Date:			6/28/2024		
Your Name:			Arvin Arani		
Manuscript Title:			Design and Validation of the ADNI MR Proto	ocol	
Ma	nuscript Number (if k	nown):	ADJ-D-24-00785		
content of your manuscript. "Rel affected by the content of the ma		ipt. "Rela of the mai			
epi		nsion, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	tem #1 below, report a me for disclosure is the			ithout time limit. For all other items, the time	
			l entities with whom you have this ship 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	[ <u></u>   No	Time frame: Since the initial planning one	of the work	
1	present manuscript (e.g.,	[□] No		of the work  To my institution	
1	present manuscript (e.g., funding, provision				
1	present manuscript (e.g., funding, provision of study materials, medical writing,			To my institution	
1	present manuscript (e.g., funding, provision of study materials,			To my institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing			To my institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		one	To my institution  Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH		To my institution  Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from	NIH	Time frame: past 36 month	To my institution  Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	NIH	Time frame: past 36 month	To my institution  Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not	NIH	Time frame: past 36 month	To my institution  Click the tab key to add additional rows.	

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

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

Date:	1/7/2024
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.

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

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

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

Date:	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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None.	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIA R01AG067420	
3	Royalties or licenses	None	

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None 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	None	
13	Other financial or non-financial interests	None	
Plea [⊠]	-	t to the following statement to indicate your agreement to answered every question and have not altered the wo	

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.

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

	ICIVIJE DISCLOSURE FOI	VIAI	
Date:	ate: 6/28/2024		
Your Name:	Robert Reid		
Manuscript Title:	Design and Validation of the ADNI MR Proto	ocol	
Manuscript Number (if k	nown): ADJ-D-24-00785		
content of your manuscriaffected by the content of indicate a bias. If you are the author's relationship epidemiology of hypertenthat medication is not medicated.	rency, we ask you to disclose all relationships/activities ipt. "Related" means any relation with for-profit or no of the manuscript. Disclosure represents a commitmer in doubt about whether to list a relationship/activity, s/activities/interests should be defined broadly. For ension, you should declare all relationships with manufactorioned in the manuscript.  all support for the work reported in this manuscript we past 36 months.	ext-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	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		

		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.	Mayo Clinic	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	Northern Stock Index Fund (NOSIX)  First Solar (FSLR)  Roper Technologies (ROP)	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
		t to the following statement to indicate your agreeme	
	I certify that I have	answered every question and have not altered the wo	rding of any of the questions on this 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 transcension of the	

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	NIH Grant: 5R01AG058676-02 NIH Grant: 2 U19 AG024904.16	Payments were made to my institution.  Payments were made to my institution.  Click the tab key to add additional rows.
		Time frame: past 36 mont	hs
2	Grants or contracts from any entity (if not	NIH Grant: 5U2CAG060426-04	Payments were made to my institution.
	indicated in item	NIH Grant: 1RF1AG059009-01	Payments were made to my institution.
	#1 above).	NIH Grant: R33 AG062867	Payments were made to my institution.
		NIH Grant: 1R01NS119651-01	Payments were made to my institution.
I			
		NIH Grant: RF1AG062196	Payments were made to my institution.
		NIH Grant: R56AG075744-01A1	Payments were made to my institution.
		NIH Grant: R56AG075744-01A1 Additional support from Department of Defense	Payments were made to my institution.
		NIH Grant: R56AG075744-01A1  Additional support from Department of Defense (DOD)  Additional support from: California Department	Payments were made to my institution.  Payments were made to my institution.
		NIH Grant: R56AG075744-01A1 Additional support from Department of Defense (DOD) Additional support from: California Department of Public Health (CDPH)	Payments were made to my institution.  Payments were made to my institution.  Payments were made to my institution.
		NIH Grant: R56AG075744-01A1 Additional support from Department of Defense (DOD) Additional support from: California Department of Public Health (CDPH) Additional support from: Siemens	Payments were made to my institution.  Payments were made to my institution.  Payments were made to my institution.  Payments were made to my institution.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Additional support from: Johnson & Johnson Additional support from: Kevin and Connie Shanahan	Payments were made to my institution.  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	None None	
4	Consulting fees	□ None	
		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	None	
	lectures,	China Association for Alzheimer's Disease (CAAD)	Payment was made directly to me.
	presentations,	Taipei Medical University	Payment was made directly to me.
	speakers	Cleveland Clinic	Payment was made directly to me.
	bureaus,	AD/PD Congress	Payment was made directly to me.
	manuscript	Foundation of Learning; Health Society (Japan)	Payment was made directly to me.
	writing or educational	INSPIRE Project; U. Toulouse	Payment was made directly to me.
	events	Japan Society for Dementia Research	Payment was made directly to me.
	2,51115	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	None	
7	Support for attending	□ None	
	meetings and/or travel	AD/PD Congress	Payment was made either directly to the travel accommodations provider, or reimbursed to me.
		Cleveland Clinic	Payment was made either directly to the travel accommodations provider, or reimbursed to me.
		CTAD Congress	Payment was made either directly to the travel accommodations provider, or reimbursed to me.
		Foundation of Learning; Health Society (Japan)	Payment was made either directly to the travel accommodations provider, or reimbursed to me.
		INSPIRE Project; U. Toulouse	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	None	
9	Participation on a Data Safety	□ None	
	Monitoring Board or Advisory Board	ADNI Scientific Advisory Board UCSF Committee for Human Research	Leadership Committee Member
10	Leadership or fiduciary role in	□ None	
	other board, society,	UCSF Inclusion Diversity Equity & Awareness Committee	Leadership
	committee or advocacy group, paid or unpaid	Diversity Task Force of the Alzheimer's Disease Neuroimaging Initiative (ADNI)	Leadership

