

ICMJE DISCLOSURE FORM

Date: 12/12/2024

Your Name: Chiadi U. Onyike

Manuscript Title: Management of Dementia in a Resource-Constrained Sub-Saharan African Setting: Outcome of a Retrospective Survey of Clinical Practice in the Only Neuropsychiatric Facility in Northeastern Nigeria

Manuscript Number (if known): ADJ-D-24-01964

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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		Special Adviser for Yobe State Government	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 12/11/2024

Your Name: Zainab Bukar Yaganami

Manuscript Title: Management of Dementia in a Resource-Constrained Sub-Saharan African Setting: Outcome of a Retrospective Survey of Clinical Practice in the Only Neuropsychiatric Facility in Northeastern Nigeria

Manuscript Number (if known): ADJ-D-24-01964

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Date: 12/11/2024

Your Name: Zaid Muhammad

Manuscript Title: Management of Dementia in a Resource-Constrained Sub-Saharan African Setting: Outcome of a Retrospective Survey of Clinical Practice in the Only Neuropsychiatric Facility in Northeastern Nigeria

Manuscript Number (if known): ADJ-D-24-01964

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Your Name: Zaharadeen Umar Abbas

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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.

ICMJE DISCLOSURE FORM

Date: 12/11/2024

Your Name: Thomas K. Karikari

Manuscript Title: Management of Dementia in a Resource-Constrained Sub-Saharan African Setting: Outcome of a Retrospective Survey of Clinical Practice in the Only Neuropsychiatric Facility in Northeastern Nigeria

Manuscript Number (if known): ADJ-D-24-01964

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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ICMJE DISCLOSURE FORM

Date: 12/11/2024

Your Name: Suleiman Hamidu Kwairanga

Manuscript Title: Management of Dementia in a Resource-Constrained Sub-Saharan African Setting: Outcome of a Retrospective Survey of Clinical Practice in the Only Neuropsychiatric Facility in Northeastern Nigeria

Manuscript Number (if known): ADJ-D-24-01964

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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ICMJE DISCLOSURE FORM

Date: 12/11/2024

Your Name: Placidus Nwankuba Ogualili

Manuscript Title: Management of Dementia in a Resource-Constrained Sub-Saharan African Setting: Outcome of a Retrospective Survey of Clinical Practice in the Only Neuropsychiatric Facility in Northeastern Nigeria

Manuscript Number (if known): ADJ-D-24-01964

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ICMJE DISCLOSURE FORM

Date: 12/11/2024

Your Name: Peter Danmallam

Manuscript Title: Management of Dementia in a Resource-Constrained Sub-Saharan African Setting: Outcome of a Retrospective Survey of Clinical Practice in the Only Neuropsychiatric Facility in Northeastern Nigeria

Manuscript Number (if known): ADJ-D-24-01964

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ICMJE DISCLOSURE FORM

Date: 12/11/2024

Your Name: Nasir Muhammad Sani

Manuscript Title: Management of Dementia in a Resource-Constrained Sub-Saharan African Setting: Outcome of a Retrospective Survey of Clinical Practice in the Only Neuropsychiatric Facility in Northeastern Nigeria

Manuscript Number (if known): ADJ-D-24-01964

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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.

ICMJE DISCLOSURE FORM

Date: 12/11/2024

Your Name: Muktar Mohammed Allamin

Manuscript Title: Management of Dementia in a Resource-Constrained Sub-Saharan African Setting: Outcome of a Retrospective Survey of Clinical Practice in the Only Neuropsychiatric Facility in Northeastern Nigeria

Manuscript Number (if known): ADJ-D-24-01964

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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ICMJE DISCLOSURE FORM

Date: 12/11/2024

Your Name: Muhammad Kawu Sunkani

Manuscript Title: Management of Dementia in a Resource-Constrained Sub-Saharan African Setting: Outcome of a Retrospective Survey of Clinical Practice in the Only Neuropsychiatric Facility in Northeastern Nigeria

Manuscript Number (if known): ADJ-D-24-01964

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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ICMJE DISCLOSURE FORM

Date: 12/11/2024

Your Name: Muhammad Abba Fugu

Manuscript Title: Management of Dementia in a Resource-Constrained Sub-Saharan African Setting: Outcome of a Retrospective Survey of Clinical Practice in the Only Neuropsychiatric Facility in Northeastern Nigeria

