

ICMJE DISCLOSURE FORM

Date: 6/28/2024

Your Name: Arvin Arani

Manuscript Title: Design and Validation of the ADNI MR Protocol

Manuscript Number (if known): ADJ-D-24-00785

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

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work									
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">NIH</td> <td style="width: 50%; padding: 2px;">To my institution</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small; color: gray;">Click the tab key to add additional rows.</td> </tr> </table>	NIH	To my institution			Click the tab key to add additional rows.		
NIH	To my institution								
Click the tab key to add additional rows.									
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input 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>							
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>							

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
4	Consulting fees	<input checked="" type="checkbox"/> None <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> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 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>									
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>									
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>									
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>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 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>									

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

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: 1/7/2024

Your Name: David L Thomas

Manuscript Title: Design and Validation of the ADNI MR Protocol

Manuscript Number (if known): ADJ-D-24-00785

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> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 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>						
3	Royalties or licenses	<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>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
4	Consulting fees	<input checked="" type="checkbox"/> None <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> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 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>									
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>									
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>									
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>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 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>									

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 6/28/2023

Your Name: Randy Lee Buckner

Manuscript Title: Design and Validation of the ADNI MR Protocol

Manuscript Number (if known): ADJ-D-24-00785

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%; border-collapse: collapse;"> <tr><td style="width: 60%;">None.</td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>	None.					Click the tab key to add additional rows.	
None.									
	Click the tab key to add additional rows.								
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;">NIA R01AG067420</td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> </table>	NIA R01AG067420						
NIA R01AG067420									
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;"> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> </table>							

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input type="checkbox"/> None	
		Cognito Therapeutics	Payments made to me for consulting as part of the external scientific advisory board.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		All not-for profit philanthropic entities: Simons Foundation, FFOR, Bayshore Global Management, Klarman Family Foundation]	Consulting fees for program and grant review.
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		All not-for profit philanthropic entities: Simons Foundation, FFOR, Bayshore Global Management, Klarman Family Foundation]	Consulting fees for program and grant review.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
		None relevant. Various public company holdings in retirement funds, etc unrelated to this work.	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 7/10/2024

Your Name: Lara Stables

Manuscript Title: Design and Validation of the ADNI MR Protocol

Manuscript Number (if known): ADJ-D-24-00785

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> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 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>						
3	Royalties or licenses	<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>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
4	Consulting fees	<input checked="" type="checkbox"/> None <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> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 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>									
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>									
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>									
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>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 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>									

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

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: Robert Reid

Manuscript Title: Design and Validation of the ADNI MR Protocol

Manuscript Number (if known): ADJ-D-24-00785

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

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

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

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%; padding: 2px;">Mayo Clinic</td> <td style="width: 40%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center; font-size: small; color: #ccc;">Click the tab key to add additional rows.</td> </tr> </table>	Mayo Clinic					Click the tab key to add additional rows.
Mayo Clinic								
	Click the tab key to add additional rows.							
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%; height: 20px;"></td> <td style="width: 40%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%; height: 20px;"></td> <td style="width: 40%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
4	Consulting fees	<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> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 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>									
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>									
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>									
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>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 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>									

		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	
		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	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 07/01/2024

