Date:Warch 17, 2024
Your Name:_Leslie M Shaw
Manuscript Title: A Cross-sectional Study of $\alpha$ -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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article processing charges, etc.) 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).	NIA/NIH: P30	
		AG072979; U19	
		AG024904; R01	
		AG067505	

		1	Ţ
		DOD:	
		W81XWH2211081-B	
		FNIH Plasma Abeta	
		project	
3	Royalties or licenses	XNone	
4	Consulting fees	Biogen; Roche;	
5	Payment or honoraria for	Biogen	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	37 81	
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
,	meetings and/or travel	ANone	
	meetings and/or traver		
0	Detents planned issued an	V. Nana	
8	Patents planned, issued or pending	_XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or	ANone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	Fujirebio in-kind	
12	materials, drugs, medical	reagents/equipment	
12	materials, drugs, medical writing, gifts or other		
12	materials, drugs, medical	reagents/equipment	
12	materials, drugs, medical writing, gifts or other	reagents/equipment ADNI4 study Roche in-kind	
12	materials, drugs, medical writing, gifts or other	reagents/equipment ADNI4 study Roche in-kind reagents/equipment	
12	materials, drugs, medical writing, gifts or other	reagents/equipment ADNI4 study Roche in-kind	
12	materials, drugs, medical writing, gifts or other	reagents/equipment ADNI4 study Roche in-kind reagents/equipment	
12	materials, drugs, medical writing, gifts or other	reagents/equipment ADNI4 study Roche in-kind reagents/equipment	
	materials, drugs, medical writing, gifts or other services	reagents/equipment ADNI4 study Roche in-kind reagents/equipment ADNI4	

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.		

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.

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 wo	rk
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	□ None	Tr. m. n
	article processing charges, etc.) No time limit for this item.	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	[□] None	
	above).	P01 AG003991 (Morris) 05/01/19-04/30/24 P30 AG066444 (Morris) 05/01/20-04/30/25 R01AG054567 (Benzinger)09/15/17-06/30/22 R01 AG052550 (Benzinger)04/15/18-01/31/23 R01 AG070883 (Kind, Raji)03/01/21-02/28/26 R01NS092865 (Xu) 02/01/16-11/30/21 R01AG054513(Yablonskiy)07/01/17-04/30/22 R01 NS075321(Perlmutter)05/01/11-04/30/22 APDA (Perlmutter) 01/01/99-08/2023 R01NS097799 (Kotzbauer)07/2022-06/2027 U19AG069701 (Bu) 06/2021-05/2026	All to Institution  NCE
		U19NS110456 (Perlmutter) 09/2019-06/2024 R01AG058676 (Masters) 09/2018-05/2024 NCE R01AG074909 (Q Wang) 04/2022-01/2027 U19AG07879 (Ertekin-Taner) 03/2023-02/2027 U19 AG032438 (Bateman) 09/15/19-06/30/24 U19AG032438-09S1 (Bateman) 09/2019-06/202 R01AG068319 (Bateman) 09/15/20-05/31/25 R01 AG053267 (Bateman) 09/01/17-05/31/22	,

		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     Non	
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	None	
	other services		
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:	03/17/2024
Your Name: ]	Andrew Saykin
Manuscript Title:	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $
Manuscript Number (if known):	Click or tap here to enter text.

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

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

			itions/Comments (e.g., if payments were you or to your institution)
3	Royalties or licenses	None	
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  Magitaging   None   None		NIII I NII II DI (MECA Obcomustional Ctudy)		
	Monitoring Board or	Siemens Medical Solutions USA, Inc. (Dementia Advisory Board)	NIH NHLBI (MESA Observational Study Monitoring Board)	
	Advisory Board	Eisai (Scientific Advisory Board)	NIH/NIA: External Advisory Committees,	
		Novo Nordisk (Scientific Advisory Board)	Multiple NIH-funded centers/programs	
10	Leadership or	[⊠] None		
	fiduciary role in other board,	П		
	society, committee or			
	advocacy group,			
	paid or unpaid			
11	Stock or stock options	None		
	Sptions			
12	Receipt of equipment,	□ None		
	materials, drugs, medical writing,	Avid Radiopharmaceuticals, a subsidiary of Eli Lilly (in kind contribution of PET		
	gifts or other services	tracer precursor)		
	SCI VICES			
13	Other financial or non-financial	[□] None		
	interests	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:				
[oxtimes]	☑ I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

