Date:			4/2/2024	
Your Name:			Emma Thibault	
Manuscript Title:			Associations of cerebral amyloid beta and t	au with cognition from midlife
Maı	nuscript Number (if	known):	ADJ-D-23-01651	
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity es/interests should be defined broadly. For e u should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.
relations			l entities with whom you have this ship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Tiı	me frame: Since the initial plann	ing 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.	□ N	one	Institution Click the tab key to add additional rows.
			Time frame: past 36 mo	nths
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one	
3	Royalties or licenses	× No	one	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations , speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None Non	
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	

			e all entities with whom you have this onship or indicate none (add rows as ed)	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		
Diaa	Nears place an "V" payt 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:			4/2/2024		
Your Name:			Alexa Beiser		
Manuscript Title:			Associations of cerebral amyloid beta and tau with cognition from midlife		
Maı	nuscript Number (if l	known):	ADJ-D-23-01651		
content of your manuscript. "Rela affected by the content of the man indicate a bias. If you are in doubt The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned			e ask you to disclose all relationships/activities/interests listed below that are related to the sted" means any relation with for-profit or not-for-profit third parties whose interests may be muscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so. Des/interests should be defined broadly. For example, if your manuscript pertains to the ushould declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript. Put for the work reported in this manuscript without time limit. For all other items, the time		
	ne for disclosure is th				
		relations	l entities with whom you have this ship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Tir	me frame: Since the initial plann	ing 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.	□ N	one	Institution Click the tab key to add additional rows.	
			Time frame: past 36 mo	nths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	× No	one		
3	Royalties or licenses	⊠ No	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations , speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None Non	
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	

			e all entities with whom you have this onship or indicate none (add rows as ed)	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		
Diaa	Nears place an "V" payt 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:			4/2/2024		
Your Name:			Jeremy Tanner		
Manuscript Title:			Associations of cerebral amyloid beta and tau with cognition from midlife		
Ma	nuscript Number (if k	mown):	ADJ-D-23-01651		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activities.			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitme t about whether to list a relationship/activity es/interests should be defined broadly. For e u should declare all relationships with manuf in the manuscript.	vinterest, it is preferable that you do so. example, if your manuscript pertains to the facturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th		•	vithout time limit. For all other items, the time	
			entities with whom you have this hip or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Tir	ne frame: Since the initial plann	ing 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.	□ N	one	Institution Click the tab key to add additional rows.	
			Time frame: past 36 mo	onths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one		
3	Royalties or licenses	× No	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations , speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None Non	
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	

			e all entities with whom you have this onship or indicate none (add rows as ed)	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		
Diaa	Nears place an "V" payt 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:			4/2/2024		
Your Name:			Sudha Seshadri		
Manuscript Title:			Associations of cerebral amyloid beta and tau with cognition from midlife		
Ma	nuscript Number (if l	known):	ADJ-D-23-01651		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the man			ated" means any relation with for-profit or no nuscript. Disclosure represents a commitme t about whether to list a relationship/activity	/interest, it is preferable that you do so.	
epio		nsion, yo		example, if your manuscript pertains to the facturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th		•	vithout time limit. For all other items, the time	
relation			ll entities with whom you have this ship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Ti	me frame: Since the initial plann	ing 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.	□ N	lone	Institution Click the tab key to add additional rows.	
	for this item.		Time frame: past 36 mg	nths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	× N	one		
3	Royalties or licenses	⊠ N	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 Eisai Biogen	Self Self
5	Payment or honoraria for lectures, presentations , speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None Non	
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 Leafic in book so cook according to the solution of the sol	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None Non	

			e all entities with whom you have this onship or indicate none (add rows as ed)	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		
Diaa	Nears place an "V" payt 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:			4/2/2024		
You	r Name:	_	Claudia Satizabal		
Manuscript Title:			Associations of cerebral amyloid beta and t	au with cognition from midlife	
Mar	nuscript Number (if k	known):	ADJ-D-23-01651		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt			ted" means any relation with for-profit or no nuscript. Disclosure represents a commitme about whether to list a relationship/activity es/interests should be defined broadly. For e	/interest, it is preferable that you do so. example, if your manuscript pertains to the	
	emiology of hyperte medication is not m			acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			vithout time limit. For all other items, the time	
			entities with whom you have this hip or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Tin	ne frame: Since the initial plann	ing 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.	□ No	one	Institution Click the tab key to add additional rows.	
			Time frame: past 36 mo	onths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Texas A	zheimer's Research Care Consortium	Institution Institution	
3	Royalties or licenses	⊠ No	ne		

		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	⊠ None	
6	Payment for expert testimony	None Non	
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	

			e all entities with whom you have this onship or indicate none (add rows as ed)	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		
Dies	Please place an "V" poyt 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:			4/2/2024		
Your Name:		-	Matthew Pase		
Manuscript Title:			Associations of cerebral amyloid beta and tau with cognition from midlife		
Mar	nuscript Number (if k	nown):	ADJ-D-23-01651		
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			ted" means any relation with for-profit or noncorript. Disclosure represents a commitme about whether to list a relationship/activity es/interests should be defined broadly. For a should declare all relationships with manufaction the manuscript.		
			entities with whom you have this hip or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Tin	ne frame: Since the initial planr	ning 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.	□ Ne	one	Institution Click the tab key to add additional rows.	
			Time frame: past 36 mo	onths	
contracts from any entity (if not indicated in item #1 above) National Australi Alzheim Demen		Nationa Australi Alzheim Dement	l Health and Medical Research Council of	Institution	
3	Royalties or licenses	× No	ne		

