

ICMJE DISCLOSURE FORMs

ICMJE DISCLOSURE FORM

Date: 7/27/2022

Your Name: Pengyue Zhang

Manuscript Title: Alcohol Use Disorder Is Associated with Higher Risks of Alzheimer’s and Parkinson’s Disease: A Study of US Insurance Claims

Manuscript Number (if known): DADM-D-22-00105

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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Time frame: 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.

ICMJJE DISCLOSURE FORM

Date: 8/9/2022

Your Name: Howard J. Edenberg

Manuscript Title: Alcohol Use Disorder Is Associated with Higher Risks of Alzheimer’s and Parkinson’s Disease: A Study of US Insurance Claims

Manuscript Number (if known): DADM-D-22-00105

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12 Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="380 504 1515 602"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							<table border="1" data-bbox="954 504 1515 602"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 281 1516 380"> <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"/> None <table border="1" data-bbox="383 525 1516 653"> <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: 8/10/2022

Your Name: Dongbing Lai

Manuscript Title: Alcohol Use Disorder Is Associated with Higher Risks of Alzheimer’s and Parkinson’s Disease: A Study of US Insurance Claims

Manuscript Number (if known): DADM-D-22-00105

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ICMJE DISCLOSURE FORM

Date: 8/29/2021

Your Name: Feixiong Cheng

Manuscript Title: Alcohol Use Disorder Is Associated with Higher Risks of Alzheimer’s and Parkinson’s Disease: A Study of US Insurance Claims

Manuscript Number (if known): DADM-D-22-00105

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="381 848 1515 942"> <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"/> None <table border="1" data-bbox="381 1064 1515 1159"> <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"/> None <table border="1" data-bbox="381 1281 1515 1375"> <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"/> None <table border="1" data-bbox="381 1497 1515 1591"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
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13	Other financial or non-financial interests	<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%; height: 15px;"></td></tr> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> </table>							

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: 9/3/2022

Your Name: Yunlong Liu

Manuscript Title: Alcohol Use Disorder Is Associated with Higher Risks of Alzheimer’s and Parkinson’s Disease: A Study of US Insurance Claims

Manuscript Number (if known): DADM-D-22-00105

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.

		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 checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
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