Date:	7/14/2023	
Your Name:	Matthew Zammit	
Manuscript Title:	Characterizing the emergence of amyloid and tau burden in Down syndrome	
Manuscript Number (if known):	ADJ-D-23-00575R1	
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.		
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.		

		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	
1	All support for the present	□ None	
	manuscript (e.g., funding, provision	National Institute on Aging and National Institute for Child Health and Human Development	U01 AG051406, U01 AG051412, U19 AG068054
	of study materials, medical writing, article processing	The Alzheimer's Disease Research Centers Program	P50 AG008702, P30 AG062421, P50 AG16537, P50 AG005133, P50 AG005681, P30 AG062715, and P30 AG066519
charges, etc.) No time limit for this item.	Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program	U54 HD090256, U54 HD087011, and P50 HD105353	
		National Center for Advancing Translational Sciences	UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345
		National Centralized Repository for Alzheimer Disease and Related Dementias	U24 AG21886
		NIHR Cambridge Biomedical Research Centre and the Windsor Research Unit	
		Time frame: past 36 month	is
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
æ	Royalties or licenses	None □	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	USC Alzheimer's Therapeutic Research Institute Seminar Series	Payments made directly to Matthew Zammit
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	

		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		
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:	7/14/2023
Your Name:	Tobey Betthauser
Manuscript Title:	Characterizing the emergence of amyloid and tau burden in Down syndrome
Manuscript Number (if known):	ADJ-D-23-00575R1

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.

	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	□ None	
manuscript (e.g., funding, provision	National Institute on Aging and National Institute for Child Health and Human Development	U01 AG051406, U01 AG051412, U19 AG068054
of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	The Alzheimer's Disease Research Centers Program	P50 AG008702, P30 AG062421, P50 AG16537, P50 AG005133, P50 AG005681, P30 AG062715, and P30 AG066519
	Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program	U54 HD090256, U54 HD087011, and P50 HD105353
	National Center for Advancing Translational Sciences	UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345
	National Centralized Repository for Alzheimer Disease and Related Dementias	U24 AG21886
	NIHR Cambridge Biomedical Research Centre and the Windsor Research Unit	
	Time frame: past 36 month	ns
Grants or contracts from any entity (if not indicated in item #1 above).	⊠ 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)
3	Royalties or licenses	None None	
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 None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	⊠ 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)
	society, committee or advocacy group, paid or unpaid		
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:	7/14/2023		
Your Name:	Andrew McVea		
Manuscript Title:	Characterizing the emergence of amyloid and tau burden in Down syndrome		
Manuscript Number (if known):	ADJ-D-23-00575R1		
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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		Time frame: Since the initial planning	of the work
1	All support for the present	□ None	
	manuscript (e.g., funding, provision	National Institute on Aging and National Institute for Child Health and Human Development	U01 AG051406, U01 AG051412, U19 AG068054
	of study materials, medical writing, article processing	The Alzheimer's Disease Research Centers Program	P50 AG008702, P30 AG062421, P50 AG16537, P50 AG005133, P50 AG005681, P30 AG062715, and P30 AG066519
	charges, etc.)  No time limit for this item.	Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program	U54 HD090256, U54 HD087011, and P50 HD105353
		National Center for Advancing Translational Sciences	UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345
		National Centralized Repository for Alzheimer Disease and Related Dementias	U24 AG21886
		NIHR Cambridge Biomedical Research Centre and the Windsor Research Unit	
		Time frame: past 36 montl	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None None	
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,	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)
	society, committee or advocacy group, paid or unpaid		
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	
<b>Plea</b>	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:	7/14/2023
Your Name:	Charles Laymon
Manuscript Title:	Characterizing the emergence of amyloid and tau burden in Down syndrome
Manuscript Number (if known):	ADJ-D-23-00575R1

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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	Time frame: Since the initial planning	of the work
1 All support for the present	□ None	
manuscript (e.g., funding, provision	National Institute on Aging and National Institute for Child Health and Human Development	U01 AG051406, U01 AG051412, U19 AG068054
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charges, etc.)  No time limit for this item.	Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program	U54 HD090256, U54 HD087011, and P50 HD105353
	National Center for Advancing Translational Sciences	UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345
	National Centralized Repository for Alzheimer Disease and Related Dementias	U24 AG21886
	NIHR Cambridge Biomedical Research Centre and the Windsor Research Unit	
	Time frame: past 36 month	ns
Grants or contracts from any entity (if not indicated in item #1 above).	⊠ 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)
3	Royalties or licenses	None None	
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,	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)
	society, committee or advocacy group, paid or unpaid		
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.		

