Date:	12/18/2024
Your Name:	Xu-Qiao Chen
Manuscript Title:	Hyperactivation of RAB5 disrupts the endosomal Rab cascade leading to endolysosomal dysregulation in Down syndrome: a necessary role for increased APP gene dose
Manuscript Number (if known):	Click or tap here to enter text.

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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.

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.

			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.		Time frame: past 36 month	Click the tab key to add additional rows.
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 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	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
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:	12/18/2024
Your Name:	Xinxin Zuo
Manuscript Title:	Hyperactivation of RAB5 disrupts the endosomal Rab cascade leading to endolysosomal dysregulation in Down syndrome: a necessary role for increased APP gene dose
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3	Royalties or licenses	None None	

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Date:	12/18/2024	
Your Name:	Ann Becker	
Manuscript Title:	Hyperactivation of RAB5 disrupts the endosomal Rab cascade leading to endolysosomal dysregulation in Down syndrome: a necessary role for increased APP gene dose	
Manuscript Number (if known):	Click or tap here to enter text.	
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		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

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13	Other financial or non-financial interests	None	
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Date:	12/18/2024 William C. Mobley	
Your Name:		
Manuscript Title:	Hyperactivation of RAB5 disrupts the endosomal Rab cascade leading to endolysosomal dysregulation in Down syndrome: a necessary role for increased APP gene dose	
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	Time frame: Since the initial planning of the work				
1	All support for the present	[□] None			
	manuscript (e.g.,	Alzheimer Association	Funding to UCSD		
	funding, provision	Cure Alzheimer Fund	Funding to UCSD		
	of study materials,	NIH	Funding to UCSD		
	medical writing,	Lumind Foundation	Funding to UCSD		
	article processing	DH Chen Foundation	Funding to UCSD		
	charges, etc.)				
	No time limit for				
	this item.				
	Time frame: past 36 months				
2	Grants or contracts from				
	any entity (if not	NIH	Funding to UCSD		
	indicated in item	Ono Foundation	Funding to UCSD		
	#1 above).	Hillblom Foundation	Funding to UCSD		
		MJ Fox Foundation	Funding to UCSD		
		Biosplice Inc	Funding to UCSD		

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3	Royalties or licenses	□ None	
		Curasen: Licensed to Stanford	Payment to me
		Acta Pharmaceuticals: Licensed to UCSD/Harvard	No payment
4	Consulting fees	[□] None	
		The Key	SAB Service payment to me
		Bluefield Project	SAB Service payment to me
5	Payment or honoraria for	⊠ None	
	lectures,		
	presentations,		
	speakers bureaus,		
	manuscript		
	writing or		
	educational		
	events		
6 Payment for expert testimony  None			
		Koren-Tillery	Payment to me
		Vervain	Payment to me
7 Support for attending None			
	meetings and/or	National Down Syndrome Society	Reimbursement to me
	travel		
8	Patents planned, issued or	□ None	
	pending	Patent for GSMs issued and planned	Owned by UCSD and MGH; No payments
9	Participation on	⊠ None	
	a Data Safety		
	Monitoring		
	Board or		
	Advisory Board		
10	Leadership or fiduciary role in	□ None	
	other board,	National Down Syndrome Society	Unpaid Chair of SAB

		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)	
	society, committee or advocacy group, paid or unpaid	Trisomy 21 Research Society	Unpaid President and Past President	
11	Stock or stock options	Alzheon Promis Curasen Acta Pharmaceuticals	Stock options held by me Stock options held by me Stock options held by me Stock owned by me	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None  lonis Inc	Antisense oligonucleotides against APP	
13	Other financial or non-financial interests	None		
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.				