Date:	2/4/2025	
Your Name:	Yuto Uchida	
Manuscript Title:	Quantification of perforant path fibers for early detection of Alzheimer's disease	
Manuscript Number (if known):	ADJ-D-24-02739	
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	ort for the work reported in this manuscript without time limit. For all other items, the time	

		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.	Alzheimer's Association and the National Alzheimer's Coordinating Center National Institutes on Aging	NIAP24-1268927 K99AG088363 Click the tab key to add additional rows.
		Time frame: past 36 month	ns
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	
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	
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:	2/4/2025
Your Name:	Zhipeng Hou
Manuscript Title:	Quantification of perforant path fibers for early detection of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-02739

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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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		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	

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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, 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:	2/4/2025
Your Name:	Laura Gomez-Isaza
Manuscript Title:	Quantification of perforant path fibers for early detection of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-02739

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		Time frame: Since the initial planni	ng 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.	[⊠] None	Click the tab key to add additional rows.
		Time frame: past 36 mor	nths
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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:	2/4/2025
Your Name:	Maria Luongo
Manuscript Title:	Quantification of perforant path fibers for early detection of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-02739

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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.	None	Click the tab key to add additional rows.
		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	

		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 [⊠]	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	2/10/2025
Your Name:	Michael I. Miller
Manuscript Title:	Quantification of perforant path fibers for early detection of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-02739

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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	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.	[⊠] None	Click the tab key to add additional rows.
		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	

		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	AnatomyWorks	Founder
Plea [⊠]		t to the following statement to indicate your agreeme	

2/13/2025

Juan C. Troncoso, M.D.

Date:

Your Name:

nuscript Title:	Quantification of perforant path fibers fo	early detection of Alzheimer's disease
nuscript Number (if I	known): ADJ-D-24-02739	
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demiology of hyperte	ension, you should declare all relationships with man	
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	Time frame: Since the initial plannir	g of the work
All support for the	□ None	
present	[—]	
present manuscript (e.g., funding, provision	Johns Hopkins Alzheimer's Disease Research Center	NIA P30AG0066507
present manuscript (e.g., funding, provision of study materials,	Johns Hopkins Alzheimer's Disease Research	NIA U19AG033655
present manuscript (e.g., funding, provision of study materials, medical writing,	Johns Hopkins Alzheimer's Disease Research Center	
present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Johns Hopkins Alzheimer's Disease Research Center	NIA U19AG033655
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present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Johns Hopkins Alzheimer's Disease Research Center	NIA U19AG033655 Click the tab key to add additional rows.
present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or	Johns Hopkins Alzheimer's Disease Research Center BIOCARD Study	NIA U19AG033655 Click the tab key to add additional rows.
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	Johns Hopkins Alzheimer's Disease Research Center BIOCARD Study Time frame: past 36 mor	NIA U19AG033655 Click the tab key to add additional rows.
present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or	Johns Hopkins Alzheimer's Disease Research Center BIOCARD Study Time frame: past 36 mor	NIA U19AG033655 Click the tab key to add additional rows.
r r	nuscript Number (if the interest of transported by the content cate a bias. If you are author's relationshiplemiology of hyperted medication is not make #1 below, report the for disclosure is the for disclosure is the formal for the formal	nuscript Number (if known): ADJ-D-24-02739 The interest of transparency, we ask you to disclose all relationships/activity tent of your manuscript. "Related" means any relation with for-profit or acted by the content of the manuscript. Disclosure represents a commitment of a bias. If you are in doubt about whether to list a relationship/activity author's relationships/activities/interests should be defined broadly. For demiology of hypertension, you should declare all relationships with manufaction is not mentioned in the manuscript. The sem #1 below, report all support for the work reported in this manuscript me for disclosure is the past 36 months.

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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,		

		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 [⊠]		t to the following statement to indicate your agreement to answered every question and have not altered the wo	

Date:	2/14/2025
Your Name:	Susumu Mori
Manuscript Title:	Quantification of perforant path fibers for early detection of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-02739

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	Time frame: past 36 months		
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	
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	Corporate M	Holding about 35% of stock of this startup
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	Corporate M AnatomyWorks	Founder, CEO Founder
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:	2/13/2025
Your Name:	Kenichi Oishi
Manuscript Title:	Quantification of perforant path fibers for early detection of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-02739

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		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH grant R01 NS126549	To Johns Hopkins University
3	Royalties or licenses	None None	

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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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13	Other financial or non-financial interests	[⊠] None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		