Date:			2/15/2025			
You	ır Name:		Craig Weinkauf			
Manuscript Title:				vascular Unit Integrity in Human Cognitive Impairment		
Ma	nuscript Number (if k	nown):	ADJ-D-25-00136			
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 doubs." The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned.			t for the work reported in this manuscript without 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)		
			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	R01AG	070987-01A1 070987-03S1 Juke Foundation	Arizona Biomedical Research Center Arizona Alzheimer's Consortium Click the tab key to add additional rows.		
	charges, etc.) No time limit for this item.					
	charges, etc.) No time limit for		Time frame: past 36 month	ns		

#1 above).

Royalties or

licenses

⊠ None

3

			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: □ I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Your Name:

Manuscript Title:

Biomarkers of Blood-Brain Barrier and Neurovascular Unit Integrity in Human Cognitive Impairment and Dementia

Manuscript Number (if known):

ADJ-D-25-00136

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	of the work
1	All support for the present	□ None	
	manuscript (e.g.,	R01 AG069960	PI
	funding, provision of study materials,	DoD MTEC-21-06-MPAI-0129	Site PI (Main PI: Cerneiro K)
	medical writing,	RF1 NS128966	Site PI (Main PI: Peskind E)
	article processing		
	charges, etc.)		
	No time limit for this item.		
	tilis itelli.		
		Time frame: past 36 month	S .
2	Grants or	□ None	
	contracts from any entity (if not	DC4 A 000004 4	Site PI (Main PI: Li G)
	indicated in item	R61 AG080614 Dod MTEC-23-06-USAMRDC-MultiTopic-091	Sire PI (Main PI: Carneiro K)
	#1 above).	DOD WITE-23-00-03AWINDC-WaltiTopic-091	Sile Fi (Maiii Fi. Carriello K)
3	Royalties or	None	
	licenses		
4	Consulting fees	None	
		Clario	Payments to me for advice on MRI protocol
			design for tumor studies
5	Payment or honoraria for	⊠ None	
	lectures,		
	presentations, speakers		
	bureaus,		
	manuscript		
	writing or educational		
	educational		
_		M. Nama	
6	Payment for expert testimony	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)	
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 Applied Cognition, Inc	Scientific Advisory Board, for MRI protocol design to test the company's EEG device and ability to measure sleep physiology	
11	Stock or stock options	□ None Applied Cognition, Inc	0.25%, for MRI protocol design to test the company's EEG device and ability to measure sleep physiology	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None None		
Plea	se place an "X" nex	t to the following statement to indicate your agreeme	nt:	
\boxtimes	oxtimes I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

5 12/13/2021 ICMJE Disclosure Form

Dat	te:		2/15/2025			
Your Name:			Juan C. Arias			
Manuscript Title:			Biomarkers of Blood-Brain Barrier and Neurovand Dementia	vascular Unit Integrity in Human Cognitive Impairment		
Ma	nuscript Number (if l	known):	ADJ-D-25-00136			
content of your manuscript. "Rela affected by the content of the man			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.			
	tem #1 below, report me for disclosure is th			ithout time limit. For all other items, the time		
			entities with whom you have this hip 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.)	R01AG	070987-01A1 070987-03S1	Click the tab key to add additional rows.		
	No time limit for this item.					
			Time frame: past 36 month	S		
2	Grants or		one			
	contracts from any entity (if not indicated in item #1 above).	R01AG0	070987-03S1 070987-01A1			

			ifications/Comments (e.g., if payments were e 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 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	

			tities with whom you have this 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:	2/15/2025
Your Name:	Scott French
Manuscript Title:	Biomarkers of Blood-Brain Barrier and Neurovascular Unit Integrity in Human Cognitive Impairment and Dementia
Manuscript Number (if known):	ADJ-D-25-00136

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	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 Richard and Jan Highberger Award	Click the tab key to add additional rows.
		Time frame: past 36 month	is
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None Non	
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	

			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)	
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		
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:				
\square	☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form				

10 12/13/2021 ICMJE Disclosure Form

Date	e:		2/17/2025			
You	r Name:		Briana P Meyer			
Manuscript Title:			Biomarkers of Blood-Brain Barrier and Neurovand Dementia	vascular Unit Integrity in Human Cognitive Impairment		
Mai	nuscript Number (if	known):	ADJ-D-25-00136			
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."		ript. "Rela of the man re in doubt ps/activitie ension, you nentioned	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.			
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time		
			l 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.	R01AG	070987-01A1 070987-03S1 052354-08	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).	R01AG0	070987-03S1 070987-01A1			
3	Royalties or licenses	⊠ No	one			

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