Your Name: Michael W. Weiner

Manuscript Title: Design and Validation of the ADNI MR Protocol

Manuscript Number (if known): ADJ-D-24-00785

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

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

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

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)																								
Time frame: Since the initial planning of the work																										
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">NIH Grant: 5R01AG058676-02</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>NIH Grant: 2 U19 AG024904.16</td> <td>Payments were made to my institution.</td> </tr> <tr> <td colspan="2" style="text-align: center; color: #ccc;">Click the tab key to add additional rows.</td> </tr> </table>	NIH Grant: 5R01AG058676-02	Payments were made to my institution.	NIH Grant: 2 U19 AG024904.16	Payments were made to my institution.	Click the tab key to add additional rows.																			
NIH Grant: 5R01AG058676-02	Payments were made to my institution.																									
NIH Grant: 2 U19 AG024904.16	Payments were made to my institution.																									
Click the tab key to add additional rows.																										
Time frame: past 36 months																										
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">NIH Grant: 5U2CAG060426-04</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>NIH Grant: 1RF1AG059009-01</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>NIH Grant: R33 AG062867</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>NIH Grant: 1R01NS119651-01</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>NIH Grant: RF1AG062196</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>NIH Grant: R56AG075744-01A1</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>Additional support from Department of Defense (DOD)</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>Additional support from: California Department of Public Health (CDPH)</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>Additional support from: Siemens</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>Additional support from: Biogen</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>Additional support from: Hillblom Foundation</td> <td>Payments were made to my institution.</td> </tr> <tr> <td>Additional support from: Alzheimer's Association</td> <td>Payments were made to my institution.</td> </tr> </table>	NIH Grant: 5U2CAG060426-04	Payments were made to my institution.	NIH Grant: 1RF1AG059009-01	Payments were made to my institution.	NIH Grant: R33 AG062867	Payments were made to my institution.	NIH Grant: 1R01NS119651-01	Payments were made to my institution.	NIH Grant: RF1AG062196	Payments were made to my institution.	NIH Grant: R56AG075744-01A1	Payments were made to my institution.	Additional support from Department of Defense (DOD)	Payments were made to my institution.	Additional support from: California Department of Public Health (CDPH)	Payments were made to my institution.	Additional support from: Siemens	Payments were made to my institution.	Additional support from: Biogen	Payments were made to my institution.	Additional support from: Hillblom Foundation	Payments were made to my institution.	Additional support from: Alzheimer's Association	Payments were made to my institution.
NIH Grant: 5U2CAG060426-04	Payments were made to my institution.																									
NIH Grant: 1RF1AG059009-01	Payments were made to my institution.																									
NIH Grant: R33 AG062867	Payments were made to my institution.																									
NIH Grant: 1R01NS119651-01	Payments were made to my institution.																									
NIH Grant: RF1AG062196	Payments were made to my institution.																									
NIH Grant: R56AG075744-01A1	Payments were made to my institution.																									
Additional support from Department of Defense (DOD)	Payments were made to my institution.																									
Additional support from: California Department of Public Health (CDPH)	Payments were made to my institution.																									
Additional support from: Siemens	Payments were made to my institution.																									
Additional support from: Biogen	Payments were made to my institution.																									
Additional support from: Hillblom Foundation	Payments were made to my institution.																									
Additional support from: Alzheimer's Association	Payments were made to my institution.																									