		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 View Mind	Personal
5	Payment or honoraria for lectures, presentations , speakers bureaus, manuscript writing or educational events	Moca Cognition Soho Flordis	Personal Personal
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	✓ None Alzheimer's Drug Discovery Foundation	Personal
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 ■	

			e all entities with whom you have this onship or indicate none (add rows as ed)	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		
Dies	Please place an "V" poyt 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:			4/2/2024		
Your Name:			Adrienne O'Donnell		
Maı	nuscript Title:		Associations of cerebral amyloid beta and t	au with cognition from midlife	
Maı	nuscript Number (if k	(nown):	ADJ-D-23-01651		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitme t about whether to list a relationship/activity es/interests should be defined broadly. For ou u should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.	
			l entities with whom you have this ship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Ti	me frame: Since the initial plann	ing of the work	
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			Time frame: past 36 mg	onths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one		
3	Royalties or licenses	⊠ Ne	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 Non	
5	Payment or honoraria for lectures, presentations , speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None Non	
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	

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

Date	e:		4/2/2024		
Your Name:			Keith Johnson		
Maı	nuscript Title:		Associations of cerebral amyloid beta and t	au with cognition from midlife	
Maı	nuscript Number (if	known):	ADJ-D-23-01651		
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			ated" means any relation with for-profit or no nuscript. Disclosure represents a commitme t about whether to list a relationship/activity es/interests should be defined broadly. For e u should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.	
			l entities with whom you have this ship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Tir	ne frame: Since the initial plann	ing 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.	□ N NIH	one	Institution Click the tab key to add additional rows.	
			Time frame: past 36 mo	nths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	× No	one		
3	Royalties or licenses	⊠ No	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations , speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None Non	
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	

			e all entities with whom you have this onship or indicate none (add rows as ed)	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		
Dies	Please place an "V" poyt 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:			4/2/2024		
Your Name:		-	Mitzi Gonzales		
Manuscript Title:		-	Associations of cerebral amyloid beta and tau with cognition from midlife		
Mar	nuscript Number (if k	nown):	ADJ-D-23-01651		
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			ted" means any relation with for-profit or no nuscript. Disclosure represents a commitme about whether to list a relationship/activity es/interests should be defined broadly. For easy a should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.	
			entities with whom you have this hip or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Tin	ne frame: Since the initial plann	ing 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.	□ Ne	one	Institution Click the tab key to add additional rows.	
			Time frame: past 36 mo	onths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Alzheim Alzheim	per's Association Part the Cloud, ner's Drug Discovery Foundation, Texas ner's and Research Care Consortium	Institution	
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 Non	
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 Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None National Alzheimer's Coordinating Center Scientific Review Committee (unpaid) VA Merit Council Scientific Review Committee (unpaid)	N/A N/A

			e all entities with whom you have this onship or indicate none (add rows as ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	Abb	None Vie	Personal Stock (self)
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:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:			4/2/2024		
Your Name:			Saptaparni Ghosh		
Manuscript Title:			Associations of cerebral amyloid beta and t	au with cognition from midlife	
Maı	nuscript Number (if I	known):	ADJ-D-23-01651		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitme t about whether to list a relationship/activity es/interests should be defined broadly. For e u should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.	
			l entities with whom you have this ship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Tir	me frame: Since the initial plann	ing 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.	□ N NIH	one	Institution Click the tab key to add additional rows.	
			Time frame: past 36 mo	nths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one		
3	Royalties or licenses	× No	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations , speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None Non	
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	

			e all entities with whom you have this onship or indicate none (add rows as ed)	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		
Dies	Please place an "Y" poyt 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:		4/2/2024		
Your Name:			Georges El Fakhri		
Manuscript Title:			Associations of cerebral amyloid beta and t	au with cognition from midlife	
Maı	nuscript Number (if	known):	ADJ-D-23-01651		
content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in doub The author's relationships/activitiepidemiology of hypertension, you that medication is not mentioned			ated" means any relation with for-profit or no nuscript. Disclosure represents a commitme t about whether to list a relationship/activity es/interests should be defined broadly. For e u should declare all relationships with manuf in the manuscript. rt for the work reported in this manuscript w	/interest, it is preferable that you do so.	
			l entities with whom you have this ship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Tir	ne frame: Since the initial plann	ing of the work	
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			Time frame: past 36 mo	onths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one		
3	Royalties or licenses	⊠ No	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations , speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None Non	
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	

			e all entities with whom you have this onship or indicate none (add rows as ed)	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		
Dies	Please place an "Y" poyt 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:			4/2/2024		
Your Name:			Charles DeCarli		
Manuscript Title:			Associations of cerebral amyloid beta and t	au with cognition from midlife	
Mar	nuscript Number (if k	(nown):	ADJ-D-23-01651		
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			ated" means any relation with for-profit or no nuscript. Disclosure represents a commitme t about whether to list a relationship/activity es/interests should be defined broadly. For e u should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.	
			l entities with whom you have this ship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Tir	ne frame: Since the initial plann	ing 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.	□ N	one	Institution Click the tab key to add additional rows.	
			Time frame: past 36 mo	enths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one		
3	Royalties or licenses	⊠ No	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations , speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None Non	
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	

			e all entities with whom you have this onship or indicate none (add rows as ed)	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		
Dies	Please place an "Y" poyt 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.