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.

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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.

l		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).	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	
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.			

7/19/2024

Patricio Chrem Mendez

Date:

Your Name:

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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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.	Alzheim	ner's Association gton St Louis University	Support for DIAN Latam paid to our institution Support DIAN TU paid to our 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).	[⊠] No	one		
3	Royalties or licenses	⊠ No	one		

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or	None	
10	fiduciary role in other board, society, committee or advocacy group,	None	
	paid or unpaid		

11	Stock or stock options	⊠ None
12	Receipt of equipment,	⊠ None
	materials, drugs,	
	medical writing, gifts or other	
	services	
	00.1.000	
13	Other financial or non-financial	⊠ None
13		⊠ None
13	or non-financial	None
13	or non-financial	None None
13	or non-financial	None
	or non-financial interests	None t to the following statement to indicate your agreement:

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
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		Time frame: past 36 months	3
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

3	Royalties or licenses	None Non
4	Consulting fees	None
5	Payment or honoraria for	⊠ None
	lectures,	
	presentations,	
	speakers bureaus,	
	manuscript	
	writing or	
	educational	
	events	
6	Payment for expert testimony	⊠ None
7	Support for attending	⊠ None
	meetings and/or	
	travel	
_	_	
8	Patents planned, issued or	None
	pending	
9	Participation on a Data Safety	None
	Monitoring	
	Board or	
	Advisory Board	
10	Leadership or	None
	fiduciary role in other board,	
	society,	
	committee or	
	committee or	

	advocacy group, paid or unpaid		
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:		

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

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		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

3	Royalties or licenses	None Non
4	Consulting fees	None
5	Payment or honoraria for	⊠ None
	lectures,	
	presentations,	
	speakers bureaus,	
	manuscript	
	writing or	
	educational	
	events	
6	Payment for expert testimony	⊠ None
7	Support for attending	⊠ None
	meetings and/or	
	travel	
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8	Patents planned, issued or pending	None
9	Participation on a Data Safety	None
	Monitoring	
	Board or	
	Advisory Board	
10	Leadership or	None
	fiduciary role in	
	other board, society,	
	committee or	

	advocacy group, paid or unpaid		
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 Output	
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:	7/23/2024
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
Manuscript Number (if known):	Click or tap here to enter text.

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3	Royalties or licenses	None Non
4	Consulting fees	None
5	Payment or honoraria for	None Non
	lectures,	
	presentations,	
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	educational	
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6	Payment for expert testimony	
7	attending	None
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8	Patents planned, issued or	None
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9	Participation on a Data Safety	[⊠] None
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	Board or	
	Advisory Board	
10	Leadership or	None
10	fiduciary role in	
	other board,	
	society,	
	committee or	

	advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs,		
	medical writing,		
	gifts or other		
	services		
13	Other financial or non-financial	None	
	interests		
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:	7/23/2024
Your Name:	Julieta Russo
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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	this item.		
		Time frame: past 36 months	3
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

3	Royalties or licenses	None Non
4	Consulting fees	None
5	Payment or honoraria for	⊠ None
	lectures,	
	presentations,	
	speakers bureaus,	
	manuscript	
	writing or	
	educational	
	events	
6	Payment for expert testimony	⊠ None
7	Support for attending	⊠ None
	meetings and/or	
	travel	
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8	Patents planned, issued or pending	None
9	Participation on a Data Safety	None
	Monitoring	
	Board or	
	Advisory Board	
10	Leadership or	None
	fiduciary role in	
	other board, society,	
	committee or	

	advocacy group, paid or unpaid		
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 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:	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.

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3	Royalties or licenses	None Non
4	Consulting fees	None
5	Payment or honoraria for	⊠ None
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	manuscript	
	writing or	
	educational	
	events	
6	Payment for expert testimony	⊠ None
7	Support for attending	⊠ None
	meetings and/or	
	travel	
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8	Patents planned, issued or pending	None
9	Participation on a Data Safety	None
	Monitoring	
	Board or	
	Advisory Board	
10	Leadership or	None
	fiduciary role in other board,	
	society,	
	committee or	
	commutee or	

	advocacy group, paid or unpaid		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	None Non	
	materials, drugs, medical writing,		
	gifts or other		
	services		
13	Other financial or non-financial	⊠ None	
	interests		
Plea	Please place an "X" next to the following statement to indicate your agreement:		
	I certify that I have answered every guestion and have not altered the wording of any of the guestions on this 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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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	
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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	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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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:	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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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	
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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	
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27 12/13/2021 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.

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		Time frame: past 36 months	5				
2	Grants or contracts from any entity (if not indicated in item #1 above).	None					
3	Royalties or licenses	None None					

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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.				

