Date:	8/9/2022
Your Name:	Mohamad Habes
Manuscript Title:	MRI Free Water as a Biomarker for Cognitive Performance: Validation in the MarkVCID Consortium Click or tap here to enter text.
Manuscript Number (if known):	DADM-D-22-00116

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).	P30AG066546 1U24AG074855 San Antonio Medical Foundation grant SAMF – 1000003860	
3	Royalties or licenses	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 Consultancy for Biogen on ARIA	
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 [⊠]	-	to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	7/27/2021
Your Name:	Alexa Beiser
Manuscript Title:	MRI Free Water as a Biomarker for Cognitive Performance: Validation in the MarkVCID Consortium
Manuscript Number (if known):	DADM-D-22-00116

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		Time frame: past 36 months	s
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3	Royalties or licenses	None None	

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13	Other financial or non-financial interests	None	
Plea	•	to the following statement to indicate your agreeme answered every question and have not altered the wo	

Dat	e:		8/9/2021	
You	ır Name:		Konstantinos Arfanakis	
Ma	nuscript Title:		MRI Free Water as a Biomarker for Cog MarkVCID Consortium	nitive Performance: Validation in the
Ma	nuscript Number (if k	known):	DADM-D-22-00116	
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			Il 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.		INS100599	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).		1NS100599	
3	Royalties or licenses	⊠ N	lone	

		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	
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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	•	to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date	e:		8/8/2022	
You	r Name:		Joel kramer	
Mar	nuscript Title:		MRI Free Water as a Biomarker for Cogn MarkVCID Consortium	nitive Performance: Validation in the
Mar	nuscript Number (if kr	nown):	DADM-D-22-00116	
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			omp or mandate none (and rome as meeting,	made to you or to your mistitution;
			Time frame: Since the initial planning	
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.	[□] N		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	[□] N	Time frame: Since the initial planning	of the work 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	NIH UF	Time frame: Since the initial planning clone H3NS100608	of the work Click the tab key to add additional rows.

		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	e:		8/8/2022	
You	r Name:		Pauline Maillard	
Man	Manuscript Title:		MRI Free Water as a Biomarker for Cogn MarkVCID Consortium	nitive Performance: Validation in the
Man	nuscript Number (if k	(nown):	DADM-D-22-00116	
cont affe	ent of your manuscr	ipt. "Rela of the ma	e ask you to disclose all relationships/activities ited" means any relation with for-profit or not nuscript. Disclosure represents a commitment about whether to list a relationship/activity/i	-for-profit third parties whose interests may be to transparency and does not necessarily
epid		nsion, you	-	ample, if your manuscript pertains to the cturers of antihypertensive medication, even if
	em #1 below, report ne for disclosure is th		rt for the work reported in this manuscript wit months.	hout time limit. For all other items, the time
			ll 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)
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	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.	NIH	one	Click the tab key to add additional rows.
			Time frame: past 36 month	s
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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	
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:	8/8/2022
Your Name:	Kristin Schwab
Manuscript Title:	MRI Free Water as a Biomarker for Cognitive Performance: Validation in the MarkVCID Consortium
Manuscript Number (if known):	DADM-D-22-00116

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	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	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None ■	

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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	

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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.				

Dat	e:		8/8/2022	
You	ır Name:		Herpreet Singh	
Ma	nuscript Title:		MRI Free Water as a Biomarker for Cogn MarkVCID Consortium	nitive Performance: Validation in the
Ma	nuscript Number (if k	nown):	DADM-D-22-00116	
In the interest of transparency, we content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned.		pt. "Rela of the man e in doub s/activitionsion, you entioned	nuscript. Disclosure represents a commitment about whether to list a relationship/activity/ies/interests should be defined broadly. For exact a should declare all relationships with manufain the manuscript.	r-for-profit third parties whose interests may be to transparency and does not necessarily interest, it is preferable that you do so. Example, if your manuscript pertains to the cturers of antihypertensive medication, even if
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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.	The Mafunded throug		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	The Mafunded throug	Time frame: Since the initial planning done arkVCID Consortium Coordinating Center is by the National Institutes of Health h the National Institute of Neurological ers and Stroke and National Institute on	of the work 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	The Mafunded throug Disord Aging (Time frame: Since the initial planning one arkVCID Consortium Coordinating Center is by the National Institutes of Health the National Institute of Neurological ers and Stroke and National Institute on (Cooperative Agreement U24NS100591).	of the work Click the tab key to add additional rows.

