seed Amplification Assay in Alzheimer's Disease
 Neuroimaging Initiative: Prevalence and Associations with Alzheimer's Disease Biomarkers and Cognitive Function

Manuscript number (if known): _____

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		NIH/NIA	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 15 Nov 2023

Name: Russell Lebovitz

Manuscript Title: A Cross-sectional Study of α -Synuclein Seed Amplification Assay in Alzheimer's Disease Neuroimaging Initiative: Prevalence and Associations with Alzheimer's Disease Biomarkers and Cognitive Function

Manuscript number (if known): _____

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

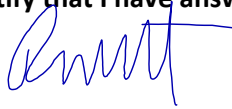
The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Amprion Inc	RL is a full time employee of Amprion
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	Alzheimer's Drug Discovery Foundation	Payments made to Amprion
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	Amprion Inc	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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



ICMJE DISCLOSURE FORM

Date: December 13 2023

Your Name: Mike A. Nalls

Manuscript Title: A Cross-sectional Study of α -Synuclein Seed Amplification Assay in Alzheimer's Disease Neuroimaging Initiative: Prevalence and Associations with Alzheimer's Disease Biomarkers and Cognitive Function

Manuscript number (if known): _____

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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.	Carried out as part of contract work for NIH consultancy.	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> </u> X <u> </u> None	
3	Royalties or licenses	<u> </u> X <u> </u> None	

4	Consulting fees	Yes, please see above.	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: Nov 16, 2023

Your Name: Jennifer Lamoureux

Manuscript Title: A Cross-sectional Study of α -Synuclein Seed Amplification Assay in Alzheimer's Disease Neuroimaging Initiative: Prevalence and Associations with Alzheimer's Disease Biomarkers and Cognitive Function

Manuscript number (if known): _____

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 following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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.	<u> </u> None	
		Employee of Amprion	JL is an employee of Amprion. Amprion supported SAA analysis of CSF from all autopsy specimens for this study. The samples were blinded and coded by ADNI before being sent to Amprion.
		NIH/CARD	SAA analysis of CSF from non-autopsy ADNI samples was generously supported by NIH- Center for Alzheimer's and Related Dementias (CARD). Samples were blinded and coded by ADNI before being sent to Amprion.
Time frame: past 36 months			
2		<u> X </u> None	

	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	JL is an employee of Amprion and is therefore eligible for employee stock options associated with this employment.
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None Amprion, Inc	JL is an employee of Amprion

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: December 13 2023

Your Name: Cornelis Blauwendraat

Manuscript Title: A Cross-sectional Study of α -Synuclein Seed Amplification Assay in Alzheimer's Disease Neuroimaging Initiative: Prevalence and Associations with Alzheimer's Disease Biomarkers and Cognitive Function

Manuscript number (if known): _____

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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.	<u> </u> <input checked="" type="checkbox"/> <u> </u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> </u> <input checked="" type="checkbox"/> <u> </u> None	
3	Royalties or licenses	<u> </u> <input checked="" type="checkbox"/> <u> </u> None	
4	Consulting fees	<u> </u> <input checked="" type="checkbox"/> <u> </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 12/13/2023

Your Name: Edward B. Lee

Manuscript Title: A Cross-sectional Study of α -Synuclein Seed Amplification Assay in Alzheimer's Disease Neuroimaging Initiative: Prevalence and Associations with Alzheimer's Disease Biomarkers and Cognitive Function

Manuscript number (if known): _____

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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

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

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Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIA/NIH (U19 ADNI grant)	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: November 17 2023

Your Name: Hiroataka Iwaki

Manuscript Title: A Cross-sectional Study of α -Synuclein Seed Amplification Assay in Alzheimer's Disease Neuroimaging Initiative: Prevalence and Associations with Alzheimer's Disease Biomarkers and Cognitive Function

Manuscript number (if known): _____

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

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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.	Data Tecnica International	Employment
		National Institutes of Health to support open science research.	A competitive contract awarded to Data Tecnica LLC by the National Institutes of Health to support open science research.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	Michael J. Fox Foundation for Parkinson's Research
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: Nov 16, 2023

Your Name: Karen MacLeod

Manuscript Title: **A Cross-sectional Study of α -Synuclein Seed Amplification Assay in Alzheimer's Disease Neuroimaging Initiative: Prevalence and Associations with Alzheimer's Disease Biomarkers and Cognitive Function**

Manuscript number (if known): _____

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 following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Amprion Inc.	KM is an employee of Amprion. Amprion supported SAA analysis of CSF from all autopsy specimens for this study. The samples were blinded and coded by ADNI before being sent to Amprion.
		NIH, CARD	SAA analysis of CSF from non-autopsy ADNI samples was generously supported by NIH- Center for Alzheimer's and Related Dementias (CARD). Samples were blinded and coded by ADNI before being sent to Amprion.
Time frame: past 36 months			
2		None	See above

	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None Amprion Inc.	KM is an employee of Amprion and is therefore eligible for employee stock options associated with this employment.
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None Amprion Inc.	KM is an employee of Amprion

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ICMJE DISCLOSURE FORM

Date: 12/13/2023

Your Name: Pamela Thropp

Manuscript Title: *A Cross-sectional Study of α -Synuclein Seed Amplification Assay in Alzheimer's Disease Neuroimaging Initiative: Prevalence and Relationship with Alzheimer's Disease Biomarkers and Cognitive Measures*

Manuscript number (if known): _____

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 following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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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/NIA	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJJE DISCLOSURE FORM

Date: _____ 12/13/2023 _____

Your Name: _____ Zachary Hausle
 Hausle _____

Manuscript Title: *A Cross-sectional Study of α -Synuclein Seed Amplification Assay in Alzheimer's Disease Neuroimaging Initiative: Prevalence and Relationship with Alzheimer's Disease Biomarkers and Cognitive Measures*

Manuscript number (if known): _____

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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	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.)	NIH/NIA	

	No time limit for this item.		
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	

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

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

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

ICMJE DISCLOSURE FORM

Date: 12/13/2023

Your Name: Michael W. Weiner

Manuscript Title: **A Cross-sectional Study of α -Synuclein Seed Amplification Assay in Alzheimer's Disease Neuroimaging Initiative: Prevalence and Associations with Alzheimer's Disease Biomarkers and Cognitive Function**

Manuscript Number (if known): Click or tap here to enter text.

