Dat	e:	_11/	6/2024		
Your Name:		Sed	Sedigheh Zabihi		
Manuscript Title:		Ear	Early Presentations of Dementia In A Diverse Population		
Ma	nuscript Number (if kı	nown): Clic	k or tap here to enter text.		
content of your manuscript. "Rel affected by the content of the ma indicate a bias. If you are in doub		pt. "Related" f the manusci in doubt abo	means any relation with for-profit or n ript. Disclosure represents a commitme ut whether to list a relationship/activit	es/interests listed below that are related to the ot-for-profit third parties whose interests may be ent to transparency and does not necessarily //interest, it is preferable that you do so.  example, if your manuscript pertains to the	
epi		ision, you sho	ould declare all relationships with manu	facturers of antihypertensive medication, even if	
	em #1 below, report a			vithout time limit. For all other items, the time	
			ities with whom you have this 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	□ None			
	present	i None			
	present manuscript (e.g.,	l J	Schools Dementia Programme	Paid to the institution	
	present manuscript (e.g., funding, provision of study materials,	l J	Schools Dementia Programme	Paid to the institution  Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	l J	Schools Dementia Programme		
	present manuscript (e.g., funding, provision of study materials, medical writing,	l J	Schools Dementia Programme		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	l J	Schools Dementia Programme  Time frame: past 36 mont	Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	l J		Click the tab key to add additional rows.	
2	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	NIHR Three		Click the tab key to add additional rows.	
2	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	NIHR Three		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 any entity (if not indicated in item #1 above).	NIHR Three  None		Click the tab key to add additional rows.	
2	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	NIHR Three		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 any entity (if not indicated in item #1 above).  Royalties or	NIHR Three  None		Click the tab key to add additional rows.	

		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:	Click or tap to enter a date.
Your Name:	Jonathan P Bestwick
Manuscript Title:	Early Presentations of Dementia In A Diverse Population
Manuscript Number (if known):	Click or tap here to enter text.

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 thi relationship or indicate none (add rows as	, , , , , , , , , , , , , , , , , , , ,
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.	Time frame: Since the initial None	Click the tab key to add additional rows.
		Time frame: pass	36 months
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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□     □	
7	Support for attending meetings and/or travel	None	
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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:	11/7/2024
Your Name:	Mark Jitlal
Manuscript Title:	Early Presentations of Dementia In A Diverse Population
Manuscript Number (if known):	Click or tap here to enter text.

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3	Royalties or licenses	None	

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6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	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 [🖂]		t to the following statement to indicate your agreement answered every question and have not altered the wo	

Date:	11/7/2024
Your Name:	Phazha LK Bothongo
Manuscript Title:	Early Presentations of Dementia In A Diverse Population
Manuscript Number (if known):	Click or tap here to enter text.

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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.	None  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	

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

Date:	11/6/2024
Your Name:	Qiqi Zhang
Manuscript Title:	Early Presentations of Dementia In A Diverse Population
Manuscript Number (if known):	Click or tap here to enter text.

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3	Royalties or licenses	None	

			ions/Comments (e.g., if payments were 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 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, 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 [⊠]	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	11/6/2024
Your Name:	Christine Carter
Manuscript Title:	Early Presentations of Dementia In A Diverse Population
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: past 36 month	s
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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 [⊠]	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:			11/6/2024	
Your Name:			Moïse Roche	
Manuscript Title:			Early Presentations of Dementia In A Divers	e Population
Ma	nuscript Number (if k	nown):	Click or tap here to enter text.	
In the interest of transparency, we content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doubted."  The author's relationships/activit epidemiology of hypertension, you that medication is not mentioned.		fight. "Related from the man with the man wi	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity, es/interests should be defined broadly. For each of the u should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.
			l 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)
			Time frame: Since the initial planning	of the work
1	All support for the present	[□] N	one	
	manuscript (e.g.,			
	funding provision	NIHR II	nree Schools Programme	Paid to institution
	funding, provision of study materials,	NIHR II	nree Schools Programme	Paid to institution  Click the tab key to add additional rows.
		NIHR II	nree Schools Programme	
	of study materials, medical writing, article processing charges, etc.) No time limit for	NIHR II		Click the tab key to add additional rows.
2	of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: past 36 month	Click the tab key to add additional rows.
2	of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not		Time frame: past 36 month	Click the tab key to add additional rows.
2	of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from		Time frame: past 36 month	Click the tab key to add additional rows.
2	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		Time frame: past 36 month	Click the tab key to add additional rows.

		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	
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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:	11/6/2024
Your Name:	Sarah Morgan-Trimmer
Manuscript Title:	Early Presentations of Dementia In A Diverse Population
Manuscript Number (if known):	Click or tap here to enter text.

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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 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:	11/8/2024
Your Name:	Yvonne Birks
Manuscript Title:	Early Presentations of Dementia In A Diverse Population
Manuscript Number (if known):	Click or tap here to enter text.