3 12/13/2021 ICMJE Disclosure Form

Date:	November 20, 2023	
Your Name:	Sean McEvoy	
Manuscript Title:	A Cross-sectional Study of α-Syn	uclein Seed Amplification Assay in Alzheimer's Disease
Neuroimaging Initia	tive: Prevalence and Associations v	vith 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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The author's relationships/activities/interests should be <u>defined broadly</u>. 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)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	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.
	No time limit for this item.	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.
2		Time frame: past X None	36 months See above

3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	X_ None	
3	noyalites of liberises		
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	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	XNone	
13	Other financial or non- financial interests	None Amprion Inc.	SM is an employee of Amprion

\_\_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:	12/13/2023			
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.			
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	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.			
n item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time rame for disclosure is the past 36 months.				

		Name all entities with whom you have this 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  [Intramural Research Program of the National Institutes of Health	Intramural Research Support  Click the tab key to add additional rows.
		Time frame: past 36 month	is .
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Movement Disorders Journal npjParkinson's Disease	Honorarium for serving as Associate Editor Honorarium for serving as Associate Editor
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	Chan Zuckerberg Initiative  Michael J Fox Foundation  Weill Cornell	Sponsored travel to attend annual investigators meeting Sponsored travel to attend Parkinson's Progression Marker Initiative annual meeting Sponsored travel to give grand rounds
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

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

Date:12/14/2023
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):
wanuscript number (ii known):

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

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
	-		
7	Support for attending meetings and/or travel	XNone	
	-		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this 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 author's relationships/activities/interests should be <u>defined broadly</u>. 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)	tems
		Time frame: Since the initia	l 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).	xNone		
3	Royalties or licenses	x_None		
4	Consulting fees	x_None		

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	Alzheimer's Drug Discovery Foundation	Payments made to Amprion
8	Patents planned, issued or pending	xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x_None	
11	Stock or stock options	Amprion Inc	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non-financial interests	_xNone	

	answered every question and have not altered the wording of any of the questions on this
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 Dise	ase 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)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
		I	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	26 months
2	Grants or contracts from		
4		X_None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	X None	
	,		

Sample of the content of the conte	4	Consulting fees	Yes, please see above.	
lectures, presentations, speakers bureaus, manuscript writing or educational events  6 Payment for expert testimony  7 Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-  X None    X None				
lectures, presentations, speakers bureaus, manuscript writing or educational events  6 Payment for expert testimony  7 Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-  X None    X None				
speakers bureaus, manuscript writing or educational events  6	5		XNone	
manuscript writing or educational events Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  To the financial or non-  Manuscript writing equipment, materials, drugs, medical writing, gifts or other services  Mone  A None  Manuscript writing equipment, materials, drugs, medical writing, gifts or other services  Mone  A None  Manuscript writing equipment, materials, drugs, medical writing, gifts or other services  Mone  Manuscript writing equipment, materials, drugs, medical writing, gifts or other services  Mone  Manuscript writing equipment, materials, drugs, medical writing, gifts or other services  Mone  Manuscript writing equipment, materials, drugs, medical writing, gifts or other services  Mone  Manuscript writing equipment, materials, drugs, medical writing, gifts or other services  Manuscript writing equipment, materials, drugs, medical writing, gifts or other services  Manuscript writing equipment, materials, drugs, medical writing, gifts or other services  Manuscript writing equipment, materials, drugs, medical writing, gifts or other services  Manuscript writing equipment, materials, drugs, medical writing, gifts or other services  Manuscript writing equipment, materials, drugs, medical writing, gifts or other services  Manuscript writing equipment, materials, drugs, medical writing, gifts or other services  Manuscript writing equipment, materials, drugs, medical writing, gifts or other services  Manuscript writing equipment, materials, drugs, medical writing, gifts or other services  Manuscript writing equipment, materials, drugs, medical writing, gifts or other services  Manuscript writing equipment, materials, drugs, medical writing equipment, materials, drugs, medical wr				
educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-  X_None				
6 Payment for expert testimony  Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-    X_None				
testimony  Support for attending meetings and/or travel  Base Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  A None  X None	6		V. None	
Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-    X_None	О		XNone	
meetings and/or travel		•		
8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-    X_None	7		XNone	
pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  X None  X None  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non- X None				
pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  X None  X None  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non- X None				
9 Participation on a Data Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-    X None	8	· · · · · · · · · · · · · · · · · · ·	XNone	
Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  X_None  X_None  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-  X_None		pending		
Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  X_None  X_None  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-  X_None	_			
Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-  X_None X_None	9		XNone	
10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options    X_None				
in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  X_None  X_None  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or nonX_None	10	•	V. Nana	
committee or advocacy group, paid or unpaid  11 Stock or stock options  X_None  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or nonX_None	10		xNone	
group, paid or unpaid  Stock or stock options  X_None  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-  X_None				
11 Stock or stock options  X_None  Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-  X_None  X_None  X_None				
materials, drugs, medical writing, gifts or other services  13 Other financial or nonXNone	11		XNone	
materials, drugs, medical writing, gifts or other services  13 Other financial or nonXNone				
materials, drugs, medical writing, gifts or other services  13 Other financial or nonXNone				
writing, gifts or other services  13 Other financial or nonX_None	12		XNone	
services  13 Other financial or nonX_None				
13 Other financial or nonX_None				
	13		X None	
		financial interests		

