Date:	11/14/2022
Your Name:	Dominika Seblova
Manuscript Title:	High school quality is associated with cognition 58 years later
Manuscript Number (if known):	DADM-D-22-00168R1
. ,	

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		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	PRIMUS Research Programme (PRIMUS/22/MED/012) NIH/NIA 1P30AG066462 Alzheimer's Association AARF-21-848200	Ministry of Health of the Czech Republic (grant NU22J-09-00064)

		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)
3	Royalties or licenses	None None	
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 None	
10	Leadership or fiduciary role in other board,	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)
	society, committee or 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	
Please place an "X" next to the following statement to indicate your agreement:				
\boxtimes	I certify that I have	answe	ered every question and have not altered the wo	ording of any of the questions on this form.

Date:	_11/14/2022			
Your Name:	Chloe W. Eng			
Manuscript Title:	High school quality is associated with cognition 58 years later			
Manuscript Number (if known):	DADM-D-22-00168R1			
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content of your manuscript. "Re affected by the content of the m				
epidemiology of hypertension, y	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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		ithout time limit. For all other items, the time		
frame for disclosure is the past 3		Specifications/Comments (e.g., if payments were made to you or to your institution)		
frame for disclosure is the past 3	all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your institution)		
Name a relation	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)		
Name a relation 1 All support for the present manuscript (e.g., NIH/N	all entities with whom you have this nship or indicate none (add rows as needed) Time frame: Since the initial planning	Specifications/Comments (e.g., if payments were made to you or to your institution)		
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Name a relation 1 All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	all entities with whom you have this nship or indicate none (add rows as needed) Time frame: Since the initial planning	Specifications/Comments (e.g., if payments were made to you or to your institution) of the work institution		
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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 Non	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None ■	
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	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,	\boxtimes	None	
	materials, drugs,			
ĺ	medical writing, gifts or other			
	services			
13	Other financial or non-financial	\boxtimes	None	
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
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Date:			11/11/2022		
Your Name:		-	Thalida Em Arpawong		
Manuscript Title:		<u>-</u>	High school quality is associated with cogni	tion 58 years later	
Ma	nuscript Number (if k	known):	DADM-D-22-00168R1		
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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 al Institute on Aging, AG-043656	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from	⊠ Noı	ne		

any entity (if not indicated in item #1 above).

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6	Payment for expert testimony	None Non	
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,	None ■	

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	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,		None	
	materials, drugs,			
	medical writing, gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Please place an "X" next to the following statement to indicate your agreement:				
\boxtimes	L certify that I have	answ	ered every question and have not altered the wo	ording of any of the questions on this form

Date:	11/14/2022
Your Name:	Carol A Prescott
Manuscript Title:	High school quality is associated with cognition 58 years later
Manuscript Number (if known):	DADM-D-22-00168R1

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	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	s		
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None	
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	X None	
8	Patents planned, issued or pending	None ■	
9	Participation on a Data Safety Monitoring	⊠ 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)
	Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	
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:	11/12/2022
Your Name:	Susan J Lapham
Manuscript Title:	High school quality is associated with cognition 58 years later
Manuscript Number (if known):	DADM-D-22-00168R1

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3	Royalties or licenses	None Non	
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 Non	
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	
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			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)
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,	\boxtimes	None	
	materials, drugs,			
ĺ	medical writing, gifts or other			
	services			
13	Other financial or non-financial	\boxtimes	None	
	interests			
Plea	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.			

Your Name: Margaret Gatz Manuscript Title: High school quality is associated with cognition 58 years later Manuscript Number (if known): DADM-D-22-00168R1		
Manuscript Number (if known): DADM-D-22-00168R1		
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Time frame: Since the initial planning of the work		
1 All support for the None		
present manuscript (e.g., NIH/NIA institution		
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of study materials, Click the tab key to add additional rows.		
medical writing, article processing		
charges, etc.)		
No time limit for		
this item.		
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3	Royalties or licenses	None Non	
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 Non	
7	Support for attending meetings and/or travel	None None	
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13	Other financial or non-financial	\boxtimes	None	
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
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Date:	11/11/2022
Your Name:	Tara Gruenewald
Manuscript Title:	High school quality is associated with cognition 58 years later
Manuscript Number (if known):	DADM-D-22-00168R1

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7	Support for attending meetings and/or travel	None None	
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Date:	11/11/2022
Your Name:	JJordan Dworkin
Manuscript Title:	High school quality is associated with cognition 58 years later
Manuscript Number (if known):	DADM-D-22-00168R1

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	interests			
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\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	11/13/2022
Your Name:	Kelly Peters
Manuscript Title:	High school quality is associated with cognition 58 years later
Manuscript Number (if known):	DADM-D-22-00168R1

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ĺ	medical writing, gifts or other			
	services			
13	Other financial or non-financial	\boxtimes	None	
	interests			
Plea	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:	11/14/2022
Your Name:	Richard N. Jones
Manuscript Title:	High school quality is associated with cognition 58 years later
Manuscript Number (if known):	DADM-D-22-00168R1

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.

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.