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)																																
		<table border="1"> <tr><td>Additional support from: Johnson & Johnson</td><td>Payments were made to my institution.</td></tr> <tr><td>Additional support from: Kevin and Connie Shanahan</td><td>Payments were made to my institution.</td></tr> <tr><td>Additional support from: GE</td><td>Payments were made to my institution.</td></tr> <tr><td>Additional support from: VUmc</td><td>Payments were made to my institution.</td></tr> <tr><td>Additional support from: Australian Catholic University (HBI-BHR)</td><td>Payments were made to my institution.</td></tr> <tr><td>Additional support from: The Stroke Foundation</td><td>Payments were made to my institution.</td></tr> <tr><td>Additional support from: Veterans Administration</td><td>Payments were made to my institution.</td></tr> </table>	Additional support from: Johnson & Johnson	Payments were made to my institution.	Additional support from: Kevin and Connie Shanahan	Payments were made to my institution.	Additional support from: GE	Payments were made to my institution.	Additional support from: VUmc	Payments were made to my institution.	Additional support from: Australian Catholic University (HBI-BHR)	Payments were made to my institution.	Additional support from: The Stroke Foundation	Payments were made to my institution.	Additional support from: Veterans Administration	Payments were made to my institution.																			
Additional support from: Johnson & Johnson	Payments were made to my institution.																																		
Additional support from: Kevin and Connie Shanahan	Payments were made to my institution.																																		
Additional support from: GE	Payments were made to my institution.																																		
Additional support from: VUmc	Payments were made to my institution.																																		
Additional support from: Australian Catholic University (HBI-BHR)	Payments were made to my institution.																																		
Additional support from: The Stroke Foundation	Payments were made to my institution.																																		
Additional support from: Veterans Administration	Payments were made to my institution.																																		
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>																																	
4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr><td>Boxer Capital</td><td>Payment was made directly to me.</td></tr> <tr><td>Cerecin</td><td>Payment was made directly to me.</td></tr> <tr><td>Clario/BioClinica</td><td>Payment was made directly to me.</td></tr> <tr><td>Dementia Society of Japan</td><td>Payment was made directly to me.</td></tr> <tr><td>Eisai</td><td>Payment was made directly to me.</td></tr> <tr><td>Guidepoint</td><td>Payment was made directly to me.</td></tr> <tr><td>Health and Wellness Partners</td><td>Payment was made directly to me.</td></tr> <tr><td>Indiana U.</td><td>Payment was made directly to me.</td></tr> <tr><td>LCN Consulting</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>Duke U.</td><td>Payment was made directly to me.</td></tr> <tr><td>Prova Education</td><td>Payment was made directly to me.</td></tr> <tr><td>T3D Therapeutics</td><td>Payment was made directly to me.</td></tr> <tr><td>University of Southern CA (USC)</td><td>Payment was made directly to me.</td></tr> <tr><td>WebMD</td><td>Payment was made directly to me.</td></tr> <tr><td>MEDA Corp.</td><td>Payment was made directly to me.</td></tr> </table>		Boxer Capital	Payment was made directly to me.	Cerecin	Payment was made directly to me.	Clario/BioClinica	Payment was made directly to me.	Dementia Society of Japan	Payment was made directly to me.	Eisai	Payment was made directly to me.	Guidepoint	Payment was made directly to me.	Health and Wellness Partners	Payment was made directly to me.	Indiana U.	Payment was made directly to me.	LCN Consulting	Payment was made directly to me.	Merck Sharp & Dohme Corp.	Payment was made directly to me.	Duke U.	Payment was made directly to me.	Prova Education	Payment was made directly to me.	T3D Therapeutics	Payment was made directly to me.	University of Southern CA (USC)	Payment was made directly to me.	WebMD	Payment was made directly to me.	MEDA Corp.	Payment was made directly to me.
Boxer Capital	Payment was made directly to me.																																		
Cerecin	Payment was made directly to me.																																		
Clario/BioClinica	Payment was made directly to me.																																		
Dementia Society of Japan	Payment was made directly to me.																																		
Eisai	Payment was made directly to me.																																		
Guidepoint	Payment was made directly to me.																																		
Health and Wellness Partners	Payment was made directly to me.																																		
Indiana U.	Payment was made directly to me.																																		
LCN Consulting	Payment was made directly to me.																																		
Merck Sharp & Dohme Corp.	Payment was made directly to me.																																		
Duke U.	Payment was made directly to me.																																		
Prova Education	Payment was made directly to me.																																		
T3D Therapeutics	Payment was made directly to me.																																		
University of Southern CA (USC)	Payment was made directly to me.																																		
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.
		Japan Society for Dementia Research	Payment was made either directly to the travel accommodations provider, or reimbursed to me.
		Korean Dementia Society	Payment was made either directly to the travel accommodations provider, or reimbursed to me.
		Merck Sharp & Dohme Corp.,	Payment was made either directly to the travel accommodations provider, or reimbursed to me.
		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.

