| Date: | 6/27/2022 | |
|-------------------------------|---|--|
| Your Name: | Katy Bedjeti | |
| Manuscript Title: | Baseline Characterization of the ARMADA (Assessing Reliable Measurement in Alzheimer's Disease) Study Cohorts | |
| Manuscript Number (if known): | ADJ-D-22-00371 | |

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| 4 | Consulting fees | None | |
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| 7 | Support for attending meetings and/or travel | None None | |
| 8 | Patents planned, issued or pending | None | |
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| Plea ⊠ | Please place an "X" next to the following statement to indicate your agreement: | | | |

| Date: | 6/27/2022 | | |
|--|--|--|--|
| Your Name: | Richard C. Gershon | | |
| Manuscript Title: | Baseline Characterization of the ARMADA (Assessing Reliable Measurement in Alzheimer's Disease) Study Cohorts | | |
| Manuscript Number (if known): | ADJ-D-22-00371 | | |
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| Dat | te: | | 6/24/2022 | | |
|---|--|-------------|---|---|--|
| Your Name: | | | Bruno Giordani | | |
| Manuscript Title: | | | Baseline Characterization of the ARMADA (Assessing Reliable Measurement in Alzheimer's Disease) Study Cohorts | | |
| Ma | nuscript Number (if l | known): | ADJ-D-22-00371 | | |
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| epi | • | ension, you | | xample, if your manuscript pertains to the acturers of antihypertensive medication, even if | |
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| Date: | 6/24/2022 | |
|-------------------------------|---|--|
| Your Name: | Miriam Novack | |
| Manuscript Title: | Baseline Characterization of the ARMADA (Assessing Reliable Measurement in Alzheimer's Disease) Study Cohorts | |
| Manuscript Number (if known): | ADJ-D-22-00371 | |

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| Date: | 6/24/2022 |
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| Your Name: | Cindy J Nowinski |
| Manuscript Title: | Baseline Characterization of the ARMADA (Assessing Reliable Measurement in Alzheimer's Disease) Study Cohorts |
| Manuscript Number (if known): | ADJ-D-22-00371 |

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| You | r Name: | Click or tap here to enter text. | SANDI | RA' | LOZZ WEINTRA | VB |
| Mar | nuscript Title: | Baseline Characterization of the Disease) Study Cohorts | Baseline Characterization of the ARMADA (Assessing Reliable Measurement in Alzheimer's Disease) Study Cohorts | | | |
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| 13 | Other financial or non-financial interests se place an "X" next | [⊠] None t to the following statement to indicate your agreeme | ent: |
| Plea | 1 | t to the following statement to indicate your agreeme answered every question and have not altered the wo | |

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| Date: | 6/24/2022 |
|-------------------------------|---|
| Your Name: | Miriam Chinkers |
| Manuscript Title: | Baseline Characterization of the ARMADA (Assessing Reliable Measurement in Alzheimer's Disease) Study Cohorts |
| Manuscript Number (if known): | ADJ-D-22-00371 |

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| 13 | Other financial or non-financial interests | None | |
| Plea ⊠ | • | e following statement to indicate your agreeme | |

| Date: | | 6/27/2022 | 6/27/2022 | | |
|--|---|---|--|--|--|
| Your Name: | | Tatiana Karpouzian-Rogers | Tatiana Karpouzian-Rogers | | |
| Manuscript Title: | | Baseline Characterization of the ARMADA Disease) Study Cohorts | Baseline Characterization of the ARMADA (Assessing Reliable Measurement in Alzheimer's Disease) Study Cohorts | | |
| Ma | nuscript Number (if kno | own): ADJ-D-22-00371 | | | |
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| 1 | All support for the present manuscript (e.g., funding, provision | Plationship or indicate none (add rows as needed Time frame: Since the initial plannin None | made to you or to your institution) g of the work | | |
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| 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. | | | |

3

| Date: | | | 6/27/2021 | | |
|---|---|-------|--|---|--|
| Your Name: | | | Emily H Ho | | |
| Manuscript Title: | | | Baseline Characterization of the ARMADA (Assessing Reliable Measurement in Alzheimer's Disease) Study Cohorts | | |
| Manuscript Number (if known): | | | ADJ-D-22-00371 | | |
| In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt The author's relationships/activities." | | | 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 about whether to list a relationship/activity/interest, it is preferable that you do so. es/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. | | |
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| | | | Time frame: Since the initial planning | of the work | |
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| 1 | present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for | _ | one | 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 | ARMAD | Time frame: past 36 months OA | Click the tab key to add additional rows. | |

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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 | • | e following statement to indicate your agreeme | |