Date:	8/25/2024
Your Name:	Seokho Jeong
Manuscript Title:	Addressing overfitting bias due to sample overlap in polygenic risk scoring
Manuscript Number (if known):	ADJ-D-24-00751

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3	Royalties or licenses	None None	

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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	

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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:	8/25/2024
Your Name:	Hong-Hee Won
Manuscript Title:	Addressing overfitting bias due to sample overlap in polygenic risk scoring
Manuscript Number (if known):	ADJ-D-24-00751

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		Time frame: past 36 mont	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None None	

			specifications/Comments (e.g., if payments were nade to you or to your institution)
4	Consulting fees	None Non	
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:		

Date:	8/25/2024
Your Name:	Sang-Hyuk Jung
Manuscript Title:	Addressing overfitting bias due to sample overlap in polygenic risk scoring
Manuscript Number (if known):	ADJ-D-24-00751

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2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None None	

			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	
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13	Other financial or non-financial interests	[⊠] None	
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Dat	e:		8/25/2024		
Your Name:			Kwangsik Nho		
Manuscript Title:			Addressing overfitting bias due to sample o	verlap in polygenic risk scoring	
Mai	nuscript Number (if k	nown):	ADJ-D-24-00751		
In the interest of transparency, we content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activit epidemiology of hypertension, you that medication is not mentioned.		ipt. "Related from the made in double of sectiviting of the made o	rt for the work reported in this manuscript without time limit. For all other items, the time		
			Il 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)	
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			Time frame: Since the initial planning		
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.			of the work NIH/NLM R01LM012535 NIH/NIA U01AG068057 NIH/NIA U01AG072177 NIH/NIA U01AG24904 NIH/NIA U19AG074879	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: Since the initial planning	of the work NIH/NLM R01LM012535 NIH/NIA U01AG068057 NIH/NIA U01AG072177 NIH/NIA U01AG24904 NIH/NIA U19AG074879	

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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	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
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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:	8/25/2024
Your Name:	Young Jin Kim
Manuscript Title:	Addressing overfitting bias due to sample overlap in polygenic risk scoring
Manuscript Number (if known):	ADJ-D-24-00751

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			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	

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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:	8/25/2024
Your Name:	Bong-Jo Kim
Manuscript Title:	Addressing overfitting bias due to sample overlap in polygenic risk scoring
Manuscript Number (if known):	ADJ-D-24-00751

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3	Royalties or licenses	None	

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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	
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	

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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:	8/25/2024
Your Name:	Seunggeun Lee
Manuscript Title:	Addressing overfitting bias due to sample overlap in polygenic risk scoring
Manuscript Number (if known):	ADJ-D-24-00751

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2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None None	

			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	
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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:	8/24/2024
Your Name:	Manu Shivakumar
Manuscript Title:	Addressing overfitting bias due to sample overlap in polygenic risk scoring
Manuscript Number (if known):	ADJ-D-24-00751

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6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
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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:	8/25/2024
Your Name:	Dokyoon Kim
Manuscript Title:	Addressing overfitting bias due to sample overlap in polygenic risk scoring
Manuscript Number (if known):	ADJ-D-24-00751

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			Specifications/Comments (e.g., if payments were made to you or to your institution)
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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	
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Date:		8/25/2024		
r Name:		Li Shen		
Manuscript Title:		Addressing overfitting bias due to sample o	verlap in polygenic risk scoring	
•	(nown):			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned. In item #1 below, report all supports.		ted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity es/interests should be defined broadly. For each as should declare all relationships with manufin the manuscript.	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
		-	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Time frame: Since the initial planning	of the work	
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.	NIH UO	1 AG068057	Click the tab key to add additional rows.	
		Time frame: past 36 month	ns	
Grants or contracts from any entity (if not indicated in item #1 above).	NSF IIS NIH RO	1837964 I AG071470		
	r Name: nuscript Title: nuscript Number (if kent) ne interest of transpartent of your manuscricted by the content of cate a bias. If you are author's relationship demiology of hyperter medication is not mem #1 below, report ne for disclosure is the 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. Grants or contracts from any entity (if not indicated in item)	r Name: nuscript Title: nuscript Number (if known): ne interest of transparency, we tent of your manuscript. "Relacted by the content of the marcate a bias. If you are in doubt author's relationships/activities demiology of hypertension, you medication is not mentioned tem #1 below, report all support for disclosure is the past 36. Name all relations 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. Grants or contracts from any entity (if not indicated in item NSF IIS NIH RO2	It is Shen Addressing overfitting bias due to sample of ADJ-D-24-00751 The interest of transparency, we ask you to disclose all relationships/activities tent of your manuscript. "Related" means any relation with for-profit or not ceted by the content of the manuscript. Disclosure represents a commitme cate a bias. If you are in doubt about whether to list a relationship/activity author's relationships/activities/interests should be defined broadly. For elemiology of hypertension, you should declare all relationships with manufaction is not mentioned in the manuscript. The frame: Since the initial planning article processing charges, etc.) No time limit for this item. It is Shen ADJ-D-24-00751 ADJ-D-24-00751 The lationships/activities and precision with for-profit or not disclosure represents a commitme cate a bias. If you are in doubt about whether to list a relationship/activity author's relationships/activities/interests should be defined broadly. For elemiology of hypertension, you should declare all relationships with manufaction in the manuscript. Time frame: Since the initial planning with 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 of the manuscript with the past 36 month of the present many entity (if not indicated in item) None None	

