Date:	2/20/2024
Your Name:	Jennifer M. Oh
Manuscript Title:	Alzheimer's disease biomarker burden in primary motor cortices is associated with poorer dexterity performance
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.

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

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

			entities with whom you have this thip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	No.	one	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	No.	one	
13	Other financial or non-financial interests	No.	one	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/11/2024
Your Name:	Kao Lee Yang
Manuscript Title:	Alzheimer's disease biomarker burden in primary motor cortices is associated with poorer dexterity performance
Manuscript Number (if known):	Click or tap here to enter text.

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

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

			entities with whom you have this thip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	No.	one	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	No.	one	
13	Other financial or non-financial interests	No.	one	
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:	2/25/2024
Your Name:	Nathaniel A. Chin
Manuscript Title:	Alzheimer's disease biomarker burden in primary motor cortices is associated with poorer dexterity performance
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.

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		Time frame: Since the initial planning	of the work
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

li de la companya de		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	NewAmsterdam Inc	Payment made to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Wisconsin Alzheimer's Association Alzheimer's Foundation of America	Volunteer member of the Medical & Scientific Advisory Board Volunteer member of the Medical & Scientific Advisory Board
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:	2/20/2024
Your Name:	VEENA A. NAIR
Manuscript Title:	Alzheimer's disease biomarker burden in primary motor cortices is associated with poorer dexterity performance
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 paymer made to you or to your institution)		Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		None	Click the tab key to add additional rows.
			Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

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

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

Date	e:		3/4/2024		
Your Name:			Yue Ma		
Manuscript Title:			Alzheimer's disease biomarker burden in primary motor cortices is associated with poorer dexterity performance		
Mar	nuscript Number (if k	(nown):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you		ipt. "Rela of the man e in doubt os/activitions os,	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if		
In it	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.			ithout time limit. For all other items, the time	
	Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution)			Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present		one		
	manuscript (e.g.,	Natio	nal Institute on Aging (NIA)	P30 AG062715 (PI: Asthana)	
	funding, provision of study materials, medical writing, article processing			Click the tab key to add additional rows.	
	charges, etc.) No time limit for this item.				
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one		
3	Royalties or licenses	⊠ Ne	one		

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

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

Date:	3/8/2024
Your Name:	Ozioma C. Okonkwo
Manuscript Title:	Alzheimer's disease biomarker burden in primary motor cortices is associated with poorer dexterity performance
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 made to you or to your institution)		Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIH	None	Grants to my institution Click the tab key to add additional rows.
		r I	Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

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

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

Date	e:		3/11/2024		
Your Name:			Tobey Betthauser		
Manuscript Title:			Alzheimer's disease biomarker burden in primary motor cortices is associated with poorer dexterity performance		
Mar	nuscript Number (if I	known):	Click or tap here to enter text.		
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below tha content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties wh affected by the content of the manuscript. Disclosure represents a commitment to transparency and does indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that			ot-for-profit third parties whose interests may be not to transparency and does not necessarily		
epic	·	ension, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			l entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present		one		
	manuscript (e.g.,	NIH/NI	4	R01AG080766 paid to institution	
	funding, provision of study materials,			Click the tab key to add additional rows.	
	medical writing, article processing charges, etc.) No time limit for this item.				
			Time frame: past 36 month	s	
2	Grants or contracts from	[□ No	one		
	any entity (if not	NIH/NI	Α	R01AG080766 paid to institution	
	indicated in item #1 above).				
3	Royalties or licenses	⊠ No	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	NIH Intermountain Healthcare	Honorarium paid to me Honorarium paid to me
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	University College London Alzheimer's Association NIH	Reimbursement for travel Hotel for hosting working Reimbursement for travel
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.		

	ICIVIJE DISCLOSURE FORIVI	
Date:	3/12/2024	
Your Name:	Lily Gupta (Allison)	
Manuscript Title:	Alzheimer's disease biomarker burden in primary motor cortices is associated with poorer dexterity performance	
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	rt for the work reported in this manuscript without time limit. For all other items, the time	

H			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.		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		
3	Royalties or licenses	None None		

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

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

Date:		1/25/2024		
Yo	ur Name:	Barbara B. Bendlin		
Ma	nuscript Title:			
Ma	nuscript Number (if kr	nown): Click or tap here to enter text.		
coı aff	ntent of your manuscrip ected by the content of	rency, we ask you to disclose all relationships/activition. pt. "Related" means any relation with for-profit or not be manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activity	ot-for-profit third parties whose interests may be ent to transparency and does not necessarily	
cor aff inc The	ntent of your manuscrip ected by the content of licate a bias. If you are e author's relationships idemiology of hyperten	rency, we ask you to disclose all relationships/activities of. "Related" means any relation with for-profit or not the manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activity s/activities/interests should be defined broadly. For easion, you should declare all relationships with manufactioned in the manuscript.	ot-for-profit third parties whose interests may be ent to transparency and does not necessarily //interest, it is preferable that you do so. example, if your manuscript pertains to the	
In i	item #1 below, report a me for disclosure is the	all support for the work reported in this manuscript we 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 wer made to you or to your institution)	e
		Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials,	□ None R01AG062285, Payment made to institution P30AG062715, Payment made to institution R01AG037639, Payment made to institution		
	medical writing, article processing charges, etc.) No time limit for this item.	ick the tab key to add additional rows. R01AG054059, Payment made to institution		
	article processing charges, etc.) No time limit for		าร	

		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 None	
4	Consulting fees	New Amsterdam	Payment made to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Honorarium from UC-Irvine for lecture. Honorarium from University of Pittsburgh for presentation. Honorarium for lecture at Karolinska Institutet Honorarium for lecture at University of Illinois	Payment made to me.
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Alzheimer's Association Support for attendance at AAIC 2022	Payment made to me.
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Weston Advisor Grant for service on Weston Advisory Board	Payment made 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)
11	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	□ None Chair, ADRC research education committee national committee 2022 CLSA-Healthy Brains Healthy Aging/Weston Advisory committee 2022-present Rush ADRC external advisory board None	Unpaid Unpaid Honorarium made to me
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None Amyloid and tau PET tracers and precursors from AVID radiopharmaceuticals	Provided for research, MTA with institution
13	Other financial or non-financial interests	None	
Plea ⊠	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	3/10/2024
Your Name:	Akshay Kohli
Manuscript Title:	Alzheimer's disease biomarker burden in primary motor cortices is associated with poorer dexterity performance
Manuscript Number (if known):	Click or tap here to enter text.

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

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

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

Date:		3/4/2024			
Your Name:		Mary-Elizabeth Pasquesi			
Manuscript Title:		Alzheimer's disease biomarker burden in primary motor cortices is associated with poorer dexterity performance			
Mar	nuscript Number (if kn	own): Click or tap here to enter text.			
con affe indi	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the				
-		ion, you should declare all relationships with manufacturers of antihypertensive medication, even if tioned in the manuscript.			
	em #1 below, report a ne for disclosure is the	support for the work reported in this manuscript without time limit. For all other items, the time past 36 months.			
		ame all entities with whom you have this Specifications/Comments (e.g., if payments were made to you or to your institution)			
	Time frame: Since the initial planning of the work				
		Time frame: Since the initial planning of the work			
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None Click the tab key to add additional rows.			
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	⊠ None			
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	None Click the tab key to add additional rows.			

licenses

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

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

Date:	2/19/2024
Your Name:	Vivek Prabhakaran
Manuscript Title:	Click or tap here to enter text.
Manuscript Number (if known):	Click or tap here to enter text.

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