ICMJE DISCLOSURE FORM

Date: 7/10/2024

Your Name: Duygu Tosun

Manuscript Title: Design and Validation of the ADNI MR Protocol

Manuscript Number (if known): ADJ-D-24-00785

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

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work									
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">NIH</td> <td style="width: 50%;">To institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	NIH	To institution			<small>Click the tab key to add additional rows.</small>		
NIH	To institution								
<small>Click the tab key to add additional rows.</small>									
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%;"> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>							
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%;"> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>							

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
4	Consulting fees	<input checked="" type="checkbox"/> None <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> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 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>									
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>									
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>									
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>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 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>									

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

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: 7/2/2024

Your Name: Bret Borowski

Manuscript Title: Design and Validation of the ADNI MR Protocol

Manuscript Number (if known): ADJ-D-24-00785

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>						
Time frame: past 36 months															
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 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>						
3	Royalties or licenses	<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>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
4	Consulting fees	<input checked="" type="checkbox"/> None <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> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 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>									
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>									
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>									
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>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 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>									

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

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: Clifford R Jack JR

Manuscript Title: Design and Validation of the ADNI MR Protocol

Manuscript Number (if known): ADJ-D-24-00785

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

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work									
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">NIH</td><td style="width: 50%;"></td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	NIH						Click the tab key to add additional rows.
NIH									
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
4	Consulting fees	<input checked="" type="checkbox"/> None <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> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 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>									
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>									
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>									
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>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 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>									

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 02/07/2024

Your Name: John Felmlee

Manuscript Title: Design and Validation of the ADNI MR Protocol

Manuscript Number (if known): ADJ-D-24-00785

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 style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <div style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</div>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 6/29/2024

Your Name: Youngkyoo Jung

Manuscript Title: Design and Validation of the ADNI MR Protocol

Manuscript Number (if known): ADJ-D-24-00785

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%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="width: 20px;"> </td></tr> </table>							<div style="border: 1px solid black; padding: 2px; font-size: small; color: #ccc;">Click the tab key to add additional rows.</div>
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="font-size: small;">NIH R01AG062689</td><td style="width: 20px;"> </td></tr> <tr><td style="font-size: small;">NIH U19 NS 120384</td><td style="width: 20px;"> </td></tr> <tr><td style="font-size: small;">NIH UH3 NS 100608</td><td style="width: 20px;"> </td></tr> </table>	NIH R01AG062689		NIH U19 NS 120384		NIH UH3 NS 100608		
NIH R01AG062689									
NIH U19 NS 120384									
NIH UH3 NS 100608									
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="width: 20px;"> </td></tr> </table>							

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
4	Consulting fees	<input checked="" type="checkbox"/> None <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> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 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>									
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>									
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>									
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>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 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>									

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

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: Jeffrey L Gunter

Manuscript Title: Design and Validation of the ADNI MR Protocol

Manuscript Number (if known): ADJ-D-24-00785

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%; border-collapse: collapse;"> <tr><td style="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> <p style="font-size: small; color: gray; text-align: right;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="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>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="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>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
4	Consulting fees	<input checked="" type="checkbox"/> None <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> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 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>									
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>									
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>									
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>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 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>									

