Date:			11/14/2022		
Your Name:			Rebecca Sitra Howard		
Manuscript Title:			Reliability of the NACC Telephone-administered Neuropsychological Battery (T-cog) and Montreal Cognitive Assessment for Participants in the USC ADRC		
Ma	nuscript Number (if k	nown):	DADM-D-22-00180R1		
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 epidemiology of hypertension, you that medication is not mentioned.			nuscript. Disclosure represents a commitment about whether to list a relationship/activity/interests should be defined broadly. For expushould declare all relationships with manufacting the manuscript.	a-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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			Time frame: Since the initial planni	ng of the work	
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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.		lone	Click the tab key to add additional rows.	
1	the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit			Click the tab key to add additional rows.	
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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:		11/14/2022
Your Name:		James Luo
Manuscript Title:		Reliability of the NACC Telephone-administered Neuropsychological Battery (T-cog) and Montreal Cognitive Assessment for Participants in the USC ADRC
Mai	nuscript Number (if k	nown): DADM-D-22-00180R1
con affe	tent of your manuscri cted by the content o	rency, we ask you to disclose all relationships/activities/interests listed below that are related to the ot. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be f 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.
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	em #1 below, report ne for disclosure is th	all support for the work reported in this manuscript without time limit. For all other items, the time 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)
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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 Click the tab key to add additional rows.
		Time frame: past 36 months
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Royalties or

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
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Date:			11/14/2022		
Your Name:			Cynthia Munoz		
Manuscript Title:			Reliability of the NACC Telephone-administered Neuropsychological Battery (T-cog) and Montreal Cognitive Assessment for Participants in the USC ADRC		
Ma	nuscript Number (if k	nown):	DADM-D-22-00180R1		
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			Time frame: Since the initial planni	ng of the work	
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7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
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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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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:	11/11/2022
Your Name:	Lon S. Schneider
Manuscript Title:	Reliability of the NACC Telephone-administered Neuropsychological Battery (T-cog) and Montreal Cognitive Assessment for Participants in the USC ADRC
Manuscript Number (if known):	DADM-D-22-00180

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2	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. Grants or contracts from any entity (if not indicated in item #1 above).	Della Martin Foundation Nih P30 AG066530 Nih R01 AG051346 None None Nih R01 AG062687 Nih R01 AG055444 Nih R01 AG053267	NIH R01 AG051346 NIH P01 AG02350 NIH R01 AG074983	
		NIH R01 AG063826 Biogen Eli Lilly	Biohaven Eisai Novartis	
3	Royalties or licenses	None None		

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4	Consulting fees	□ None	
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		Merck Neurim Ltd Roche/Genentech Takeda	Novo-Nordisk Otsuka Cognition GW Research
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 None	
10	Leadership or fiduciary role in other board, society, committee or	None	

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	advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	⊠ None		
Plea	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:	11/15/2022
Your Name:	Terry E. Goldberg
Manuscript Title:	Reliability of the NACC Telephone-administered Neuropsychological Battery (T-cog) and Montreal Cognitive Assessment for Participants in the USC ADRC
Manuscript Number (if known):	DADM-D-22-00180

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2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None NIA R01 AG 051346	
3	Royalties or licenses	Royalties from Verasci for use of a cog screening instrument	

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4	Consulting fees	None None □	
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