Date:			11/15/2022		
Your Name:			Jason Wee		
Manuscript Title:			The relationship between midlife dyslipidaemia and lifetime incidence of dementia: a systematic review and meta-analysis of cohort studies		
Ma	nuscript Number (if	known):	DADM-D-22-00152R1		
content of your manuscript. "Rela affected by the content of the ma		ript. "Rela of the ma e in doub	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epio		ension, yo	ies/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
In item #1 below, report all support frame for disclosure is the past 36				ithout 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	
1	All support for the present manuscript (e.g., funding, provision	⊠ N	one		
	of study materials,			Click the tab key to add additional rows.	
	medical writing, article processing charges, etc.) No time limit for this item.				
	this item.		Time frame: past 36 month	s	
2	Grants or	⊠ N	one	-	
2	contracts from		one		
	any entity (if not indicated in item				
	#1 above).				
2	Povalties or		ono		
3	Royalties or licenses	⊠ N	one		

			cations/Comments (e.g., if payments were o 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 None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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: \[\text{\tint{\texic}\tex{			

Date:	11/15/2022
Your Name:	SAIUJ BHAT
Manuscript Title:	The relationship between midlife dyslipidaemia and lifetime incidence of dementia: a systematic review and meta-analysis of cohort studies
Manuscript Number (if known):	DADM-D-22-00152R1

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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.	None Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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 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	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 None	

			e all entities with whom you have this ionship 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: \[\text{\tint{\texic}\tex{			

Date:	11/15/2022
Your Name:	Sara Sukudom
Manuscript Title:	The relationship between midlife dyslipidaemia and lifetime incidence of dementia: a systematic review and meta-analysis of cohort studies
Manuscript Number (if known):	DADM-D-22-00152R1

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			Time frame: Since the initial planning	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.		None Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or	\boxtimes	None	5
	contracts from		None	
	any entity (if not indicated in item #1 above).			
_	Davidia an		Name	
3	Royalties or licenses		None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comm made to you or to you	nents (e.g., if payments were our 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 None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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:				

Date:	11/15/2022
Your Name:	Sanjay Patel
Manuscript Title:	The relationship between midlife dyslipidaemia and lifetime incidence of dementia: a systematic review and meta-analysis of cohort studies
Manuscript Number (if known):	DADM-D-22-00152R1

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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 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 None	

		e all entities with whom you have this ionship 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	•	e following statement to indicate your agreeme	

Date:	11/16/2022
Your Name:	Niridu Jude Peiris
Manuscript Title:	The relationship between midlife dyslipidaemia and lifetime incidence of dementia: a systematic review and meta-analysis of cohort studies
Manuscript Number (if known):	DADM-D-22-00152R1

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		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	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payment made to you or to your institution)	its were
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	

			e all entities with whom you have this onship 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	
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Date:	11/19/2022
Your Name:	Dr Girish Dwivedi
Manuscript Title:	The relationship between midlife dyslipidaemia and lifetime incidence of dementia: a systematic review and meta-analysis of cohort studies
Manuscript Number (if known):	DADM-D-22-00152R1

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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 payment made to you or to your institution)	s were
4	Consulting fees	Artrya Ltd	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		e all entities with whom you have this ionship 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	•	e following statement to indicate your agreeme	

Date:	11/19/2022
Your Name:	Camilla Hoyos
Manuscript Title:	The relationship between midlife dyslipidaemia and lifetime incidence of dementia: a systematic review and meta-analysis of cohort studies
Manuscript Number (if known):	DADM-D-22-00152R1

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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 we made to you or to your institution)	ere
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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship 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:				
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	11/20/2022
Your Name:	Matti Marklund
Manuscript Title:	The relationship between midlife dyslipidaemia and lifetime incidence of dementia: a systematic review and meta-analysis of cohort studies
Manuscript Number (if known):	DADM-D-22-00152R1

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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 charges, etc.) No time limit for this item.		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).		Payment to institution Payment to institution		
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	Nordic Dairy Congress	Support for travels and accommodation
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 None	

			e all entities with whom you have this ionship 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: Legacian Legac				

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Date:	11/20/2022	11/20/2022		
Your Name:	Sharon L Naismith	Sharon L Naismith		
Manuscript Title:	·	The relationship between midlife dyslipidaemia and lifetime incidence of dementia: a systematic review and meta-analysis of cohort studies		
Manuscript Number (if k	(nown): DADM-D-22-00152R1			
content of your manuscriaffected by the content of indicate a bias. If you are The author's relationship epidemiology of hypertenthat medication is not medicated.	arency, we ask you to disclose all relationships/activition. "Related" means any relation with for-profit or not the manuscript. Disclosure represents a commitmed in doubt about whether to list a relationship/activity os/activities/interests should be defined broadly. For ension, you should declare all relationships with manufentioned in the manuscript. all support for the work reported in this manuscript we past 36 months.	ot-for-profit third parties whose interests may be ent to transparency and does not necessarily //interest, it is preferable that you do so. example, if your manuscript pertains to the facturers of antihypertensive medication, even if		
	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	None Non	Click the tab key to add additional rows.		

materials, medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months 2 Grants or □ None contracts from any entity (if not NHMRC indicated in item #1 above). Royalties or None licenses

		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 Roche Diagnostics	Payments to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Nutricia Australian Association of Brain Impairment	Payments to me Payments to me
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
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	

ľ		relati	e all entities with whom you have this onship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	need	ed) 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:	11/23/2022
Your Name:	Ashish Misra
Manuscript Title:	The relationship between midlife dyslipidaemia and lifetime incidence of dementia: a systematic review and meta-analysis of cohort studies
Manuscript Number (if known):	DADM-D-22-00152R1

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Commen made to you or to your	ts (e.g., if payments were 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 None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None 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				
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