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

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: July 11th, 2024

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

Manuscript Title: Design and Validation of the ADNI MR Protocol

Manuscript Number (if known): ADJ-D-24-00785

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

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

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

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)																								
Time frame: Since the initial planning of the work																										
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">NIH Grant: 2 U19 AG024904.16</td> <td>Payments were made to my institution.</td> </tr> </table>	NIH Grant: 2 U19 AG024904.16	Payments were made to my institution.																						
NIH Grant: 2 U19 AG024904.16	Payments were made to my institution.																									
Time frame: past 36 months																										
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>NIH Grant: 5U2CAG060426-04</td><td>Payments were made to my institution.</td></tr> <tr><td>NIH Grant: 5R01AG058676-02</td><td>Payments were made to my institution.</td></tr> <tr><td>NIH Grant: 1RF1AG059009-01</td><td>Payments were made to my institution.</td></tr> <tr><td>NIH Grant: R33 AG062867</td><td>Payments were made to my institution.</td></tr> <tr><td>NIH Grant: 1R01NS119651-01</td><td>Payments were made to my institution.</td></tr> <tr><td>NIH Grant: RF1AG062196</td><td>Payments were made to my institution.</td></tr> <tr><td>NIH Grant: R56AG075744-01A1</td><td>Payments were made to my institution.</td></tr> <tr><td>Additional support from Department of Defense (DOD)</td><td>Payments were made to my institution.</td></tr> <tr><td>Additional support from: California Department of Public Health (CDPH)</td><td>Payments were made to my institution.</td></tr> <tr><td>Additional support from: Siemens</td><td>Payments were made to my institution.</td></tr> <tr><td>Additional support from: Biogen</td><td>Payments were made to my institution.</td></tr> <tr><td>Additional support from: Hillblom Foundation</td><td>Payments were made to my institution.</td></tr> </table>	NIH Grant: 5U2CAG060426-04	Payments were made to my institution.	NIH Grant: 5R01AG058676-02	Payments were made to my institution.	NIH Grant: 1RF1AG059009-01	Payments were made to my institution.	NIH Grant: R33 AG062867	Payments were made to my institution.	NIH Grant: 1R01NS119651-01	Payments were made to my institution.	NIH Grant: RF1AG062196	Payments were made to my institution.	NIH Grant: R56AG075744-01A1	Payments were made to my institution.	Additional support from Department of Defense (DOD)	Payments were made to my institution.	Additional support from: California Department of Public Health (CDPH)	Payments were made to my institution.	Additional support from: Siemens	Payments were made to my institution.	Additional support from: Biogen	Payments were made to my institution.	Additional support from: Hillblom Foundation	Payments were made to my institution.
NIH Grant: 5U2CAG060426-04	Payments were made to my institution.																									
NIH Grant: 5R01AG058676-02	Payments were made to my institution.																									
NIH Grant: 1RF1AG059009-01	Payments were made to my institution.																									
NIH Grant: R33 AG062867	Payments were made to my institution.																									
NIH Grant: 1R01NS119651-01	Payments were made to my institution.																									
NIH Grant: RF1AG062196	Payments were made to my institution.																									
NIH Grant: R56AG075744-01A1	Payments were made to my institution.																									
Additional support from Department of Defense (DOD)	Payments were made to my institution.																									
Additional support from: California Department of Public Health (CDPH)	Payments were made to my institution.																									
Additional support from: Siemens	Payments were made to my institution.																									
Additional support from: Biogen	Payments were made to my institution.																									
Additional support from: Hillblom Foundation	Payments were made to my institution.																									