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

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

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

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)																				
Time frame: Since the initial planning of the work																						
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">NIH Grant: 5R01AG058676-02</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>NIH Grant: 2 U19 AG024904.16</td> <td>Payments were made to my institution.</td> </tr> <tr> <td colspan="2" style="text-align: right; color: #ccc;">Click the tab key to add additional rows.</td> </tr> </table>	NIH Grant: 5R01AG058676-02	Payments were made to my institution.	NIH Grant: 2 U19 AG024904.16	Payments were made to my institution.	Click the tab key to add additional rows.															
NIH Grant: 5R01AG058676-02	Payments were made to my institution.																					
NIH Grant: 2 U19 AG024904.16	Payments were made to my institution.																					
Click the tab key to add additional rows.																						
Time frame: past 36 months																						
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">NIH Grant: 5U2CAG060426-04</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>NIH Grant: 1RF1AG059009-01</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>NIH Grant: R33 AG062867</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>NIH Grant: 1R01NS119651-01</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>NIH Grant: RF1AG062196</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>NIH Grant: R56AG075744-01A1</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>Additional support from Department of Defense (DOD)</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>Additional support from: California Department of Public Health (CDPH)</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>Additional support from: Siemens</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>Additional support from: Biogen</td> <td>Payments were made to my institution.</td> </tr> </table>	NIH Grant: 5U2CAG060426-04	Payments were made to my institution.	NIH Grant: 1RF1AG059009-01	Payments were made to my institution.	NIH Grant: R33 AG062867	Payments were made to my institution.	NIH Grant: 1R01NS119651-01	Payments were made to my institution.	NIH Grant: RF1AG062196	Payments were made to my institution.	NIH Grant: R56AG075744-01A1	Payments were made to my institution.	Additional support from Department of Defense (DOD)	Payments were made to my institution.	Additional support from: California Department of Public Health (CDPH)	Payments were made to my institution.	Additional support from: Siemens	Payments were made to my institution.	Additional support from: Biogen	Payments were made to my institution.
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr><td>China Association for Alzheimer's Disease (CAAD)</td><td>Payment was made directly to me.</td></tr> <tr><td>Taipei Medical University</td><td>Payment was made directly to me.</td></tr> <tr><td>Cleveland Clinic</td><td>Payment was made directly to me.</td></tr> <tr><td>AD/PD Congress</td><td>Payment was made directly to me.</td></tr> <tr><td>Foundation of Learning; Health Society (Japan)</td><td>Payment was made directly to me.</td></tr> <tr><td>INSPIRE Project; U. Toulouse</td><td>Payment was made directly to me.</td></tr> <tr><td>Japan Society for Dementia Research</td><td>Payment was made directly to me.</td></tr> <tr><td>Korean Dementia Society</td><td>Payment was made directly to me.</td></tr> <tr><td>Merck Sharp & Dohme Corp.,</td><td>Payment was made directly to me.</td></tr> <tr><td>National Center for Geriatrics and Gerontology (NCGG; Japan)</td><td>Payment was made directly to me.</td></tr> <tr><td>University of Southern California (USC)</td><td>Payment was made directly to me.</td></tr> </table>	China Association for Alzheimer's Disease (CAAD)	Payment was made directly to me.	Taipei Medical University	Payment was made directly to me.	Cleveland Clinic	Payment was made directly to me.	AD/PD Congress	Payment was made directly to me.	Foundation of Learning; Health Society (Japan)	Payment was made directly to me.	INSPIRE Project; U. Toulouse	Payment was made directly to me.	Japan Society for Dementia Research	Payment was made directly to me.	Korean Dementia Society	Payment was made directly to me.	Merck Sharp & Dohme Corp.,	Payment was made directly to me.	National Center for Geriatrics and Gerontology (NCGG; Japan)	Payment was made directly to me.	University of Southern California (USC)	Payment was made directly to me.											
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		AD/PD Congress	Payment was made either directly to the travel accommodations provider, or reimbursed to me.
		Cleveland Clinic	Payment was made either directly to the travel accommodations provider, or reimbursed to me.
		CTAD Congress	Payment was made either directly to the travel accommodations provider, or reimbursed to me.
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		University of Southern California (USC)	Payment was made either directly to the travel accommodations provider, or reimbursed to me.
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		ADNI Scientific Advisory Board	Leadership
		UCSF Committee for Human Research	Committee Member
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		UCSF Inclusion Diversity Equity & Awareness Committee	Leadership
		Diversity Task Force of the Alzheimer's Disease Neuroimaging Initiative (ADNI)	Leadership

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11	Stock or stock options	<input type="checkbox"/> None	
		Alzeca	Stock options held.
		Alzheon, Inc.	Stock options held.
		ALZPath	Stock options held.
		Anven	Stock options held.
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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