

ICMJE DISCLOSURE FORM

Date: 8/23/2024

Your Name: Hossein Moein Taghavi

Manuscript Title: Elevated tau in the piriform cortex in Alzheimer's but not Parkinson's disease using PET-MR

Manuscript Number (if known): DADM-D-24-00124

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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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: 8/26/2024

Your Name: Mahta Karimpoor

Manuscript Title: Elevated tau in the piriform cortex in Alzheimer's but not Parkinson's disease using PET-MR

Manuscript Number (if known): DADM-D-24-00124

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: 8/28/2024

Your Name: Eric K. van Staalduinen

Manuscript Title: Elevated tau in the piriform cortex in Alzheimer's but not Parkinson's disease using PET-MR

Manuscript Number (if known): DADM-D-24-00124

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: 8/29/2024

Your Name: Samantha Leventis

Manuscript Title: Elevated tau in the piriform cortex in Alzheimer's but not Parkinson's disease using PET-MR

Manuscript Number (if known): DADM-D-24-00124

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ICMJE DISCLOSURE FORM

Date: 8/27/2024

Your Name: Christina B. Young

Manuscript Title: Elevated tau in the piriform cortex in Alzheimer's but not Parkinson's disease using PET-MR

Manuscript Number (if known): DADM-D-24-00124

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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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: 8/26/2024

Your Name: Mackenzie Carlson

Manuscript Title: Elevated tau in the piriform cortex in Alzheimer's but not Parkinson's disease using PET-MR

Manuscript Number (if known): DADM-D-24-00124

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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ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Guido Alejandro Davidzon

Manuscript Title: Elevated tau in the piriform cortex in Alzheimer's but not Parkinson's disease using PET-MR

Manuscript Number (if known): DADM-D-24-00124

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: 08/27/2024

Your Name: America Romero

Manuscript Title: Elevated tau in the piriform cortex in Alzheimer's but not Parkinson's disease using PET-MR

Manuscript Number (if known): DADM-D-24-00124

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Date: 9/5/2024

Your Name: Alexandra Trelle

Manuscript Title: Elevated tau in the piriform cortex in Alzheimer's but not Parkinson's disease using PET-MR

Manuscript Number (if known): DADM-D-24-00124

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	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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: 9/3/2024

Your Name: Greg Zaharchuk

Manuscript Title: Elevated tau in the piriform cortex in Alzheimer's but not Parkinson's disease using PET-MR

Manuscript Number (if known): DADM-D-24-00124

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 type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;">Cambridge University Press</td><td>To me</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Cambridge University Press	To me					
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11	Stock or stock options	<input type="checkbox"/> None	
		Subtle Medical	To me
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: 8/26/2024

Your Name: Hillary Vossler

Manuscript Title: Elevated tau in the piriform cortex in Alzheimer's but not Parkinson's disease using PET-MR

Manuscript Number (if known): DADM-D-24-00124

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: 8/26/2024

Your Name: Jarrett Rosenberg

Manuscript Title: Elevated tau in the piriform cortex in Alzheimer's but not Parkinson's disease using PET-MR

Manuscript Number (if known): DADM-D-24-00124

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ICMJE DISCLOSURE FORM

Date: 8/26/2024

Your Name: Maya Yutsis, PhD

Manuscript Title: Elevated tau in the piriform cortex in Alzheimer's but not Parkinson's disease using PET-MR

Manuscript Number (if known): DADM-D-24-00124

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									
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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>							

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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>									
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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>									
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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>							
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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: 8/26/2024

Your Name: Kathleen Poston

Manuscript Title: Elevated tau in the piriform cortex in Alzheimer's but not Parkinson's disease using PET-MR

Manuscript Number (if known): DADM-D-24-00124

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/NINDS R01 NS115114,</td> <td></td> </tr> <tr> <td>NIH/NIA P30 AG066515, P50 AG0473</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	NIH/NINDS R01 NS115114,		NIH/NIA P30 AG066515, P50 AG0473		Click the tab key to add additional rows.	
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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%;">NIH (U19 AG065156, R01 NS107513, R01 AG081144, R21 NS132101), Michael J Fox Foundation for Parkinson's Research (Grant 020756, 16921, 18411), the Knight Initiative for Brain Resilience, the Wu Tsai Neuroscience Institute, Lewy Body Dementia Association, Alzheimer's Drug Discovery Foundation and the Sue Berghoff LBD Research Fellowship.</td> <td></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	NIH (U19 AG065156, R01 NS107513, R01 AG081144, R21 NS132101), Michael J Fox Foundation for Parkinson's Research (Grant 020756, 16921, 18411), the Knight Initiative for Brain Resilience, the Wu Tsai Neuroscience Institute, Lewy Body Dementia Association, Alzheimer's Drug Discovery Foundation and the Sue Berghoff LBD Research Fellowship.					
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		consulting fees from Curasen, Biohaven, Novartis, and Neuron23	
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 type="checkbox"/> None	
		NINDS, FDA, MDS, MJFF, PF	
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	
		DSMB – NIH	
10	Leadership or fiduciary role in	<input checked="" type="checkbox"/> None	