7/23/2024

Silvia Ester Vazquez

Date:

Your Name:

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.		
con affe indi The epic that	Manuscript Number (if known):Click or tap here to enter text. In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript. In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.				
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3	Royalties or licenses		None		

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6	Payment for expert testimony		None	
7	Support for attending meetings and/or		None	
	travel			
8	Patents planned, issued or pending		None	
9	Participation on a Data Safety		None	
	Monitoring Board or			
	Board or Advisory Board			
10	Leadership or fiduciary role in		None	
	other board, society,			
	committee or			
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11	Stock or stock options	⊠ None
12	Receipt of equipment,	[⊠] None
	materials, drugs,	
	medical writing, gifts or other	
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13	Other financial or non-financial	[⊠] None
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13	or non-financial	[⊠] None
13	or non-financial	Image: square of the square o
13	or non-financial	None None
	or non-financial interests	None t to the following statement to indicate your agreement:

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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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 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	
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:	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.

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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			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)
			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 month:	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses	× N	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 [⊠]	Please place an "X" next to the following statement to indicate your agreement:			

			ICIVISE DISCLOSURE I O	IVIAI		
Date:			7/19/2024			
Your Name:			Ismael Calandri			
Manuscript Title: Argentina-Alzheimer's Disease Neuroimaging Initiative: Pioneering Alzheimer's Research i Latin America and its Implications for Regional Advancement						
Mai	nuscript Number (if k	nown):	Click or tap here to enter text.			
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti- epidemiology of hypertension, you that medication is not mentioned		ipt. "Rela of the man e in doubt os/activition entioned all suppo	rt for the work reported in this manuscript without 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 present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	L 1	ner's Association	Support for ILEADS and Latam FINGERS paid to our institution 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).		one			
3	Royalties or licenses	⊠ No	one			

ľ		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.			

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			ICIVIS	L DISCLOSORE I O	IVIVI
Date:			7/19/2024		
Your Name:		Gustavo Sevlever			
Maı	nuscript Title:			er's Disease Neuroimagin its Implications for Regior	g Initiative: Pioneering Alzheimer's Research in nal Advancement
Mai	nuscript Number (if k	nown):	Click or tap here to	enter text.	
content of your manuscript. "Related affected by the content of the manus indicate a bias. If you are in doubt ab The author's relationships/activities/i			nted" means any rela nuscript. Disclosure about whether to l es/interests should l u should declare all	ation with for-profit or no represents a commitment ist a relationship/activity oe defined broadly. For e	es/interests listed below that are related to the ot-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
	em #1 below, report ne for disclosure is th		-	rted in this manuscript w	ithout time limit. For all other items, the time
			l entities with whor hip or indicate non	n you have this e (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.)		ner's Association		Support for Latam FINGERS paid to our institution Click the tab key to add additional rows.
	No time limit for this item.				
			Ti	me frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).		one		
3	Royalties or licenses	× No	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None 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	

			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)
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:			

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		10111112 2100200112 1			
Date:		7/19/2024			
You	r Name:	Ricardo F Allegri	Ricardo F Allegri		
Maı	nuscript Title:	Argentina-Alzheimer's Disease Neuroima Latin America and its Implications for Reg	ging Initiative: Pioneering Alzheimer's Research in ional Advancement		
Mai	nuscript Number (if kno	own): Click or tap here to enter text.			
con affe	tent of your manuscript ected by the content of t				
epic	demiology of hypertensi	activities/interests should be defined broadly. For ion, you should declare all relationships with mar tioned in the manuscript.	r example, if your manuscript pertains to the ufacturers of antihypertensive medication, even if		
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.			without time limit. For all other items, the time		
		ame all entities with whom you have this elationship 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 planni	ng of the work		
1	All support for the	Time frame: Since the initial planni	ng of the work		
1	present manuscript (e.g., funding, provision	1	Support for Latam FINGERS, DIAN latam and ADNI paid to our institution		
1	present manuscript (e.g., funding, provision of study materials,	□ None	Support for Latam FINGERS, DIAN latam and ADNI paid to our institution Support for DIAN TU paid to our institution		
1	present manuscript (e.g., funding, provision	None Alzheimer's Association	Support for Latam FINGERS, DIAN latam and ADNI paid to our institution		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	None Alzheimer's Association	Support for Latam FINGERS, DIAN latam and ADNI paid to our institution Support for DIAN TU paid to our 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 this item.	None Alzheimer's Association Washington St Louis University	Support for Latam FINGERS, DIAN latam and ADNI paid to our institution Support for DIAN TU paid to our institution Click the tab key to add additional rows.		

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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)
4	Consulting fees	None None □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Tecnofarma Biogen Bago Roche Novonordisk	Honoraria for lecture paid to me. Honoraria for lecture paid to me.
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None 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)
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