

ICMJE DISCLOSURE FORM

Date: 1/22/2024

Your Name: M. Ilyas Kamboh

Manuscript Title: Sex-stratified genome-wide meta-analysis identifies novel loci for cognitive decline in older adults

Manuscript Number (if known): ADJ-D-24-00518

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.

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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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.

ICMJE DISCLOSURE FORM

Date: 3/21/2024

Your Name: Steven T. DeKosky

Manuscript Title: Sex-stratified genome-wide meta-analysis identifies novel loci for cognitive decline in older adults

Manuscript Number (if known): ADJ-D-24-00518

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.

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3	Royalties or licenses	<input type="checkbox"/> None <table border="1"> <tr> <td>UpToDate (point of care electronic medical text) Editor for Dementia</td> <td>Payment to me</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	UpToDate (point of care electronic medical text) Editor for Dementia	Payment to me										
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Associate Editor, Neurotherapeutics, the Official Journal of the American Society for Experimental Neurotherapeutics (ASENT)</td> <td>Payments to me</td> <td></td> </tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>		Associate Editor, Neurotherapeutics, the Official Journal of the American Society for Experimental Neurotherapeutics (ASENT)	Payments to me													
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ICMJE DISCLOSURE FORM

Date: 3/20/2024

Your Name: Kang-Hsien Fan

Manuscript Title: Sex-stratified genome-wide meta-analysis identifies novel loci for cognitive decline in older adults

Manuscript Number (if known): ADJ-D-24-00518

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.

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10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> </table>							

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ICMJE DISCLOSURE FORM

Date: 3/20/2024

Your Name: Mary Ganguli

Manuscript Title: Sex-stratified genome-wide meta-analysis identifies novel loci for cognitive decline in older adults

Manuscript Number (if known): ADJ-D-24-00518

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ICMJE DISCLOSURE FORM

Date: 3/20/2024

Your Name: Oscar L Lopez

Manuscript Title: Sex-stratified genome-wide meta-analysis identifies novel loci for cognitive decline in older adults

Manuscript Number (if known): ADJ-D-24-00518

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Date:	3/20/2024
Your Name:	Beth Snitz
Manuscript Title:	Sex-stratified genome-wide meta-analysis identifies novel loci for cognitive decline in older adults
Manuscript Number (if known):	ADJ-D-24-00518

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

ICMJE DISCLOSURE FORM

Date: 3/23/2024

Your Name: Vibha Acharya

Manuscript Title: Sex-stratified genome-wide meta-analysis identifies novel loci for cognitive decline in older adults

Manuscript Number (if known): ADJ-D-24-00518

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ICMJE DISCLOSURE FORM

Date:

3/25/2024

Your Name:	Eleanor Feingold
Manuscript Title:	Sex-stratified genome-wide meta-analysis identifies novel loci for cognitive decline in older adults
Manuscript Number (if known):	ADJ-D-24-00518

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