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3	Royalties or licenses		None	

			ions/Comments (e.g., if payments were 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 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, 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:			11/6/2024		
You	r Name:		Mark Wilberforce		
Manuscript Title:			Early Presentations of Dementia In A Divers	e Population	
Mai	nuscript Number (if kı	nown):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the man		pt. "Rela of the mai	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.		
		nsion, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
In item #1 below, report all support frame for disclosure is the past 36				ithout time limit. For all other items, the time	
-		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)		
			Time frame: Since the initial planning	of the work	
1	All support for the present	[ <u></u> ] No	one		
	manuscript (e.g.,	Nationa	I Institute for Health and Care Research	Paid to the institution	
	funding, provision of study materials,			Click the tab key to add additional rows.	
	medical writing, article processing charges, etc.) No time limit for this item.				
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ Ne	one		
3	Royalties or licenses	⊠ No	one		

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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	
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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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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:	11/6/2024
Your Name:	Ruth Dobson
Manuscript Title:	Early Presentations of Dementia In A Diverse Population
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	MS Society NMSS NIHR Merck Biogen Horne Family Charitable Trust	Research funding to institution	
		Barts Charity	Research funding to institution	
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	
5	Payment or honoraria for	□ None	
	lectures, presentations,	Roche	Honoraria paid to institution and used to support research and educational activities
	speakers bureaus,	Biogen	Honoraria paid to institution and used to support research and educational activities
	manuscript writing or	Sandoz	Honoraria paid to institution and used to support
	educational	Merck	research and educational activities  Honoraria paid to institution and used to support
	events	IVIETER	research and educational activities
		Janssen	Honoraria paid to institution and used to support
			research and educational activities
		Novartis	Honoraria paid to institution and used to support research and educational activities
		Easai	Honoraria paid to institution and used to support
			research and educational activities
6	Payment for expert testimony	None	
7	Support for attending	None	
	meetings and/or travel	Novartis	Support for attending educational meeting in terms of travel, accommodation and registration fees
		Roche	Support for attending educational meeting in terms of travel, accommodation and registration fees
		Biogen	Support for attending educational meeting in terms of travel, accommodation and registration fees
8	Patents planned, issued or	⊠  None	
	pending		
9	Participation on a Data Safety		
	Monitoring Board or	Roche	Minore and Sopranino studies. All related honoraria paid to institution and used to support
	Advisory Board		research and educational activities

		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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	NHS England ABN (Association of British Neurologists) Cure Parkinson's Trust MS Trust ECTRIMS UCL Partners	CRG member (unpaid) Advisory Group Chair (unpaid) Research Committee Chair (unpaid) Advisory Group Chair (unpaid) Council member (unpaid) Strategic Lead for Dementia
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.		

33 12/13/2021 ICMJE Disclosure Form

Date:	11/6/2024
Your Name:	Alastair J Noyce
Manuscript Title:	Early Presentations of Dementia In A Diverse Population
Manuscript Number (if known):	Click or tap here to enter text.

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 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).	Parkinson's UK, Barts Charity, Cure Parkinson's, National Institute for Health and Care Research, Innovate UK, Virginia Keiley benefaction, Solvemed, the Medical College of Saint Bartholomew's Hospital Trust, Alchemab, Aligning Science Across Parkinson's Global Parkinson's Genetics Program (ASAP-GP2), Michael J Fox Foundation, Tower Hamlets Council and QMUL Impact Fund	

		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	AstraZeneca, AbbVie, Profile, Bial, Charco Neurotech, Alchemab, Sosei Heptares, Umedeor and Britannia	
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	COBALT clinical trial	

		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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	Umedeor	
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:			11/7/2024		
Your Name:			John Robson		
Manuscript Title:			Early Presentations of Dementia In A Diverse Population		
Mai	nuscript Number (if kı	nown):	Click or tap here to enter text.		
content of your manuscript. "Rel affected by the content of the ma		pt. "Rela f the mar	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epic	·	nsion, you		xample, if your manuscript pertains to the acturers of antihypertensive medication, even if	
In item #1 below, report all suppo frame for disclosure is the past 36			· · · · · · · · · · · · · · · · · · ·	ithout time limit. For all other items, the time	
			l 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)	
			Time frame: Since the initial planning of	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.	Barts Ch	one	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		one	Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Barts Ch	harity	Click the tab key to add additional rows.	

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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)
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	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:	11/6/2024
Your Name:	Fiona M Walters
Manuscript Title:	Early Presentations of Dementia In A Diverse Population
Manuscript Number (if known):	Click or tap here to enter text.

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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.

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 of the work		
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		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	

		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	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)
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:	11/6/2024
Your Name:	Claudia Cooper
Manuscript Title:	Early Presentations of Dementia In A Diverse Population
Manuscript Number (if known):	Click or tap here to enter text.

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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.

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.

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		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 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	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)	
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.			

			10.11.02 2.1002000112.10	••••	
Date:			11/6/2024		
Your Name:			Charles Marshall		
Manuscript Title:			Early Presentations of Dementia In A Diverse Population		
Mar	nuscript Number (if k	known):	Click or tap here to enter text.		
In the interest of transparency, w content of your manuscript. "Rela affected by the content of the ma		ript. "Rela of the mai e in doubt	ted" means any relation with for-profit or no nuscript. Disclosure represents a commitmen about whether to list a relationship/activity,	/interest, it is preferable that you do so.	
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	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			entities with whom you have this thip 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	
	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.	NIHR	one	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).	NIHR Innovat Alzheim Michae Tom an	te UK ner's Research UK I J Fox Foundation d Sheila Springer Charity Alzheimer's Collaborative		
3	Royalties or licenses	⊠ No	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)
4	Consulting fees	Roche	
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	

		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		
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