

ICMJE DISCLOSURE FORM

Date: 7/15/2023, confirmed in October 2023, January 2024 and March 2024

Your Name: Clifford r jack jr

Manuscript Title: To be determined

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.

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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: 6/24/2024

Your Name: Arvin Arani

Manuscript Title: Overview of ADNI MRI

Manuscript Number (if known): ADJ-D-24-00803R1

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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Date: 6/24/2024

Your Name: Bret Borowski

Manuscript Title: Overview of ADNI MRI

Manuscript Number (if known): ADJ-D-24-00803R1

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| 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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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: 6/25/2024

Your Name: David M Cash

Manuscript Title: Overview of ADNI MRI

Manuscript Number (if known): ADJ-D-24-00803R1

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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|---|--|--|--|---|--|-------------------------|------------------|--|---|-------------------------|---------------------------------------|------------------------------|-------|
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| Alzheimer's Research UK | ARUK-PG2017-1946 | | | | | | | | | | | | |
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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None | |
| | | Alzheimer's Association | For providing educational workshops at AAIC and chairing ISTAART session at HAI |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None | |
| | | Alzheimer's Association Neuroimaging Professional Interest Area | Chair |
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| 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: 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> | | | | | | | |
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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: 6/24/2024

Your Name: Karen L Crawford

Manuscript Title: Overview of ADNI MRI

Manuscript Number (if known): ADJ-D-24-00803R1

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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ICMJE DISCLOSURE FORM

Date: 6/24/2024

Your Name: Sandhitsu Das

Manuscript Title: Overview of ADNI MRI

Manuscript Number (if known): ADJ-D-24-00803R1

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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ICMJE DISCLOSURE FORM

Date: 6/25/2024

Your Name: Charles DeCarli

Manuscript Title: Overview of ADNI MRI

Manuscript Number (if known): ADJ-D-24-00803R1

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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: 6/24/2024

Your Name: Evan Fletcher

Manuscript Title: Overview of ADNI MRI

Manuscript Number (if known): ADJ-D-24-00803R1

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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ICMJE DISCLOSURE FORM

Date 6/29/2029

Your Name: Nick C Fox

Manuscript Title Overview of ADNI MRI

Manuscript Number (if known): ADJ-D-24-00803R1

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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| | | Eisai | Payments to my institution (UCL) |
| | | F. Hoffmann-La Roche | Payments to my institution (UCL) |
| | | Eli Lilly | Payments to my institution (UCL) |
| | | Ionis | Payments to my institution (UCL) |
| | | Biogen | Payments to my institution (UCL) |
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| | | Alzheimer's Society (UK) | Member of Research Strategy Council |
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Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 6/25/2024

Your Name: Jeff Gunter

Manuscript Title: Overview of ADNI MRI

Manuscript Number (if known): ADJ-D-24-00803R1

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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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: 6/24/2024

Your Name: Ranjit Ittyerah

Manuscript Title: Overview of ADNI MRI

Manuscript Number (if known): ADJ-D-24-00803R1

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.

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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: 6/24/2024

Your Name: Danielle Harvey

Manuscript Title: Overview of ADNI MRI

Manuscript Number (if known): ADJ-D-24-00803R1

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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| | | NervGen Pharma Corp | Payments made to me |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None | |
| | | PLOS One Statistical Advisory Board | Payments made to me |
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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: 6/28/2024

Your Name: Neda Jahanshad

Manuscript Title: Overview of ADNI MRI

Manuscript Number (if known): ADJ-D-24-00803R1

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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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: 6/24/2024

Your Name: Pauline Maillard

Manuscript Title: Overview of ADNI MRI

Manuscript Number (if known): ADJ-D-24-00803R1

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.

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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: 29/06/2024

Your Name: Ian Malone

Manuscript Title: Overview of ADNI MRI

Manuscript Number (if known): ADJ-D-24-00803R1

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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| x | I certify that I have answered every question and have not altered the wording of any of the questions on this form. |
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ICMJE DISCLOSURE FORM

Date: 6/26/2024

Your Name: Talia Nir

Manuscript Title: Overview of ADNI MRI

Manuscript Number (if known): ADJ-D-24-00803R1

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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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: 6/24/2024

Your Name: Robert Reid

Manuscript Title: Overview of ADNI MRI

Manuscript Number (if known): ADJ-D-24-00803R1

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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| 11 | Stock or stock options | <input type="checkbox"/> None | |
| | | Northern Stock Index Fund (NOSIX) | |
| | | First Solar (FSLR) | |
| | | Roper Technologies (ROP) | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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ICMJE DISCLOSURE FORM

Date: 6/24/2024

Your Name: Denise Reyes

Manuscript Title: Overview of ADNI MRI

Manuscript Number (if known): ADJ-D-24-00803R1

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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ICMJE DISCLOSURE FORM

Date: 6/24/2024

Your Name: Christopher G. Schwarz

Manuscript Title: Overview of ADNI MRI

Manuscript Number (if known): ADJ-D-24-00803R1

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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: 6/25/2024

Your Name: Matthew L. Senjem

Manuscript Title: Overview of ADNI MRI

Manuscript Number (if known): ADJ-D-24-00803R1

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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Date: 6/25/2024

Your Name: David L Thomas

Manuscript Title: Overview of ADNI MRI

Manuscript Number (if known): ADJ-D-24-00803R1

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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: 6/28/2024

Your Name: Paul Thompson

Manuscript Title: Overview of ADNI MRI

Manuscript Number (if known): ADJ-D-24-00803R1

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.

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| Time frame: Since the initial planning of the work | | | | | | | | | |
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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: 7/1/2024

Your Name: Duygu Tosun

Manuscript Title: Overview of ADNI MRI

Manuscript Number (if known): ADJ-D-24-00803R1

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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ICMJE DISCLOSURE FORM

Date: 6/26/2024

Your Name: Paul A Yushkevich

Manuscript Title: Overview of ADNI MRI

Manuscript Number (if known): ADJ-D-24-00803R1

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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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: 7/1/2024

Your Name: Chadwick Ward

Manuscript Title: Overview of ADNI MRI

Manuscript Number (if known): ADJ-D-24-00803R1

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 checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p> | | | | | | |
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| 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%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;">ADNI grant: AG24904</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | ADNI grant: AG24904 | | | | | | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | |
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| 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: 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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| 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: 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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| 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: 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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| 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: 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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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: 07/01/2024

Your Name: Michael W. Weiner

Manuscript Title: Overview of ADNI MRI

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.

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| Time frame: Since the initial planning of the work | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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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| | | 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 | <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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| 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 | |
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| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 7/12/2024

Your Name: The Alzheimer's Disease Neuroimaging Initiative (ADNI)

Manuscript Title: Overview of ADNI MRI

Manuscript Number (if known): ADJ-D-24-00803R1

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| Time frame: Since the initial planning of the work | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| WebMD | Payment was made directly to me. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEDA Corp. | Payment was made directly to me. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | 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 | <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. |
| | | Foundation of Learning; Health Society (Japan) | Payment was made either directly to the travel accommodations provider, or reimbursed to me. |
| | | INSPIRE Project; U. Toulouse | Payment was made either directly to the travel accommodations provider, or reimbursed to me. |
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| | | National Center for Geriatrics and Gerontology (NCGG; Japan) | 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 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 |

| | | 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 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.