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

Date:	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

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

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

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

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

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
content of your manuscript. "Rela affected by the content of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be unuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.
• •	ies/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.
In item #1 below, report all suppo	ort for the work reported in this manuscript without time limit. For all other items, the time 6 months.

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	02/07/2024
Your Name:	John Felmlee
Manuscript Title:	Design and Validation of the ADNI MR Protocoll
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.

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

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2	Grants or contracts from any entity (if not indicated in item #1 above).	X	None	
3	Royalties or licenses	X	None	

1 12/13/2021 ICMJE Disclosure Form

		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	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X   None	
6	Payment for expert testimony	X  None	
7	Support for attending meetings and/or travel	X  None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	X	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X	None	
13	Other financial or non-financial interests	[X]	None	
Plea	ase place an "X" nex	t to th	e following statement to indicate your agre	ement:
[ <b>X</b> ]	I certify that I have answered every question and have not altered the wording of any of the questions on this 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

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		Time frame: past 36 month	s
2	Grants or contracts from	[⊠] None	
	any entity (if not	NIH R01AG062689	
	indicated in item #1 above).	NIH U19 NS 120384	
	#1 above).	NIH UH3 NS 100608	
3	Royalties or licenses	None None □	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	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

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			Time frame: past 36 month	ns
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3	Royalties or licenses	None		

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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July 11 <sup>th</sup> , 2024
The Alzheimer's Disease Neuroimaging Initiative (ADNI)
Design and Validation of the ADNI MR Protocol
ADJ-D-24-00785

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	Time frame: Since the initial planning of the work				
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	□ None  NIH Grant: 2 U19 AG024904.16	Payments were made to my institution.		
		Time frame: past 36 mont	ibe.		
2	Grants or contracts from	[⊠] None			
	any entity (if not	NIH Grant: 5U2CAG060426-04	Payments were made to my institution.		
	indicated in item	NIH Grant: 5R01AG058676-02	Payments were made to my institution.		
	#1 above).	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.		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Additional support from: 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	None     Non	
4	Consulting fees	□ None	
		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	□ None	
	lectures,	China Association for Alzheimer's Disease (CAAD)	Payment was made directly to me.
	presentations,	Taipei Medical University	Payment was made directly to me.
	speakers	Cleveland Clinic	Payment was made directly to me.
	bureaus,	AD/PD Congress	Payment was made directly to me.
	manuscript	Foundation of Learning; Health Society (Japan)	Payment was made directly to me.
	writing or educational	INSPIRE Project; U. Toulouse	Payment was made directly to me.
	educational	Japan Society for Dementia Research	Payment was made directly to me.
	events	Korean Dementia Society	Payment was made directly to me.
		·	Payment was made directly to me.
		(NCGG; Japan	
		University of Southern California (USC)	Payment was made directly to me.
		Merck Sharp & Dohme Corp.,  National Center for Geriatrics and Gerontology	Payment was made directly to me.  Payment was made directly to me.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	□ 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	None	
9	Participation on a Data Safety	□ None	
	Monitoring Board or Advisory Board	ADNI Scientific Advisory Board UCSF Committee for Human Research	Leadership Committee Member
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None	
		UCSF Inclusion Diversity Equity & Awareness Committee	Leadership
		Diversity Task Force of the Alzheimer's Disease Neuroimaging Initiative (ADNI)	Leadership

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11	Stock or stock options				
		Alzeca	Stock options held.		
		Alzheon, Inc.	Stock options held.		
		ALZPath	Stock options held.		
		Anven	Stock options held.		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non-financial interests	None			
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