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

Date:_	Nov	16, 2023	
Your Na	ame:	Jennifer Lame	oureux
Manus	cript Tit	le: A Cross-sec	tional Study of $lpha$ -Synuclein Seed Amplification Assay in Alzheimer's Disease Neuroimaging
Initiativ	ve: Prev	alence and As	sociations with Alzheimer's Disease Biomarkers and Cognitive Function
Manus	cript nu	mber (if know	n):

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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 Employee of Amprion  NIH/CARD	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.  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.
2		Time frame: pastXNone	36 months

	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	
_			
5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
_	Double in the control of the control	V None	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	JL is an employee of Amprion and is therefore eligible for employee stock options associated with this employment.
4.5			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non-	None	
		Amprion, Inc	JL is an employee of Amprion
	financial interests	AITIDITION, INC	I JE is all elliployee of Alliprion
	financial interests	Amprion, inc	JE is an employee of Amprion

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

Date:December 13 2023	
Your Name:Cornelis Blauwendraat	
Manuscript Title: A Cross-sectional Study of $\alpha$ -Synuclein Seed Amplification Assay in Alzheimer's Dise	ease 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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	XNone	

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

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

Date:12/13/2023
Your Name: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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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,	NIA/NIH (U19 ADNI grant)	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)  No time limit for this item.		
	No time illuit for this item.		
		Time (managed)	26
		Time frame: past	36 Months
2	Grants or contracts from	xNone	
	any entity (if not indicated in item #1 above).		
3	,	y None	
3	Royalties or licenses	_xNone	
4	Consulting fees	_xNone	

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

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

Date: November 17 2023		
Your Name: Hirotaka Iwaki		

 $\label{eq:manuscript} \textbf{Manuscript Title:} \ \underline{\textbf{A Cross-sectional Study of } \alpha\text{-}\textbf{Synuclein Seed Amplification Assay in Alzheimer's Disease Neuroimaging}$ 

Initiative: Prevalence and Associations with Alzheimer's Disease Biomarkers and Cognitive Function

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.	Data Tecnica International  National Institutes of  Health to support open science research.	Employment  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).	_xNone	
3	Royalties or licenses	_xNone	

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

\_\_x\_ I certify that I have answered every question and have not altered the wording of any of the questions on this 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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
,		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	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.
	No time limit for this item.	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	
2		None	See above

	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	X None	
	,		
4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	X_None	
	pending		
0	Dankisia skia u su a Daka	V Name	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	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,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests	Amprion Inc.	KM is an employee of Amprion
			. , .

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

Date:	12/13/2023
Your Name:	Pamela Thropp
Manuscript Title: A	Cross-sectional Study of $lpha$ -Synuclein Seed Amplification Assay in Alzheimer's Disease Neuroimagii
Initiative: Prevalenc	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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.	NIH/NIA	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	X_None	

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

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

Date	e:	12/13/2023		
	Name:	Zachary Hausle		
Dise Bion <b>Ma</b> n	nuscript Title: A Cross-se	tive: Prevalence and Re leasures	clein Seed Amplification Assay in Alzheimer's elationship with Alzheimer's Disease	
liste relat for-p part repr to tr	d below that are ted to the content of yo profit third ies whose interests may esents a commitment	ur manuscript. "Relate y be affected by the co ot necessarily indicate	ose all relationships/activities/interests  d" means any relation with for-profit or not- ntent of the manuscript. Disclosure  a bias. If you are in doubt about whether to that you do so.	
The to th		•	tionships/activities/interests as they relate	
man to th	uscript pertains ne epidemiology of hype	ertension, you should (	uld be <u>defined broadly</u> . For example, if your declare all relationships with manufacturers cation is not mentioned in the manuscript.	
limit	em #1 below, report all t. For all other items, time frame for disclosu		eported in this manuscript without time	
	Name all entities with whom you have this relationship or indicate none (add			
	Tir	ne frame: Since the initia	l planning of the work	
1	All support for the present manuscript	NIH/NIA		
	(e.g., funding, provision of study materials,			
	medical writing, article processing charges,			

etc.)