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acterizing the emergence of amyloid and tau burden in Down syndrome
D-23-00575R1

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manuscript (e.g., funding, provision	National Institute on Aging and National Institute for Child Health and Human Development	U01 AG051406, U01 AG051412, U19 AG068054
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charges, etc.)  No time limit for this item.	Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program	U54 HD090256, U54 HD087011, and P50 HD105353
	National Center for Advancing Translational Sciences	UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345
	National Centralized Repository for Alzheimer Disease and Related Dementias	U24 AG21886
	NIHR Cambridge Biomedical Research Centre and the Windsor Research Unit	
	Time frame: past 36 month	ns
Grants or contracts from any entity (if not indicated in item #1 above).	⊠ 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)
3	Royalties or licenses	None	
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 None	
10	Leadership or fiduciary role in other board,	⊠ 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)
	society, committee or advocacy group, paid or unpaid		
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:	7/14/2023
Your Name:	Sterling Johnson
Manuscript Title:	Characterizing the emergence of amyloid and tau burden in Down syndrome
Manuscript Number (if known):	ADJ-D-23-00575R1

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	Time frame: Since the initial planning	of the work
1 All support for the present	□ None	
manuscript (e.g., funding, provision	National Institute on Aging and National Institute for Child Health and Human Development	U01 AG051406, U01 AG051412, U19 AG068054
of study materials, medical writing, article processing	The Alzheimer's Disease Research Centers Program	P50 AG008702, P30 AG062421, P50 AG16537, P50 AG005133, P50 AG005681, P30 AG062715, and P30 AG066519
charges, etc.)  No time limit for this item.	Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program	U54 HD090256, U54 HD087011, and P50 HD105353
	National Center for Advancing Translational Sciences	UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345
	National Centralized Repository for Alzheimer Disease and Related Dementias	U24 AG21886
	NIHR Cambridge Biomedical Research Centre and the Windsor Research Unit	
	Time frame: past 36 month	ns
Grants or contracts from any entity (if not indicated in item #1 above).	⊠ 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)
3	Royalties or licenses	None	
4	Consulting fees	None     Non	
5	Payment or honoraria for	⊠ None	
	lectures, presentations,		
	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		
9	Participation on a Data Safety	□ None	
	Monitoring Board or	Roche Merck	Served on advisory committee Served on advisory committee
4-	Advisory Board	Alzpath	Served on advisory committee
10	Leadership or fiduciary role in	None	
	other board,		

		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		
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	Cerveau Technologies	Received funding for unrelated work
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.		

18 12/13/2021 ICMJE Disclosure Form

Date:	7/14/2023
Your Name:	Sigan Hartley
Manuscript Title:	Characterizing the emergence of amyloid and tau burden in Down syndrome
Manuscript Number (if known):	ADJ-D-23-00575R1

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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	□ None	
	manuscript (e.g., funding, provision	National Institute on Aging and National Institute for Child Health and Human Development	U01 AG051406, U01 AG051412, U19 AG068054
	of study materials, medical writing, article processing	The Alzheimer's Disease Research Centers Program	P50 AG008702, P30 AG062421, P50 AG16537, P50 AG005133, P50 AG005681, P30 AG062715, and P30 AG066519
	charges, etc.) No time limit for this item.	Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program	U54 HD090256, U54 HD087011, and P50 HD105353
		National Center for Advancing Translational Sciences	UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345
		National Centralized Repository for Alzheimer Disease and Related Dementias	U24 AG21886
		NIHR Cambridge Biomedical Research Centre and the Windsor Research Unit	
		Time frame: past 36 montl	าร
2	Grants or contracts from any entity (if not indicated in item #1 above).	Image: square of the square o	

		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)
3	Royalties or licenses	None	
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 None	
10	Leadership or fiduciary role in other board,	⊠ 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)
	society, committee or advocacy group, paid or unpaid		
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	
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:	7/14/2023
Your Name:	Alexander Converse
Manuscript Title:	Characterizing the emergence of amyloid and tau burden in Down syndrome
Manuscript Number (if known):	ADJ-D-23-00575R1

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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.