		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	

			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)	
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:			8/1/2022	
You	r Name:		Danny JJ Wang	
Manuscript Title:			MRI Free Water as a Biomarker for Cogn MarkVCID Consortium	nitive Performance: Validation in the
Mai	nuscript Number (if kno	own):	DADM-D-22-00116	
In the interest of transparency, we 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		t. "Rela the ma n doub activiti	re ask you to disclose all relationships/activities/interests listed below that are related to the lated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily of about whether to list a relationship/activity/interest, it is preferable that you do so. ies/interests should be defined broadly. For example, if your manuscript pertains to the bushould declare all relationships with manufacturers of antihypertensive medication, even if the manuscript.	
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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.		one Inding UF1NS100614	Click the tab key to add additional rows.
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3	Royalties or	⊠ N	one	

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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.			

Date:			7/27/2022		
Your Name:			Lara Stables		
Manuscript Title:			MRI Free Water as a Biomarker for Cognitive Performance: Validation in the MarkVCID Consortium		
Ma	nuscript Number (if k	nown):	DADM-D-22-00116		
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			Il 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)	
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1	present manuscript (e.g., funding, provision of study materials, medical writing,	[□] N	Time frame: Since the initial planning	payments were made to my institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	[□] N	Time frame: Since the initial planning	of the work payments were made to my 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	NIH	Time frame: Since the initial planning	of the work payments were made to my institution Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	NIH	Time frame: Since the initial planning	of the work payments were made to my institution Click the tab key to add additional rows.	

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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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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:	8/5/2021
Your Name:	Laura Hillmer
Manuscript Title:	MRI Free Water as a Biomarker for Cognitive Performance: Validation in the MarkVCID Consortium
Manuscript Number (if known):	DADM-D-22-00116

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

Date:	8/2/2022
Your Name:	Myriam Fornage
Manuscript Title:	MRI Free Water as a Biomarker for Cognitive Performance: Validation in the MarkVCID Consortium
Manuscript Number (if known):	DADM-D-22-00116

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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)
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	
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:		-	8/2/2021		
Your Name:		-	Karl G. Helmer		
Manuscript Title:		<u>-</u>	MRI Free Water as a Biomarker for Cognitive Performance: Validation in the MarkVCID Consortium		
Manuscript Number (if known):		nown):	DADM-D-22-00116		
con affe	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.				
epic	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.				
			Il 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)	
			-	made to you or to your institution)	
1	All support for the	relations	ship or indicate none (add rows as needed)	made to you or to your institution)	
1	All support for the present manuscript (e.g.,	relations	ship or indicate none (add rows as needed) Time frame: Since the initial planning	made to you or to your institution)	
1	All support for the present manuscript (e.g., funding, provision of study materials,	relations	Time frame: Since the initial planning	made to you or to your institution) of the work	
1	All support for the present manuscript (e.g., funding, provision	relations	Time frame: Since the initial planning	made to you or to your institution) of the work To institution	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	relations	Time frame: Since the initial planning	made to you or to your institution) of the work To institution Click the tab key to add additional rows.	

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#1 above).

Royalties or

licenses

⊠ None

3

		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	
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.			

Dat		7/27/2022			
Date:		7/27/2022	-		
Your Name: Manuscript Title:		Adam M. Staffaroni	Adam M. Staffaroni		
		MRI Free Water as a Biomarker for Cog MarkVCID Consortium	nitive Performance: Validation in the		
Ma	nuscript Number (if k	nown): DADM-D-22-00116			
con affe ind The epi tha	ected by the content of ected by the content of icate a bias. If you are e author's relationship demiology of hyperter t medication is not me	rency, we ask you to disclose all relationships/activities ipt. "Related" means any relation with for-profit or not of the manuscript. Disclosure represents a commitment in doubt about whether to list a relationship/activity/ps/activities/interests should be defined broadly. For expression, you should declare all relationships with manufacentioned in the manuscript.	t-for-profit third parties whose interests may be at 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		
	tem #1 below, report me for disclosure is th	all support for the work reported in this manuscript wire past 36 months.	thout time limit. For all other items, the time		
		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	None NIA-NIH	Payments to institution		
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.		
		Time frame: past 36 month	ns		
2	Grants or contracts from	□ None			
	any entity (if not indicated in item #1 above).	Bluefield Project to Cure FTD	Payments to institution		
3					

		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		Payments to me Payments to me
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	Rainwater Charitable Foundation AFTD	
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.				

