

ICMJE DISCLOSURE FORM

Date: 12/30/2024

Your Name: Jacqueline J. Claus

Manuscript Title: Public attitudes towards dementia risk prediction: a mixed-methods study

Manuscript Number (if known): ADJ-D-24-02212R1

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.

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	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								
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Time frame: past 36 months								
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3	Royalties or licenses	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>						

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Alzheimer Nederland for attending the European Alzheimer Academy Workshop	Payment to self (500€)
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="391 195 963 296"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="391 411 963 512"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="391 625 963 726"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>								

ICMJE DISCLOSURE FORM

Date: 12/31/2024

Your Name: Mathijs Thomas Rosbergen

Manuscript Title: Public attitudes towards dementia risk prediction: a mixed-methods study

Manuscript Number (if known): ADJ-D-24-02212R1

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4	Consulting fees	<input checked="" type="checkbox"/> None	
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Received a travel grant for attending AAIC from Alzheimer Nederland	Payment to self
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or	<input checked="" type="checkbox"/> None	

	advocacy group, paid or unpaid							
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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: 8/27/2021

Your Name: Jolande van Heemst

Manuscript Title: Public attitudes towards dementia risk prediction: a mixed-methods study

Manuscript Number (if known): ADJ-D-24-02212R1

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ICMJE DISCLOSURE FORM

Date: 12/28/2024

Your Name: Meike Willemijn Vernooij

Manuscript Title: Public attitudes towards dementia risk prediction: a mixed-methods study

Manuscript Number (if known): ADJ-D-24-02212R1

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<div> <input type="checkbox"/> None </div> <table border="1"> <tr> <td>Honorarium for an educational lecture to EISAI company (topic unrelated to the present manuscript)</td> <td>Paid to institution</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Honorarium for an educational lecture to EISAI company (topic unrelated to the present manuscript)	Paid to institution						
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ICMJE DISCLOSURE FORM

Date: 12/30/2024

Your Name: Marije J. Splinter

Manuscript Title: Public attitudes towards dementia risk prediction: a mixed-methods study

Manuscript Number (if known): ADJ-D-24-02212R1

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Date: 8/27/2021

Your Name: Muhammed Arfan Ikram

Manuscript Title: Public attitudes towards dementia risk prediction: a mixed-methods study

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Date: 12/30/2024

Your Name: Frank J Wolters

Manuscript Title: Public attitudes towards dementia risk prediction: a mixed-methods study

Manuscript Number (if known): ADJ-D-24-02212

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