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1 All support for the present	□ None	
manuscript (e.g., funding, provision	National Institute on Aging and National Institute for Child Health and Human Development	U01 AG051406, U01 AG051412, U19 AG068054
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charges, etc.)  No time limit for this item.	Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program	U54 HD090256, U54 HD087011, and P50 HD105353
	National Center for Advancing Translational Sciences	UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345
	National Centralized Repository for Alzheimer Disease and Related Dementias	U24 AG21886
	NIHR Cambridge Biomedical Research Centre and the Windsor Research Unit	
	Time frame: past 36 month	ns
Grants or contracts from any entity (if not indicated in item	[⊠] None	
any entity (if not		

		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)
3	Royalties or licenses	None	
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 None	
10	Leadership or fiduciary role in other board,	⊠ 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)
	society, committee or advocacy group, paid or unpaid		
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	
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:	7/14/2023
Your Name:	Davneet Minhas
Manuscript Title:	Characterizing the emergence of amyloid and tau burden in Down syndrome
Manuscript Number (if known):	ADJ-D-23-00575R1
Manuscript Number (if known):	ADJ-D-23-00575R1

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ort for the ipt (e.g., provision materials, writing, rocessing	None  National Institute on Aging and National Institute for Child Health and Human Development  The Alzheimer's Disease Research Centers  Program	U01 AG051406, U01 AG051412, U19 AG068054 P50 AG008702, P30 AG062421, P50 AG16537,
ipt (e.g., provision materials, writing,	National Institute on Aging and National Institute for Child Health and Human Development The Alzheimer's Disease Research Centers	, ,
provision materials, writing,	for Child Health and Human Development The Alzheimer's Disease Research Centers	, ,
writing,		P50 AG008702, P30 AG062421, P50 AG16537.
U	Program	P50 AG005133, P50 AG005681, P30 AG062715, and P30 AG066519
etc.) limit for	Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program	U54 HD090256, U54 HD087011, and P50 HD105353
	National Center for Advancing Translational Sciences	UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345
	National Centralized Repository for Alzheimer Disease and Related Dementias	U24 AG21886
	NIHR Cambridge Biomedical Research Centre and the Windsor Research Unit	
	Time frame: past 36 month	ns
or ts from ity (if not ed in item	None	
o t	or s from ty (if not	National Center for Advancing Translational Sciences National Centralized Repository for Alzheimer Disease and Related Dementias NIHR Cambridge Biomedical Research Centre and the Windsor Research Unit  Time frame: past 36 month or s from ty (if not din item

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3	Royalties or licenses	None	
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 None	
10	Leadership or fiduciary role in other board,	⊠ 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)
	society, committee or advocacy group, paid or unpaid		
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	
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:	7/14/2023
Your Name:	Shahid Zaman
Manuscript Title:	Characterizing the emergence of amyloid and tau burden in Down syndrome
Manuscript Number (if known):	ADJ-D-23-00575R1

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.

		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	□ None	
	manuscript (e.g., funding, provision	National Institute on Aging and National Institute for Child Health and Human Development	U01 AG051406, U01 AG051412, U19 AG068054
	of study materials, medical writing, article processing	The Alzheimer's Disease Research Centers Program	P50 AG008702, P30 AG062421, P50 AG16537, P50 AG005133, P50 AG005681, P30 AG062715, and P30 AG066519
	charges, etc.) No time limit for this item.	Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program	U54 HD090256, U54 HD087011, and P50 HD105353
		National Center for Advancing Translational Sciences	UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345
		National Centralized Repository for Alzheimer Disease and Related Dementias	U24 AG21886
		NIHR Cambridge Biomedical Research Centre and the Windsor Research Unit	
		Time frame: past 36 montl	าร
2	Grants or contracts from any entity (if not indicated in item #1 above).	Image: square of the square o	

		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)
3	Royalties or licenses	None None	
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 None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	⊠ 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)
	society, committee or advocacy group, paid or unpaid		
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.		