Dat	te:		7/26/2022		
Your Name:			Baljeet Singh		
Manuscript Title:			MRI Free Water as a Biomarker for Cognitive Performance: Validation in the MarkVCID Consortium		
Ma	nuscript Number (if k	nown):	DADM-D-22-00116		
con affe ind The epid	ntent of your manuscri ected by the content o icate a bias. If you are e author's relationships	pt. "Relation of the man in doub of s/activition, you	nuscript. Disclosure represents a commitment tabout whether to list a relationship/activity/ies/interests should be defined broadly. For exushould declare all relationships with manufa	-for-profit third parties whose interests may be to transparency and does not necessarily interest, it is preferable that you do so.	
	tem #1 below, report a		rt for the work reported in this manuscript wit months.	hout time limit. For all other items, the time	
			Il 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	
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	present	[∐] N	one		
	present manuscript (e.g.,	NIH	one	Payments were made to my institution.	
	present manuscript (e.g., funding, provision of study materials,	[-]	one	Payments were made to my institution. Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing,	[-]	one		
	present manuscript (e.g., funding, provision of study materials,	[-]	one		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	[-]	Time frame: past 36 month	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. Grants or contracts from any entity (if not indicated in item	NIH		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. Grants or contracts from any entity (if not	NIH	Time frame: past 36 month	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. Grants or contracts from any entity (if not indicated in item	NIH NIH	Time frame: past 36 month	Click the tab key to add additional rows.	

		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 🖂	•	to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:		7/28/2021			
Your Name:		Brian Gold	Brian Gold		
Manuscript Title:		MRI Free Water as a Bio MarkVCID Consortium	MRI Free Water as a Biomarker for Cognitive Performance: Validation in the MarkVCID Consortium		
Ma	nuscript Number (if kn	own): DADM-D-22-00116			
con affe	tent of your manuscrip	t. "Related" means any relation wit the manuscript. Disclosure represe	ionships/activities/interests listed below that are related to the for-profit or not-for-profit third parties whose interests mants a commitment to transparency and does not necessarily tionship/activity/interest, it is preferable that you do so.		
epi	demiology of hypertens		ed broadly. For example, if your manuscript pertains to the hips with manufacturers of antihypertensive medication, even	en if	
	tem #1 below, report a me for disclosure is the		nis manuscript without time limit. For all other items, the tir	ne	
		Name all entities with whom you helelationship or indicate none (add r	, , , , , , , , , , , , , , , , , , , ,	ents were	
		relationship or indicate none (add r	, , , , , , , , , , , , , , , , , , , ,	ents were	
1	All support for the present manuscript (e.g., funding, provision of study materials,	relationship or indicate none (add r	ows as needed) made to you or to your institution)	ents were	
1	All support for the present manuscript (e.g., funding, provision	Time frame: Since t None NIH/NINDS UF1NS125488-01	ows as needed) made to you or to your institution) he initial planning of the work	ents were	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Time frame: Since to None NIH/NINDS UF1NS125488-01 NIH/NIA R01AG055449	ows as needed) made to you or to your institution) he initial planning of the work	ents were	

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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	
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.				

	ICIVIJE DISCLOSURE FOR	IVI		
Date:	7/28/2021	7/28/2021		
Your Name:	Christopher Edward Bauer	Christopher Edward Bauer		
Manuscript Title:	MRI Free Water as a Biomarker for Cogn MarkVCID Consortium	MRI Free Water as a Biomarker for Cognitive Performance: Validation in the MarkVCID Consortium		
Manuscript Number (if kn	own): DADM-D-22-00116			
content of your manuscrip affected by the content of indicate a bias. If you are The author's relationships epidemiology of hypertens that medication is not med	Il support for the work reported in this manuscript witl	rfor-profit third parties whose interests may be to transparency and does not necessarily interest, it is preferable that you do so. The sample, if your manuscript pertains to the sturers of antihypertensive medication, even if		
	Name all entities with whom you have this	Specifications/Comments (e.g., if payments were		

		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.	NIH/NINDS UF1NS125488-01 NIH/NIA R01AG055449	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
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:	7/27/2022	
Your Name:	Claudia L Satizabal	
Manuscript Title:	MRI Free Water as a Biomarker for Cognitive Performance: Validation in the MarkVCID Consortium	
Manuscript Number (if known):	DADM-D-22-00116	

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.

