Date:	12/27/2024	
Your Name:	Huitong Ding	
Manuscript Title:	Dynamic Lifetime Risk Prediction of Alzheimer's Disease with Longitudinal Cognitive Assessment Measurements	
Manuscript Number (if known): ADJ-D-24-01857R1		
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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.	American Heart Association Time frame: past 36 months	Click the tab key to add additional rows.
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 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:	12/27/2024
Your Name:	Rhoda Au
Manuscript Title:	Dynamic Lifetime Risk Prediction of Alzheimer's Disease with Longitudinal Cognitive Assessment Measurements
Manuscript Number (if known):	ADJ-D-24-01857R1

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		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.	American Heart Association (20SFRN35360180) National Instituto on Aging AG062109; AG068753; AG072654	Support for research that helped to inform this paper came from this grant Support for research that helped to inform this paper came from these grants 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).	Alzheimer's Disease Data Initiative Alzheimer's Drug Discovery Foundation (ADDF) Gates Ventures	Institutional grant and Institutional contract Institutional grant
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	NovoNordisk Signant Health GSK	Self Selt Self
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	National institute on Aging Gates Ventures Alzheimer's Drug Discovery Foundation American Heart Association National Academies of Science, Engineering & Medicine National Alzheimer's Coordinating Center Mt. Sinai	
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	Eli Lilly Robert Thomas	Institution Institution
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:	12/25/2024
Your Name:	David A Bennett
Manuscript Title:	Dynamic Lifetime Risk Prediction of Alzheimer's Disease with Longitudinal Cognitive Assessment Measurements
Manuscript Number (if known):	ADJ-D-24-01857R1

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	None NIH IDPH	Institution Institution Click the tab key to add additional rows.
	article processing charges, etc.) No time limit for this item.	Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	Image: square of the square o	
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	
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	
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Date:	12/25/2024
Your Name:	Aris Paschalidis
Manuscript Title:	Dynamic Lifetime Risk Prediction of Alzheimer's Disease with Longitudinal Cognitive Assessment Measurements
Manuscript Number (if known):	ADJ-D-24-01857R1

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	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.	None 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).	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 Non	
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	
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:	12/25/2024
Your Name:	Zehao Ye
Manuscript Title:	Dynamic Lifetime Risk Prediction of Alzheimer's Disease with Longitudinal Cognitive Assessment Measurements
Manuscript Number (if known):	ADJ-D-24-01857R1

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		Time frame: past 36 month	S
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 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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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:	12/25/2024
Your Name:	Honghuang Lin
Manuscript Title:	Dynamic Lifetime Risk Prediction of Alzheimer's Disease with Longitudinal Cognitive Assessment Measurements
Manuscript Number (if known):	ADJ-D-24-01857R1

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Image: square of the square o	
3	Royalties or licenses	None	

			pecifications/Comments (e.g., if payments were nade to you or to your institution)
4	Consulting fees	University of Texas Health San Antonio Headwaters Innovation, Inc	
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	[⊠] N	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] N	lone	
13	Other financial or non-financial interests	[X] N	None	
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