30 12/13/2021 ICMJE Disclosure Form

Date:	7/14/2023		
Your Name:	Beau Ances		
Manuscript Title:	Characterizing the emergence of amyloid and tau burden in Down syndrome		
Manuscript Number (if k	r (if known): _ ADJ-D-23-00575R1		
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.  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.			
	Name all entities with whom you have this Specifications/Comments (e.g., if payments were		

		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	None	
	manuscript (e.g., funding, provision	National Institute on Aging and National Institute for Child Health and Human Development	U01 AG051406, U01 AG051412, U19 AG068054
	of study materials, medical writing, article processing	The Alzheimer's Disease Research Centers Program	P50 AG008702, P30 AG062421, P50 AG16537, P50 AG005133, P50 AG005681, P30 AG062715, and P30 AG066519
	charges, etc.) No time limit for this item.	Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program	U54 HD090256, U54 HD087011, and P50 HD105353
		National Center for Advancing Translational Sciences	UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345
		National Centralized Repository for Alzheimer Disease and Related Dementias	U24 AG21886
		NIHR Cambridge Biomedical Research Centre and the Windsor Research Unit	
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not	⊠  None	
	indicated in item #1 above).		

		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)
3	Royalties or licenses	None None	
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 None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	⊠ 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)
	society, committee or advocacy group, paid or unpaid		
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:	7/14/2023	
Your Name:	Charles Stone	
Manuscript Title:	Characterizing the emergence of amyloid and tau burden in Down syndrome	
Manuscript Number (if known):	ADJ-D-23-00575R1	
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the		

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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.

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provision materials, writing,	for Child Health and Human Development The Alzheimer's Disease Research Centers	, ,
writing,		P50 AG008702, P30 AG062421, P50 AG16537.
U	Program	P50 AG005133, P50 AG005681, P30 AG062715, and P30 AG066519
etc.) limit for	Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program	U54 HD090256, U54 HD087011, and P50 HD105353
	National Center for Advancing Translational Sciences	UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345
	National Centralized Repository for Alzheimer Disease and Related Dementias	U24 AG21886
	NIHR Cambridge Biomedical Research Centre and the Windsor Research Unit	
	Time frame: past 36 month	ns
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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)
3	Royalties or licenses	None None	
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 None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	⊠ 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)
	society, committee or advocacy group, paid or unpaid		
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:	7/14/2023
Your Name:	Chester Mathis
Manuscript Title:	Characterizing the emergence of amyloid and tau burden in Down syndrome
Manuscript Number (if known):	ADJ-D-23-00575R1

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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	Time frame: Since the initial planning	of the work
1 All support for the present	□ None	
manuscript (e.g., funding, provision	National Institute on Aging and National Institute for Child Health and Human Development	U01 AG051406, U01 AG051412, U19 AG068054
of study materials, medical writing, article processing	The Alzheimer's Disease Research Centers Program	P50 AG008702, P30 AG062421, P50 AG16537, P50 AG005133, P50 AG005681, P30 AG062715, and P30 AG066519
charges, etc.)  No time limit for this item.	Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program	U54 HD090256, U54 HD087011, and P50 HD105353
	National Center for Advancing Translational Sciences	UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345
	National Centralized Repository for Alzheimer Disease and Related Dementias	U24 AG21886
	NIHR Cambridge Biomedical Research Centre and the Windsor Research Unit	
	Time frame: past 36 month	ns
Grants or contracts from any entity (if not indicated in item	[⊠] None	
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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)
3	Royalties or licenses	None	
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 None	
10	Leadership or fiduciary role in other board,	⊠ 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)
	society, committee or advocacy group, paid or unpaid		
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	
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.			