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)
		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.	NINDS (UF1 NS125513, UH3 NS100605)	Payments made to my 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).	Nia (P30 AG066546-6181, R01 AG059727) TARCC (2020-58-81-CR) Alzheimer's Association (AARGD-16-443384)	Payments made to my institution Payments made to my institution Payments made to my institution
3	Royalties or licenses	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:		7/28/2022
Your Name:		Steven M. Greenberg
Manuscript Title:		MRI Free Water as a Biomarker for Cognitive Performance: Validation in the MarkVCID Consortium
Mar	nuscript Number (if k	nown): DADM-D-22-00116
content of your manuscript. "Rel affected by the content of the ma		rency, we ask you to disclose all relationships/activities/interests listed below that are related to the ipt. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be of the manuscript. Disclosure represents a commitment to transparency and does not necessarily in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.
epic	demiology of hyperte	rs/activities/interests should be defined broadly. For example, if your manuscript pertains to the insion, you should declare all relationships with manufacturers of antihypertensive medication, even if entioned 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
	All support for the present manuscript (e.g., funding, provision of study materials,	National Institutes of Health/National Institute of Neurological Disorders and Stroke
	medical writing, article processing	Click the tab key to add additional rows.
	charges, etc.) No time limit for this item.	
		Time frame: past 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None
3	Royalties or	⊠ None

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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	
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.			

	10.11.5 2.10.5 2.00.1 2.11.11		
Date:	7/27/2022		
Your Name:	Hanzhang Lu		
Manuscript Title:	MRI Free Water as a Biomarker for Cognitive Performance: Validation in the MarkVCID Consortium		
Manuscript Number (if known):	DADM-D-22-00116		
content of your manuscript. "Rela affected by the content of the ma	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 o	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).	NIH UF1NS100588	
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	
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:		8/1/2022		
Your Name:		Arvind Caprihan		
Manuscript Title:		MRI Free Water as a Biomarker for Cognitive Performance: Validation in the MarkVCID Consortium		
Manuscript Number (if known):		DADM-D-22-00116		
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, yo that medication is not mentioned		nuscript. Disclosure represents a commitment t about whether to list a relationship/activity/in es/interests should be defined broadly. For excursion should declare all relationships with manufaction in the manuscript.	-for-profit third parties whose interests may be to transparency and does not necessarily interest, it is preferable that you do so. ample, if your manuscript pertains to the sturers of antihypertensive medication, even if	
		Il 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 o	of the work	
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.			NIH UH3 NS100598 Click the tab key to add additional rows.	

Time frame: past 36 months 2 Grants or contracts from any entity (if not indicated in item #1 above). 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 [⊠]	•	to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	7/26/2021
Your Name:	Charles DeCarli
Manuscript Title:	MRI Free Water as a Biomarker for Cognitive Performance: Validation in the MarkVCID Consortium
Manuscript Number (if known):	DADM-D-22-00116

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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		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.	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	•	to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	7/27/2022
Your Name:	Thomas H. Mosley, Jr., PhD
Manuscript Title:	MRI Free Water as a Biomarker for Cognitive Performance: Validation in the MarkVCID Consortium
Manuscript Number (if known):	DADM-D-22-00116

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Date:	Click or tap to enter a date. Jul, 26,2022
Your Name:	Click or tap here to enter text. Gary Rosen Lery
Manuscript Title:	MRI Free Water as a Biomarker for Cognitive Performance: Validation in the MarkVCID Consortium
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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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7/27/2022

Date:

Your Name:			Sudha Seshadri		
Manuscript Title:			MRI Free Water as a Biomarker for Cognitive Performance: Validation in the MarkVCID Consortium		
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