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		nme all entities with whom you have this lationship 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 present		None	
manuscript funding, pr of study ma medical wr article proc charges, et No time lin	ovision I I aterials, iting, atessing c.)	National Institute on Aging at the National Institute of Health (K01AG049813 & R01AG075679 to JRM), (R01AG044007 to JV), and (R01AG036921 to Dr. Roee Holtzer). Additional funding supported by the Resnick Gerontology Center of the Albert Einstein College of Medicine	Click the tab key to add additional rows.
this item.			
Grants or contracts any entity indicated #1 above)	from (if not in item	Time frame: past 36 month ✓ None	
3 Royalties of licenses	<u> </u>	None ET WORLDWIDE ENTERPRISES INC. (my startup ompany – own >51% shares)	JRM has a financial interest in JET Worldwide Enterprises Inc., a digital health startup spun out of research conducted at the Albert Einstein College

of Medicine. Research and funds from the company's product CatchU ${\mathbb R}$ were not part of the current project.

		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	
5	Payment or honoraria for	□ None	
	lectures, presentations,	NIH STUDY SECTION REVIEWER	Compensation paid to me
	speakers		
	bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	⊠ None	
7	Support for attending	⊠ None	
	meetings and/or		
	travel		
8	Patents planned, issued or	□ None	
	pending	[Patent Pending: U.S. Provisional Application: 62/908,180]; U.S. Non-Provisional Application	
		17/038974 filed 9/30/20]	
9	Participation on a Data Safety	□ None	
	Monitoring Board or Advisory Board	University of Michigan – Udall Center of Excellence for Parkinson's Research, Advisory Board Member	Honorarium paid to me
	L		

			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)
10	fiduciary role in		None	
	other board, society,			
	committee or advocacy group,			
	paid or unpaid			
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	\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.			

ICMJE DISCLOSURE FORM

Date:		-	11/12/2024		
Your Name:		-	Emmeline Ayers		
Manuscript Title:		-	Visual-Somatosensory Integration as a nove	l behavioral marker of amyloid pathology	
Manuscript Number (if known):			ADJ-D-24-01376		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned		ipt. "Relat of the man e in doubt os/activitie nsion, you entioned in all suppor	rt for the work reported in this manuscript without 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.) No time limit for this item.	Institute	I Institute on Aging at the National of Health (R01AG044007 to JV and G057548-01A1 to JV).	Click the tab key to add additional rows.	
			Time frame: past 36 month	5	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one		
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 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 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 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	
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

I certify that I have answered every question and have not altered the word

ICMJE DISCLOSURE FORM

Date:		11/12/2024			
Your Name:		Joe Verghese, MD			
Manuscript Title:		Visual-Somatosensory Integration as a novel behavioral marker of amyloid pathology	Visual-Somatosensory Integration as a novel behavioral marker of amyloid pathology		
Mai	nuscript Number (if k	own): ADJ-D-24-01376			
con affe indi The epic that	tent of your manuscricted by the content of cate a bias. If you are author's relationship demiology of hyperters medication is not me	ncy, we ask you to disclose all relationships/activities/interests listed below that are related to the t. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be 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. "activities/interests should be defined broadly. For example, if your manuscript pertains to the ion, you should declare all relationships with manufacturers of antihypertensive medication, even it tioned in the manuscript. I support for the work reported in this manuscript without time limit. For all other items, the time past 36 months.			
		ame all entities with whom you have this elationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments made to you or to your institution)	were		
		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.	National Institute on Aging at the National Institute of Health (K01AG049813 & R01AG075679 to JRM), (R01AG044007 to JV), and (R01AG036921 to Dr. Roee Holtzer). Click the tab key to add additional rows.			
		Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None ————————————————————————————————————			
3	Royalties or licenses	None 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)
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 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 onship 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:				
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.				