

ICMJE DISCLOSURE FORM

Date: Sept 13, 2022

Your Name: Kaj Blennow

Manuscript Title: Associations Between Diffusion MRI Microstructure and Cerebrospinal Fluid Markers of Alzheimer's Disease Pathology and Neurodegeneration along the Alzheimer's Disease Continuum

Manuscript number: DADM-D-22-00061R1

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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.	The Swedish state under the agreement between the Swedish government and the County Councils, the ALF-agreement (#ALFGBG-715986),	To the institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	KB is supported by the Swedish Research Council (#2017-00915), the Alzheimer Drug Discovery Foundation (ADDF), USA (#RDAPB-201809-2016615), the Swedish Alzheimer Foundation (#AF-930351, #AF-939721 and #AF-968270), Hjärnfonden, Sweden (#FO2017-0243 and #ALZ2022-0006), the Swedish state under the agreement between the Swedish government and the County Councils, the ALF-agreement (#ALFGBG-715986 and #ALFGBG-965240), the European Union Joint Program for	To the institution

		Neurodegenerative Disorders (JPND2019-466-236), the National Institute of Health (NIH), USA, (grant #1R01AG068398-01), and the Alzheimer's Association 2021 Zenith Award (ZEN-21-848495).	
3	Royalties or licenses	None	
4	Consulting fees	Abcam, Axon, BioArctic, Biogen, JOMDD/Shimadzu, Lilly, MagQu, Ono Pharma, Roche Diagnostics, and Siemens Healthineers	To me as an individual.
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	Novartis, Julius Clinical,	To me as an individual.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	CSF Society for Clinical Neurochemistry	President (unpaid)
11	Stock or stock options	co-founder of Brain Biomarker Solutions in Gothenburg AB (BBS), which is a part of the GU Ventures Incubator Program	Unrelated to the present manuscript
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	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.

ICMJE DISCLOSURE FORM

Date: 9/13/2022

Your Name: Barbara Bendlin

Manuscript Title: Associations Between Diffusion MRI Microstructure and Cerebrospinal Fluid Markers of Alzheimer's Disease Pathology and Neurodegeneration along the Alzheimer's Disease Continuum

Manuscript Number (if known): DADM-D-22-00061R1

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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 style="width: 20%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
4	Consulting fees	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Monetary Award Trust Account, held by the NFL Players' Concussion Injury Litigation Settlement Trust</td> <td style="width: 50%;">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>	Monetary Award Trust Account, held by the NFL Players' Concussion Injury Litigation Settlement Trust	Payment made to me.							
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Honorarium from University of Pittsburgh for presentation.	Payment made to me.										
Honorarium for lecture at Karolinska Institutet	Payment made to me.										
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Alzheimer's Association Support for attendance at AAIC</td> <td style="width: 50%;">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>	Alzheimer's Association Support for attendance at AAIC	Payment made to me.							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Weston Advisor Grant for service on Weston Advisory Board</td> <td style="width: 50%;">Payment made to institution.</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Weston Advisor Grant for service on Weston Advisory Board	Payment made to institution.							
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Chair, ADRC research education committee national committee.</td> <td>Unpaid</td> </tr> <tr> <td>CLSA-Healthy Brains Healthy Aging/Weston Advisory committee</td> <td>Unpaid</td> </tr> <tr> <td>Rush ADRC external advisory board</td> <td>Unpaid</td> </tr> </table>	Chair, ADRC research education committee national committee.	Unpaid	CLSA-Healthy Brains Healthy Aging/Weston Advisory committee	Unpaid	Rush ADRC external advisory board	Unpaid	
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <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"/> None <table border="1"> <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"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></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: 9/21/2022

Your Name: Sterling Johnson

Manuscript Title: Associations Between Diffusion MRI Microstructure and Cerebrospinal Fluid Markers of Alzheimer's Disease Pathology and Neurodegeneration along the Alzheimer's Disease Continuum

