Date:	6/2/2021
Your Name:	Joey A Contreras
Manuscript Title:	Higher baseline levels of CSF inflammation increase risk of incident mild cognitive impairment and Alzheimer's disease dementia
Manuscript Number (if known):	DADM-D-22-00031R1

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		e all entities with whom you have this onship or indicate none (add rows as ed)	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	None	Click the tab key to add additional rows.
	this item.		
		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
4	Consulting fees	None Non
5	Payment or honoraria for	None Non
	lectures,	
	presentations,	
	speakers bureaus,	
	manuscript writing or educational	
	events	
6	Payment for expert testimony	
7	Support for attending	⊠ None
	meetings and/or	
	travel	
8	Patents planned, issued or	
	pending	
9	Participation on a Data Safety	⊠ None
	Monitoring	
	Board or	
	Advisory Board	
10	Leadership or 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 🖂		et to the following statement to indicate your agreement:

6/2/2021

Date:

Your Name: Manuscript Title:		Judy Pa	
		Higher baseline levels of CSF inflammation increase risk of incident mild cognitive impairment and Alzheimer's disease dementia	
uscript Number (if	known):	DADM-D-22-00031R1	
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		•	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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manuscript (e.g.,	Nationa	Institute on Aging (NIH/NIA) R01 funding	
of study			Click the tab key to add additional rows.
materials, medical writing, article processing charges, etc.) No time limit for his item.			
		Time frame: past 36 month	s
Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] No	ne	
	uscript Title: uscript Number (if e interest of transpent of your manuscrited by the content ate a bias. If you are uthor's relationship emiology of hypertomedication is not not m #1 below, report e for disclosure is t all support for he present manuscript (e.g., unding, provision of study materials, medical writing, urticle processing charges, etc.) No time limit for his item. Grants or contracts from any entity (if not indicated in item	uscript Title: uscript Number (if known): e interest of transparency, we ent of your manuscript. "Related by the content of the manate a bias. If you are in doubted to the possible of the	Higher baseline levels of CSF inflammation and Alzheimer's disease dementia DADM-D-22-00031R1 e interest of transparency, we ask you to disclose all relationships/activitient of your manuscript. "Related" means any relation with for-profit or need by the content of the manuscript. Disclosure represents a commitme ate a bias. If you are in doubt about whether to list a relationship/activit muthor's relationships/activities/interests should be defined broadly. For emiology of hypertension, you should declare all relationships with manumedication is not mentioned in the manuscript. If you are in doubt about whether to list a relationship with manumedication is not mentioned in the manuscript. If you are in doubt about whether to list a relationship with manumedication is not mentioned in the manuscript. If you are in doubt about whether to list a relationship with manumedication is not mentioned in the manuscript. If you are in doubt about whether to list a relationship with manumedication is not mentioned in the manuscript. If you are in doubt about whether to list a relationship with manumedication is not mentioned in the manuscript. If you are in doubt about whether to list a relationship with manumedication in the manuscript. If you are in doubt about whether to list a relationship with manumedication in the manuscript. If you are in doubt about whether to list a relationship with manumedication in the manuscript. If you are in doubt about whether to list a relationship with manumedication with for head of the manuscript. If you are in doubt about whether to list a relationship with manumedication with for profit or manuscript. If you are in doubt about whether to list a relationship with manumedication with for profit or manuscript. If you are in doubt about whether to list a relationship with manumedication with for profit or manuscript. If you are in doubt about whether to list a relationship with manumedication with for profit or manuscript. If you are in doubt about whether to list a relat

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	lectures,	
	presentations, speakers	
	bureaus,	
	manuscript writing or educational events	
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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	⊠ None
	a Data Safety	
	Monitoring Board or	
	Advisory Board	
	Advisory board	
10	Leadership or fiduciary role in	□ None
	other board,	Alzheimer's Association PIA Executive Committee
	society, committee or	
	committee of	

	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	Shiley Endowed Chair (UCSD) Epstein Family Research Collaboration (UCSD)	
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:	6/3/2021
Your Name:	Vahan Aslanyan
Manuscript Title:	Higher baseline levels of CSF inflammation increase risk of incident mild cognitive impairment and Alzheimer's disease dementia
Manuscript Number (if known):	DADM-D-22-00031R1

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	speakers	
	bureaus, manuscript writing or educational	
	events	
6	Payment for expert testimony	None
7	Support for attending	⊠ None
	meetings and/or travel	
	traver	
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	⊠ None
	other board,	
	society,	
	committee or	

	advocacy group, paid or unpaid		
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None 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:	6/3/2021
Your Name:	Wendy J Mack, PhD
Manuscript Title:	Higher baseline levels of CSF inflammation increase risk of incident mild cognitive impairment and Alzheimer's disease dementia
Manuscript Number (if known):	DADM-D-22-00031R1

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

	advocacy group, paid or unpaid	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None 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:	6/2/2021
Your Name:	Daniel Strakis Albrecht
Manuscript Title:	Higher baseline levels of CSF inflammation increase risk of incident mild cognitive impairment and Alzheimer's disease dementia
Manuscript Number (if known):	DADM-D-22-00031R1

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

			Comments (e.g., if payments were 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	Image: square of the square o	
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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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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