	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts	_XNone	
	from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	_X_None	
4	Consulting fees	X_None	
5	Payment or honoraria for lectures,	_XNone	
	presentations, speakers		
	bureaus, manuscript writing or educational		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	_XNone	
	n penung		
9	Participation on a Data Safety Monitoring	_XNone	
	Board or Advisory Board		
10	Leadership or fiduciary	_X_None	
	role in other board, society, committee or		
	advocacy group, paid or		
11	Stock or stock options	X_None	

12	Receipt of equipment,	_XNone	
	materials, drugs, medical writing, gifts or		
	other services		
13	Other financial or non-	_XNone	
	financial interests		

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

Date:	12/13/2023	
Your Name:	Michael W. Weiner	
Manuscript Title:	A Cross-sectional Study of $\alpha$ -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.

		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	Payments were made to my institution. 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).	None  NIH Grant: 5U2CAG060426-04  NIH Grant: 1RF1AG059009-01  NIH Grant: R33 AG062867  NIH Grant: 1R01NS119651-01  NIH Grant: RF1AG062196  NIH Grant: R56AG075744-01A1  Additional support from Department of Defense	Payments were made to my institution.	
		Additional support from: California Department of Public Health (CDPH)  Additional support from: Siemens  Additional support from: Biogen	Payments were made to my 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)
		Additional support from: Hillblom Foundation Additional support from: Alzheimer's Association Additional support from: Johnson & Johnson Additional support from: Kevin and Connie Shanahan	Payments were made to my institution.
		Additional support from: GE Additional support from: VUmc Additional support from: Australian Catholic University (HBI-BHR) Additional support from: The Stroke Foundation Additional support from: Veterans Administration	Payments were made to my institution.
3	Royalties or licenses	None  None	Tayments were made to my institution.
4	Consulting fees	Boxer Capital Cerecin Clario/BioClinica Dementia Society of Japan Eisai Guidepoint Health and Wellness Partners Indiana U. LCN Consulting Merck Sharp & Dohme Corp. Duke U. Prova Education T3D Therapeutics University of Southern CA (USC) WebMD MEDA Corp.	Payment was made directly to me.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	China Association for Alzheimer's Disease (CAAD) Taipei Medical University Cleveland Clinic AD/PD Congress Foundation of Learning; Health Society (Japan) INSPIRE Project; U. Toulouse Japan Society for Dementia Research Korean Dementia Society Merck Sharp & Dohme Corp., National Center for Geriatrics and Gerontology (NCGG; Japan University of Southern California (USC)	Payment was made directly to me.

		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)
6	Payment for expert testimony	None	
7	Support for attending	□ None	
	meetings and/or travel	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.
		Foundation of Learning; Health Society (Japan)	Payment was made either directly to the travel accommodations provider, or reimbursed to me.
		INSPIRE Project; U. Toulouse  Japan Society for Dementia Research	Payment was made either directly to the travel accommodations provider, or reimbursed to me.  Payment was made either directly to the travel
		Korean Dementia Society	accommodations provider, or reimbursed to me.  Payment was made either directly to the travel
		Merck Sharp & Dohme Corp.,	accommodations provider, or reimbursed to me.  Payment was made either directly to the travel
		National Center for Geriatrics and Gerontology (NCGG; Japan	accommodations provider, or reimbursed to me.  Payment was made either directly to the travel accommodations provider, or reimbursed to me.
		University of Southern California (USC)	Payment was made either directly to the travel accommodations provider, or reimbursed to me.
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety	None	
	Monitoring Board or Advisory Board	ADNI Scientific Advisory Board  UCSF Committee for Human Research	Leadership Committee Member
10	Leadership or fiduciary role in	□ None	
	other board, society,	UCSF Inclusion Diversity Equity & Awareness Committee	Leadership
	committee or advocacy group, paid or unpaid	Diversity Task Force of the Alzheimer's Disease Neuroimaging Initiative (ADNI)	Leadership
	paid of unipaid		

		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		
		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	None     Non		
13	Other financial or non-financial interests	[⊠] None		
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement:			