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)																																
		<table border="1"> <tr><td>Additional support from: Alzheimer's Association</td><td>Payments were made to my institution.</td></tr> <tr><td>Additional support from: Johnson & Johnson</td><td>Payments were made to my institution.</td></tr> <tr><td>Additional support from: Kevin and Connie Shanahan</td><td>Payments were made to my institution.</td></tr> <tr><td>Additional support from: GE</td><td>Payments were made to my institution.</td></tr> <tr><td>Additional support from: VUmc</td><td>Payments were made to my institution.</td></tr> <tr><td>Additional support from: Australian Catholic University (HBI-BHR)</td><td>Payments were made to my institution.</td></tr> <tr><td>Additional support from: The Stroke Foundation</td><td>Payments were made to my institution.</td></tr> <tr><td>Additional support from: Veterans Administration</td><td>Payments were made to my institution.</td></tr> </table>	Additional support from: Alzheimer's Association	Payments were made to my institution.	Additional support from: Johnson & Johnson	Payments were made to my institution.	Additional support from: Kevin and Connie Shanahan	Payments were made to my institution.	Additional support from: GE	Payments were made to my institution.	Additional support from: VUmc	Payments were made to my institution.	Additional support from: Australian Catholic University (HBI-BHR)	Payments were made to my institution.	Additional support from: The Stroke Foundation	Payments were made to my institution.	Additional support from: Veterans Administration	Payments were made to my institution.																	
Additional support from: Alzheimer's Association	Payments were made to my institution.																																		
Additional support from: Johnson & Johnson	Payments were made to my institution.																																		
Additional support from: Kevin and Connie Shanahan	Payments were made to my institution.																																		
Additional support from: GE	Payments were made to my institution.																																		
Additional support from: VUmc	Payments were made to my institution.																																		
Additional support from: Australian Catholic University (HBI-BHR)	Payments were made to my institution.																																		
Additional support from: The Stroke Foundation	Payments were made to my institution.																																		
Additional support from: Veterans Administration	Payments were made to my institution.																																		
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>																																	
4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr><td>Boxer Capital</td><td>Payment was made directly to me.</td></tr> <tr><td>Cerecin</td><td>Payment was made directly to me.</td></tr> <tr><td>Clario/BioClinica</td><td>Payment was made directly to me.</td></tr> <tr><td>Dementia Society of Japan</td><td>Payment was made directly to me.</td></tr> <tr><td>Eisai</td><td>Payment was made directly to me.</td></tr> <tr><td>Guidepoint</td><td>Payment was made directly to me.</td></tr> <tr><td>Health and Wellness Partners</td><td>Payment was made directly to me.</td></tr> <tr><td>Indiana U.</td><td>Payment was made directly to me.</td></tr> <tr><td>LCN Consulting</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>Duke U.</td><td>Payment was made directly to me.</td></tr> <tr><td>Prova Education</td><td>Payment was made directly to me.</td></tr> <tr><td>T3D Therapeutics</td><td>Payment was made directly to me.</td></tr> <tr><td>University of Southern CA (USC)</td><td>Payment was made directly to me.</td></tr> <tr><td>WebMD</td><td>Payment was made directly to me.</td></tr> <tr><td>MEDA Corp.</td><td>Payment was made directly to me.</td></tr> </table>	Boxer Capital	Payment was made directly to me.	Cerecin	Payment was made directly to me.	Clario/BioClinica	Payment was made directly to me.	Dementia Society of Japan	Payment was made directly to me.	Eisai	Payment was made directly to me.	Guidepoint	Payment was made directly to me.	Health and Wellness Partners	Payment was made directly to me.	Indiana U.	Payment was made directly to me.	LCN Consulting	Payment was made directly to me.	Merck Sharp & Dohme Corp.	Payment was made directly to me.	Duke U.	Payment was made directly to me.	Prova Education	Payment was made directly to me.	T3D Therapeutics	Payment was made directly to me.	University of Southern CA (USC)	Payment was made directly to me.	WebMD	Payment was made directly to me.	MEDA Corp.	Payment was made directly to me.	
Boxer Capital	Payment was made directly to me.																																		
Cerecin	Payment was made directly to me.																																		
Clario/BioClinica	Payment was made directly to me.																																		
Dementia Society of Japan	Payment was made directly to me.																																		
Eisai	Payment was made directly to me.																																		
Guidepoint	Payment was made directly to me.																																		
Health and Wellness Partners	Payment was made directly to me.																																		
Indiana U.	Payment was made directly to me.																																		
LCN Consulting	Payment was made directly to me.																																		
Merck Sharp & Dohme Corp.	Payment was made directly to me.																																		
Duke U.	Payment was made directly to me.																																		
Prova Education	Payment was made directly to me.																																		
T3D Therapeutics	Payment was made directly to me.																																		
University of Southern CA (USC)	Payment was made directly to me.																																		
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.
		Japan Society for Dementia Research	Payment was made either directly to the travel accommodations provider, or reimbursed to me.
		Korean Dementia Society	Payment was made either directly to the travel accommodations provider, or reimbursed to me.
		Merck Sharp & Dohme Corp.,	Payment was made either directly to the travel accommodations provider, or reimbursed to me.
		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.