

## ICMJE DISCLOSURE FORM

**Date:** 7/23/2024

**Your Name:** Jonathan Fernando Cubas Guillen

**Manuscript Title:** Argentina-Alzheimer's Disease Neuroimaging Initiative: Pioneering Alzheimer's Research in Latin America and its Implications for Regional Advancement

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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

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

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Time frame: past 36 months								
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <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>						

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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>									
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## ICMJE DISCLOSURE FORM

**Date:** 7/19/2024

**Your Name:** Patricio Chrem Mendez

**Manuscript Title:** Argentina-Alzheimer's Disease Neuroimaging Initiative: Pioneering Alzheimer's Research in Latin America and its Implications for Regional Advancement

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		Alzheimer's Association	Support for DIAN Latam paid to our institution
		Washington St Louis University	Support DIAN TU paid to our institution
		<small>Click the tab key to add additional rows.</small>	
<b>Time frame: past 36 months</b>			
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="391 1197 1524 1297"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="391 1600 1524 1701"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

11	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="391 195 963 296"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="391 411 963 512"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="391 625 963 726"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						

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## ICMJE DISCLOSURE FORM

**Date:** 7/23/2024

**Your Name:** Ezequiel Surace

**Manuscript Title:** Argentina-Alzheimer's Disease Neuroimaging Initiative: Pioneering Alzheimer's Research in Latin America and its Implications for Regional Advancement

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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	advocacy group, paid or unpaid							
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**Date:** 7/23/2024

**Your Name:** María Eugenia Martin

**Manuscript Title:** Argentina-Alzheimer's Disease Neuroimaging Initiative: Pioneering Alzheimer's Research in Latin America and its Implications for Regional Advancement

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**Your Name:** Florencia Clarens

**Manuscript Title:** Argentina-Alzheimer's Disease Neuroimaging Initiative: Pioneering Alzheimer's Research in Latin America and its Implications for Regional Advancement

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="391 1665 1524 1766"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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**Please place an "X" next to the following statement to indicate your agreement:**

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

## ICMJE DISCLOSURE FORM

**Date:** 7/23/2024

**Your Name:** Julietta Russo

**Manuscript Title:** Argentina-Alzheimer's Disease Neuroimaging Initiative: Pioneering Alzheimer's Research in Latin America and its Implications for Regional Advancement

**Manuscript Number (if known):** Click or tap here to enter text.

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

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3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="391 195 1524 296"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="391 436 1524 573"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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## ICMJE DISCLOSURE FORM

**Date:** 7/23/2024

**Your Name:** Paula Harris

**Manuscript Title:** Argentina-Alzheimer's Disease Neuroimaging Initiative: Pioneering Alzheimer's Research in Latin America and its Implications for Regional Advancement

**Manuscript Number (if known):** Click or tap here to enter text.

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

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## ICMJE DISCLOSURE FORM

**Date:** 7/23/2024

**Your Name:** Noelia Egido

**Manuscript Title:** Argentina-Alzheimer's Disease Neuroimaging Initiative: Pioneering Alzheimer's Research in Latin America and its Implications for Regional Advancement

**Manuscript Number (if known):** Click or tap here to enter text.

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## ICMJE DISCLOSURE FORM

**Date:** 7/23/2024

**Your Name:** Fernanda Tapajoz

**Manuscript Title:** Argentina-Alzheimer's Disease Neuroimaging Initiative: Pioneering Alzheimer's Research in Latin America and its Implications for Regional Advancement

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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

## ICMJE DISCLOSURE FORM

**Date:** 7/23/2024

**Your Name:** Hernán Chaves

**Manuscript Title:** Argentina-Alzheimer's Disease Neuroimaging Initiative: Pioneering Alzheimer's Research in Latin America and its Implications for Regional Advancement

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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

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## ICMJE DISCLOSURE FORM

**Date:** 7/23/2024

**Your Name:** Silvia Ester Vazquez

**Manuscript Title:** Argentina-Alzheimer's Disease Neuroimaging Initiative: Pioneering Alzheimer's Research in Latin America and its Implications for Regional Advancement

**Manuscript Number (if known):** Click or tap here to enter text.

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

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="391 195 1524 331"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="391 415 1524 590"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="391 762 1524 863"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="391 978 1524 1079"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="391 1194 1524 1295"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="391 1409 1524 1509"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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"/> <b>None</b> <table border="1" data-bbox="391 1598 1524 1701"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								



11	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="391 195 963 296"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="391 413 963 514"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="391 627 963 728"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						

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## ICMJE DISCLOSURE FORM

**Date:** 7/23/2024

**Your Name:** Horacio Martinetto

**Manuscript Title:** Argentina-Alzheimer's Disease Neuroimaging Initiative: Pioneering Alzheimer's Research in Latin America and its Implications for Regional Advancement

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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## ICMJE DISCLOSURE FORM

**Date:** 7/23/2024

**Your Name:** Jorge Campos

**Manuscript Title:** Argentina-Alzheimer's Disease Neuroimaging Initiative: Pioneering Alzheimer's Research in Latin America and its Implications for Regional Advancement

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 7/19/2024

**Your Name:** |Ismael Calandri |

**Manuscript Title:** |Argentina-Alzheimer's Disease Neuroimaging Initiative: Pioneering Alzheimer's Research in Latin America and its Implications for Regional Advancement |

**Manuscript Number (if known):** |Click or tap here to enter text.|

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

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## ICMJE DISCLOSURE FORM

**Date:** 7/19/2024

**Your Name:** Gustavo Sevlever

**Manuscript Title:** Argentina-Alzheimer's Disease Neuroimaging Initiative: Pioneering Alzheimer's Research in Latin America and its Implications for Regional Advancement

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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

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## ICMJE DISCLOSURE FORM

**Date:** 7/19/2024

**Your Name:** Ricardo F Allegri

**Manuscript Title:** Argentina-Alzheimer's Disease Neuroimaging Initiative: Pioneering Alzheimer's Research in Latin America and its Implications for Regional Advancement

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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		Tecnofarma	Honoraria for lecture paid to me.
		Biogen	Honoraria for lecture paid to me.
		Bago	Honoraria for lecture paid to me.
		Roche	Honoraria for lecture paid to me.
		Novonordisk	Honoraria for lecture paid to me.
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