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	other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input type="checkbox"/> None Curasen and Amprion 	
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: 8/29/2024

Your Name: Anthony Wagner

Manuscript Title: Elevated tau in the piriform cortex in Alzheimer's but not Parkinson's disease using PET-MR

Manuscript Number (if known): DADM-D-24-00124

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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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: 70%;">WTHPA-2-22-010 – Wu Tsai Human Performance Alliance]</td> <td style="width: 30%;">PI</td> </tr> <tr> <td>[R21NS113024-01A1 – National Institute of Neurological Disorders and Stroke]</td> <td>Co-I</td> </tr> <tr> <td>Marcus and Amalia Wallenberg Foundation</td> <td>Co-PI</td> </tr> <tr> <td>Stanford Center for Precision Health and Integrated Diagnostics</td> <td>MPI</td> </tr> <tr> <td>R21AG058111 – National Institute on Aging</td> <td>PI</td> </tr> <tr> <td>R56MH111672-01A1 – National Institute of Mental Health</td> <td>PI</td> </tr> <tr> <td>R01AG048076 – National Institute on Aging</td> <td>PI</td> </tr> <tr> <td>R01AG079345–National Institute on Aging</td> <td>Co-I</td> </tr> </table>	WTHPA-2-22-010 – Wu Tsai Human Performance Alliance]	PI	[R21NS113024-01A1 – National Institute of Neurological Disorders and Stroke]	Co-I	Marcus and Amalia Wallenberg Foundation	Co-PI	Stanford Center for Precision Health and Integrated Diagnostics	MPI	R21AG058111 – National Institute on Aging	PI	R56MH111672-01A1 – National Institute of Mental Health	PI	R01AG048076 – National Institute on Aging	PI	R01AG079345–National Institute on Aging	Co-I	
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3	Royalties or licenses	<input type="checkbox"/> None	
		McGraw Hill	Principles of Neuroscience (royalties)
		Oxford University Press	Handbook of Human Memory (royalties); Brain Science for Judges, Lawyers, and Policymakers (royalties)
4	Consulting fees	<input type="checkbox"/> None	
		Columbia University	External Review Committee
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Vanderbilt University	Honoraria
		Oxford University Press, editorial duties	Review Editor, Cerebral Cortex and Cerebral Cortex Communications
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		R01AG065255 – National Institute on Aging]	
		[R01AG074339 – National Institute on Aging]	
		R56MH111672-01A1 – National Institute of Mental Health	
		R01AG048076 – National Institute on Aging	
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	<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)
	other board, society, committee or advocacy group, paid or unpaid		
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: 8/30/2024

Your Name: Victor W. Henderson

Manuscript Title: Elevated tau in the piriform cortex in Alzheimer's but not Parkinson's disease using PET-MR

Manuscript Number (if known): DADM-D-24-00124

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Honoraria, member of the External Advisory Committee of the Kansas University Alzheimer's Disease Center</td> <td>Payment made to me</td> </tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>	Honoraria, member of the External Advisory Committee of the Kansas University Alzheimer's Disease Center	Payment made to me					
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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)						
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: 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>							
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ICMJE DISCLOSURE FORM

Date: 8/26/2024

Your Name: Marios Georgiadis

Manuscript Title: Elevated tau in the piriform cortex in Alzheimer's but not Parkinson's disease using PET-MR

Manuscript Number (if known): DADM-D-24-00124

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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: 8/30/2024

Your Name: Elizabeth C. Mormino

Manuscript Title: Elevated tau in the piriform cortex in Alzheimer's but not Parkinson's disease using PET-MR

Manuscript Number (if known): DADM-D-24-00124

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 type="checkbox"/> None	
		Eli Lilly	Self
		Biogen Idec	Self
		Hoffmann-La Roche Ltd.	Self
		Janssen	Self
		Alector	Self
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	
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ICMJE DISCLOSURE FORM

Date: 8/23/2024

Your Name: Michael Zeineh

Manuscript Title: Elevated tau in the piriform cortex in Alzheimer's but not Parkinson's disease using PET-MR

Manuscript Number (if known): DADM-D-24-00124

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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