Manuscript Number (if known): DADM-D-22-00061R1

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4	Consulting fees	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Roche Diagnostics</td> <td style="width: 50%;">Payment to individual</td> </tr> <tr> <td>Eisai</td> <td>Payment to individual</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	Roche Diagnostics	Payment to individual	Eisai	Payment to individual					
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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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	society, committee or advocacy group, paid or unpaid	<table border="1"> <tr> <td>Past chair of the national ADRC Imaging core Steering committee</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Past chair of the national ADRC Imaging core Steering committee						
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ICMJE DISCLOSURE FORM

Date: 9/13/2022

Your Name: Andrew L Alexander

Manuscript Title: Associations Between Diffusion MRI Microstructure and Cerebrospinal Fluid Markers of Alzheimer’s Disease Pathology and Neurodegeneration along the Alzheimer’s Disease Continuum

Manuscript Number (if known): DADM-D-22-00061R1

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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 <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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ICMJE DISCLOSURE FORM

Date: 2022-09-13

Your Name: Henrik Zetterberg

Manuscript Title: **Associations Between Diffusion MRI Microstructure and Cerebrospinal Fluid Markers of Alzheimer's Disease Pathology and Neurodegeneration along the Alzheimer's Disease Continuum**

Manuscript number (if known): **DADM-D-22-00061R1**

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The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

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: 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)	<input type="checkbox"/> None	Payments made to Institution.
		HZ is a Wallenberg Scholar supported by grants from the Swedish Research Council (#2018-02532), the European Union's Horizon Europe research and innovation programme under grant agreement No 101053962, Swedish State Support for Clinical Research (#ALFGBG-71320), the Alzheimer Drug Discovery Foundation (ADDF), USA (#201809-2016862), the AD Strategic Fund and the Alzheimer's Association (#ADSF-21-831376-C, #ADSF-21-831381-C, and #ADSF-21-831377-C), the Bluefield Project, the Olav Thon Foundation, the Erling-Persson Family Foundation, Stiftelsen för Gamla Tjänarinnor, Hjärnfonden, Sweden (#FO2022-0270), the European Union's Horizon 2020 research and	

		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)
charges, etc.) No time limit for this item.		innovation programme under the Marie Skłodowska-Curie grant agreement No 860197 (MIRIADE), the European Union Joint Programme – Neurodegenerative Disease Research (JPND2021-00694), and the UK Dementia Research Institute at UCL (UKDRI-1003).	
			Click the tab key to add additional rows
Time frame: past 36 months			
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" data-bbox="472 1283 1385 1476"> <tr> <td data-bbox="472 1283 1042 1398">HZ has given lectures in symposia sponsored by Fujirebio, Alzecure, Cellectricon, Biogen, and Roche.</td> <td data-bbox="1042 1283 1385 1398">Payments made to HZ.</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	HZ has given lectures in symposia sponsored by Fujirebio, Alzecure, Cellectricon, Biogen, and Roche.	Payments made to HZ.						
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10	Leadership or fiduciary role in other board, society,	<input type="checkbox"/> None <table border="1" data-bbox="472 1692 1393 1885"> <tr> <td data-bbox="472 1692 1042 1803"> HZ is chair of the Alzheimer's Association Global Biomarker Standardization Consortium. </td> <td data-bbox="1042 1692 1393 1803"> No payments made. </td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	HZ is chair of the Alzheimer's Association Global Biomarker Standardization Consortium.	No payments made.					
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	committee or advocacy group, paid or unpaid		
1 1	Stock or stock options	<input type="checkbox"/> None	
		HZ is a co-founder of Brain Biomarker Solutions in Gothenburg AB (BBS), which is a part of the GU Ventures Incubator Program.	Payments made to HZ.
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
1 3	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 9/15/2022

Your Name: Steven R Kecskemeti

Manuscript Title: Associations Between Diffusion MRI Microstructure and Cerebrospinal Fluid Markers of Alzheimer’s Disease Pathology and Neurodegeneration along the Alzheimer’s Disease Continuum

Manuscript Number (if known): DADM-D-22-00061R1

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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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: 9/13/2022

Your Name: Douglas C Dean III

Manuscript Title: Associations Between Diffusion MRI Microstructure and Cerebrospinal Fluid Markers of Alzheimer’s Disease Pathology and Neurodegeneration along the Alzheimer’s Disease Continuum