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3	Royalties or licenses	None None	
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	
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,	[⊠] None	

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Plea	ise place an "X" nex	t to the following statement to indicate your agreeme	ent:
$[\boxtimes]$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	8/25/2024
Your Name:	Heng Huang
Manuscript Title:	Addressing overfitting bias due to sample overlap in polygenic risk scoring
Manuscript Number (if known):	ADJ-D-24-00751

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		Time frame: pa	ast 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Non		
3	Royalties or licenses	None Non		

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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	
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	

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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:	08/28/2024
Your Name:]	Andrew J Saykin
Manuscript Title:	Addressing Overfitting Bias Due to Sample Overlap in Polygenic Risk Scorings
Manuscript Number (if known):	[ADJ-D-24-00751

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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.

		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.	Dr. Saykin receives support from multiple NIH grants (P30 AG010133, P30 AG072976, R01 AG019771, R01 AG057739, U19 AG024904, R01 LM013463, R01 AG068193, T32 AG071444, U01 AG068057, U01		
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2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None		
3	Royalties or licenses	None		

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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
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None Service S

9 Participation on a Data Safety None			
	Monitoring Board or	Siemens Medical Solutions USA, Inc. (Dementia Advisory Board)	NIH NHLBI (MESA Observational Study Monitoring Board)
	Advisory Board	Eisai (Scientific Advisory Board)	NIH/NIA: External Advisory Committees,
		Novo Nordisk (Scientific Advisory Board)	Multiple NIH-funded centers/programs
10	Leadership or	None	
	fiduciary role in		
	other board, society,		
	committee or		
	advocacy group, paid or unpaid		
11	Stock or stock	[⊠] None	
	options		
12	Receipt of	None	
	equipment, materials, drugs,	[Avid Dedienhames soutieds a subsidient	
	medical writing,	Avid Radiopharmaceuticals, a subsidiary of Eli Lilly (in kind contribution of PET	
	gifts or other services	tracer precursor)	
	Services		
13	Other financial or	□ None	
	non-financial interests		
	litterests	Springer-Nature Publishing (Editorial	
		Office Support as Editor-in-Chief, Brain Imaging and Behavior)	
		,	
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[oxtimes]	I certify that I have	answered every question and have not altered the wo	ording of any of the questions on this form.
r_1			

Date:			8/25/2024		
Your Name:			Paul Thompson		
Manuscript Title:			Addressing overfitting bias due to sample o	verlap in polygenic risk scoring	
Mai	nuscript Number (if l	known):	ADJ-D-24-00751		
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 doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned In item #1 below, report all suppo		ript. "Rela of the ma re in doub ps/activiti ension, you nentioned	ort for the work reported in this manuscript without time limit. For all other items, the time		
			Il entities with whom you have this	Specifications/Comments (e.g., if payments were	
			ship or indicate none (add rows as needed)	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.,	NIH Gra	one ants	To institution	
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	medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.	
			Time frame: past 36 month	ns	
2	Grants or contracts from	[□] N	one		
	any entity (if not indicated in item	NIH Gra	ants	To institution	
	#1 above).				
3	Royalties or licenses	⊠ N	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)
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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	[⊠] None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
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Date:	8/25/2024
Your Name:	Christos Davatzikos
Manuscript Title:	Addressing overfitting bias due to sample overlap in polygenic risk scoring
Manuscript Number (if known):	ADJ-D-24-00751

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