39 12/13/2021 ICMJE Disclosure Form

Date:	7/14/2023		
Your Name:	Annie Cohen		
Manuscript Title:	Characterizing the emergence of amyloid and tau burden in Down syndrome		
Manuscript Number (if known):	ADJ-D-23-00575R1		
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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	Time frame: Since the initial planning	of the work
1 All support for the present	□ None	
manuscript (e.g., funding, provision	National Institute on Aging and National Institute for Child Health and Human Development	U01 AG051406, U01 AG051412, U19 AG068054
of study materials, medical writing, article processing	The Alzheimer's Disease Research Centers Program	P50 AG008702, P30 AG062421, P50 AG16537, P50 AG005133, P50 AG005681, P30 AG062715, and P30 AG066519
charges, etc.)  No time limit for this item.	Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program	U54 HD090256, U54 HD087011, and P50 HD105353
	National Center for Advancing Translational Sciences	UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345
	National Centralized Repository for Alzheimer Disease and Related Dementias	U24 AG21886
	NIHR Cambridge Biomedical Research Centre and the Windsor Research Unit	
	Time frame: past 36 month	ns
Grants or contracts from any entity (if not indicated in item #1 above).	⊠ 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)
3	Royalties or licenses	None None	
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 None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	None     Non	

		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		
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	
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:	7/14/2023	
Your Name:	William Klunk	
Manuscript Title:	Characterizing the emergence of amyloid and tau burden in Down syndrome	
Manuscript Number (if known):	ADJ-D-23-00575R1	
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		Time frame: Since the initial planning	of the work
1	All support for the present	□ None	
	manuscript (e.g., funding, provision	National Institute on Aging and National Institute for Child Health and Human Development	U01 AG051406, U01 AG051412, U19 AG068054
of study materials medical writing,	of study materials, medical writing, article processing	The Alzheimer's Disease Research Centers Program	P50 AG008702, P30 AG062421, P50 AG16537, P50 AG005133, P50 AG005681, P30 AG062715, and P30 AG066519
	charges, etc.) No time limit for this item.	Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program	U54 HD090256, U54 HD087011, and P50 HD105353
		National Center for Advancing Translational Sciences	UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345
		National Centralized Repository for Alzheimer Disease and Related Dementias	U24 AG21886
		NIHR Cambridge Biomedical Research Centre and the Windsor Research Unit	
		Time frame: past 36 montl	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ 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)
3	Royalties or licenses	None	
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 None	
10	Leadership or fiduciary role in other board,	⊠ 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)
	society, committee or advocacy group, paid or unpaid		
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	GE Healthcare	Financial interest as co-inventor of PiB
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.			

45 12/13/2021 ICMJE Disclosure Form

Date:	7/14/2023
Your Name:	Benjamin Handen
Manuscript Title:	Characterizing the emergence of amyloid and tau burden in Down syndrome
Manuscript Number (if known):	ADJ-D-23-00575R1

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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
1	All support for the present	□ None	
	manuscript (e.g., funding, provision	National Institute on Aging and National Institute for Child Health and Human Development	U01 AG051406, U01 AG051412, U19 AG068054
	of study materials, medical writing, article processing	The Alzheimer's Disease Research Centers Program	P50 AG008702, P30 AG062421, P50 AG16537, P50 AG005133, P50 AG005681, P30 AG062715, and P30 AG066519
No	charges, etc.) No time limit for this item.	Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program	U54 HD090256, U54 HD087011, and P50 HD105353
		National Center for Advancing Translational Sciences	UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345
		National Centralized Repository for Alzheimer Disease and Related Dementias	U24 AG21886
		NIHR Cambridge Biomedical Research Centre and the Windsor Research Unit	
		Time frame: past 36 montl	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).	Image: square of the square o	

		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)
3	Royalties or licenses	None None	
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,	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)
	society, committee or advocacy group, paid or unpaid		
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.		

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charges, etc.)  No time limit for this item.	Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program	U54 HD090256, U54 HD087011, and P50 HD105353
	National Center for Advancing Translational Sciences	UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345
	National Centralized Repository for Alzheimer Disease and Related Dementias	U24 AG21886
	NIHR Cambridge Biomedical Research Centre and the Windsor Research Unit	
	Time frame: past 36 month	ns
Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	

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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,	□     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)
	society, committee or advocacy group, paid or unpaid		
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.		

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