Manuscript Number (if known): DADM-D-22-00061R1

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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: 9/16/2022

Your Name: Cynthia Carlsson

Manuscript Title: Associations Between Diffusion MRI Microstructure and Cerebrospinal Fluid Markers of Alzheimer's Disease Pathology and Neurodegeneration along the Alzheimer's Disease Continuum

Manuscript Number (if known): DADM-D-22-00061R1

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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;">Clinical Trials in Alzheimer's Disease travel 2021 (paid by meeting organizers)</td> <td style="width: 50%;">Travel reimbursement paid to me by meeting organizers</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Clinical Trials in Alzheimer's Disease travel 2021 (paid by meeting organizers)	Travel reimbursement paid to me by meeting organizers					
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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: 50%; height: 20px;">NIH DSMB for Univ Kansas TCAD study (R01)</td> <td style="width: 50%;">No honorarium</td> </tr> <tr> <td style="height: 20px;">Alzheimer's Assoc DSMB for US Pointer study</td> <td>No honorarium</td> </tr> <tr> <td style="height: 20px;">NIH DSMB for UCLA D-CARE Study</td> <td>Honorarium to me</td> </tr> </table>	NIH DSMB for Univ Kansas TCAD study (R01)	No honorarium	Alzheimer's Assoc DSMB for US Pointer study	No honorarium	NIH DSMB for UCLA D-CARE Study	Honorarium to me	
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Alzheimer's Assoc DSMB for US Pointer study	No honorarium								
NIH DSMB for UCLA D-CARE Study	Honorarium to me								
10	Leadership or fiduciary role in other board,	<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)						
	society, committee or advocacy group, paid or unpaid	Chair, US Health and Human Services Advisory Council for Alzheimer’s Research, Care, and Support Services (NAPA council)	Travel covered for face-to-face meetings by HHS						
		Co-Chair, NIH Clinical Task Force Clinical and Diagnostic Measures subcommittee	One-time honorarium to me						
		Advisory Committee, NIA Beeson Annual Meeting	Honorarium to me						
		Chair, NIA Beeson Emerging Leaders study section	Travel costs and stipend to me						
11	Stock or stock options	<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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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: 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>							

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: 9/13/2022

Your Name: Norbert Wild

Manuscript Title: Associations Between Diffusion MRI Microstructure and Cerebrospinal Fluid Markers of Alzheimer’s Disease Pathology and Neurodegeneration along the Alzheimer’s Disease Continuum

Manuscript Number (if known): DADM-D-22-00061R1

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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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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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 type="checkbox"/> None	
		Full-time employee of Roche Diagnostics GmbH, Penzberg, Germany	

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: 9/13/2022

Your Name: Gwendlyn Kollmorgen

Manuscript Title: Associations Between Diffusion MRI Microstructure and Cerebrospinal Fluid Markers of Alzheimer's Disease Pathology and Neurodegeneration along the Alzheimer's Disease Continuum

Manuscript Number (if known): DADM-D-22-00061R1

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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 type="checkbox"/> None	
		Full-time employee of Roche Diagnostics GmbH, Penzberg, Germany	

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: 9/13/2022

Your Name: Ivonne Suridjan

Manuscript Title: Associations Between Diffusion MRI Microstructure and Cerebrospinal Fluid Markers of Alzheimer’s Disease Pathology and Neurodegeneration along the Alzheimer’s Disease Continuum

Manuscript Number (if known): DADM-D-22-00061R1

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		Full-time employee of Roche Diagnostics International Ltd.	

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: 9/12/2022

Your Name: Jason Moody

Manuscript Title: Associations Between Diffusion MRI Microstructure and Cerebrospinal Fluid Markers of Alzheimer’s Disease Pathology and Neurodegeneration along the Alzheimer’s Disease Continuum

Manuscript Number (if known): DADM-D-22-00061R1

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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%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></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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3	Royalties or licenses	<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>									
4	Consulting fees	<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> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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>									
6	Payment for expert testimony	<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>									
7	Support for attending meetings and/or travel	<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>									
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: 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>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<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>									
10	Leadership or fiduciary role in other board,	<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> </table>									

		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)
	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.