		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)
		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 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None Non	
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 Non	
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,	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)
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,	\boxtimes	None	
	materials, drugs,			
ĺ	medical writing, gifts or other			
	services			
13	Other financial or non-financial	\boxtimes	None	
	interests			
Plea	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:	11/14/2022
Your Name:	Justina F Avila
Manuscript Title:	High school quality is associated with cognition 58 years later
Manuscript Number (if known):	DADM-D-22-00168R1

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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	None Non	Click the tab key to add additional rows.
	this item.		
		Time frame: past 36 month	ns .
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None 1K99AG078440	

		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)
3	Royalties or licenses	None ■	
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 Non	
7	Support for attending meetings and/or travel	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,	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)
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13 Other financial or			None	
	interests			
Plea	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:	11/14/2022
Your Name:	Laura Zahodne
Manuscript Title:	High school quality is associated with cognition 58 years later
Manuscript Number (if known):	DADM-D-22-00168R1

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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.

I		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	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	□ None AG056164	Click the tab key to add additional rows.
	this item.		
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None AG070951 AG067506 AG057510	AG059300 AG054520 AG057441

		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)
3	Royalties or licenses	None Non	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	George Washington University Michigan State University	
6	Payment for expert testimony	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,	None	

		Specifications/Comments (e.g., if payments were elationship 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	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non-financial interests	None 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.				

C11/14/2022

Ben Chapman.

Date:

Your Name:

Manuscript Title:			High school quality is associated with cogn	tion 58 years later	
Manuscript Number (if known):		nown):	DADM-D-22-00168R1		
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 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		ipt. "Rela of the ma e in doub rency, we ipt. "Rela of the ma e in doub os/activiti	ated" means any relation with for-profit or nonuscript. Disclosure represents a commitment about whether to list a relationship/activity exact you to disclose all relationships/activitiented" means any relation with for-profit or nonuscript. Disclosure represents a commitment about whether to list a relationship/activity es/interests should be defined broadly. For u should declare all relationships with manufactionships with manufactionships with manufactionships with manufactionships with manufactionships.	es/interest, it is preferable that you do so. es/interests listed below that are related to the ot-for-profit third parties whose interests may be nt to transparency and does not necessarily v/interest, it is preferable that you do so.	
In item #1 below, report all supports frame for disclosure is the past 36		all suppo	rt for the work reported in this manuscript v	vithout time limit. For all other items, the time	
			entities with whom you have this hip or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		relations		made to you or to your institution)	
1	All support for the present manuscript (e.g.,	relations needed)	hip or indicate none (add rows as	made to you or to your institution)	
1	All support for the present	relations needed)	hip or indicate none (add rows as Time frame: Since the initial planning	made to you or to your institution)	
1	All support for the present manuscript (e.g., funding, provision	relations needed)	hip or indicate none (add rows as 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 of study materials, medical writing, article processing charges, etc.) No time limit for	relations needed)	hip or indicate none (add rows as Time frame: Since the initial planning	made to you or to your institution) of the work Click the tab key to add additional rows.	

1 8/26/2021 ICMJE Disclosure Form

		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)
3	Royalties or licenses	x None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x None	
6	Payment for expert testimony	x None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	x None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in	x 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)
	other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	x None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x None	
13	Other financial or non-financial interests	x None	
Plea	se place an "X" nex	t to the following statement to indicate your agre	eement:
х	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

3 8/26/2021 ICMJE Disclosure Form

Date:		11/11/2022	11/11/2022		
Your Name:		M. Maria Glymour	M. Maria Glymour		
Manuscript Title:		High school quality is associated with cogni	High school quality is associated with cognition 58 years later		
Ma	nuscript Number (if l	(nown): DADM-D-22-00168R1			
content of your manuscript. "Rela affected by the content of the mar		ipt. "Related" means any relation with for-profit or no of the manuscript. Disclosure represents a commitme	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 unuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.		
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.				
epi	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	□ None			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	NIH/NIA	institution		
			Click the tab key to add additional rows.		
			Click the tab key to add additional rows.		
	No time limit for this item.				
		Time frame: past 36 month	S		
2	Grants or	□ None			
	contracts from any entity (if not	Salary Support from the Robert Wood Johnson	Made to my institution		

indicated in item

#1 above).

Foundation

		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)
3	Royalties or licenses	Oxford University Press	Book royalties
4	Consulting fees	⊠ 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 Non	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board,	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)
	society, committee or			
	advocacy group,			
11	Stock or stock options		None	
	_			
12	Receipt of equipment,	\boxtimes	None	
	materials, drugs, medical writing, gifts or other services			
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:		11/11/2022	11/11/2022		
Your Name:		Jennifer J Manly	Jennifer J Manly		
Manuscript Title:		High school quality is associate	High school quality is associated with cognition 58 years later		
Ма	nuscript Number (if k	nown): DADM-D-22-00168R1			
content of your manuscript. "Rela affected by the content of the man		ot. "Related" means any relation with for f the manuscript. Disclosure represents a	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.		
cor affe	tent of your manuscriected by the content o		r-profit or not-fo		
epi	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 t relationship or indicate none (add rows	_	pecifications/Comments (e.g., if payments were nade to you or to your institution)	
		Time frame: Since the init	tial planning of t	the work	
1	All support for the	□ None			
	present manuscript (e.g.,	NIH/NIA	ins	stitution	
	funding, provision of study materials,		Clic	ck the tab key to add additional rows.	
	medical writing, article processing charges, etc.) No time limit for this item.				
		Time frame: pa	ast 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pa ☑ None	ast 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)
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	□ None Alzheimer's Association	Meeting registration for (IRGP) Council participation
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board,	⊠ 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)
	society, committee or			
	advocacy group,			
11	Stock or stock options		None	
	_			
12	Receipt of equipment,	\boxtimes	None	
	materials, drugs, medical writing, gifts or other services			
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			