Manuscript Number (if known): ADJ-D-24-01964

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ICMJE DISCLOSURE FORM

Date: 12/11/2024

Your Name: Mohammed Yusuf Mahmood

Manuscript Title: Management of Dementia in a Resource-Constrained Sub-Saharan African Setting: Outcome of a Retrospective Survey of Clinical Practice in the Only Neuropsychiatric Facility in Northeastern Nigeria

Manuscript Number (if known): ADJ-D-24-01964

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☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 12/11/2024

Your Name: Mohammed Mala Gimba

Manuscript Title: Management of Dementia in a Resource-Constrained Sub-Saharan African Setting: Outcome of a Retrospective Survey of Clinical Practice in the Only Neuropsychiatric Facility in Northeastern Nigeria

Manuscript Number (if known): ADJ-D-24-01964

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.

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ICMJE DISCLOSURE FORM

Date: 12/11/2024

Your Name: Luka Nanjul

Manuscript Title: Management of Dementia in a Resource-Constrained Sub-Saharan African Setting: Outcome of a Retrospective Survey of Clinical Practice in the Only Neuropsychiatric Facility in Northeastern Nigeria

Manuscript Number (if known): ADJ-D-24-01964

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ICMJE DISCLOSURE FORM

Date: 12/11/2024

Your Name: Larema Babazau

Manuscript Title: Management of Dementia in a Resource-Constrained Sub-Saharan African Setting: Outcome of a Retrospective Survey of Clinical Practice in the Only Neuropsychiatric Facility in Northeastern Nigeria

Manuscript Number (if known): ADJ-D-24-01964

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ICMJE DISCLOSURE FORM

Date: 12/11/2024

Your Name: Ibrahim Abdu Wakawa

Manuscript Title: Management of Dementia in a Resource-Constrained Sub-Saharan African Setting: Outcome of a Retrospective Survey of Clinical Practice in the Only Neuropsychiatric Facility in Northeastern Nigeria

Manuscript Number (if known): ADJ-D-24-01964

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ICMJE DISCLOSURE FORM

Date: 12/11/2024

Your Name: Fatima Mustapha Kadau

Manuscript Title: Management of Dementia in a Resource-Constrained Sub-Saharan African Setting: Outcome of a Retrospective Survey of Clinical Practice in the Only Neuropsychiatric Facility in Northeastern Nigeria

Manuscript Number (if known): ADJ-D-24-01964

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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.

ICMJE DISCLOSURE FORM

Date: 12/11/2024

Your Name: Celeste M. Karch

Manuscript Title: Management of Dementia in a Resource-Constrained Sub-Saharan African Setting: Outcome of a Retrospective Survey of Clinical Practice in the Only Neuropsychiatric Facility in Northeastern Nigeria

Manuscript Number (if known): ADJ-D-24-01964

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.

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Time frame: past 36 months									
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3	Royalties or licenses	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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ICMJE DISCLOSURE FORM

Date: 12/11/2024

Your Name: Babagana Kundi Machina

Manuscript Title: Management of Dementia in a Resource-Constrained Sub-Saharan African Setting: Outcome of a Retrospective Survey of Clinical Practice in the Only Neuropsychiatric Facility in Northeastern Nigeria

Manuscript Number (if known): ADJ-D-24-01964

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 695 1516 793"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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ICMJE DISCLOSURE FORM

Date: 12/11/2024

Your Name: Baba Waru Goni

Manuscript Title: Management of Dementia in a Resource-Constrained Sub-Saharan African Setting: Outcome of a Retrospective Survey of Clinical Practice in the Only Neuropsychiatric Facility in Northeastern Nigeria

Manuscript Number (if known): ADJ-D-24-01964

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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ICMJE DISCLOSURE FORM

Date: 11-12-2024

Your Name: Dr Chinedu Udeh-Momoh

Manuscript Title: Management of Dementia in a Resource-Constrained Sub-Saharan African Setting: Outcome of a Retrospective Survey of Clinical Practice in the Only Neuropsychiatric Facility in Northeastern Nigeria

Manuscript Number (if known): ADJ-D-24-01964

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4	Consulting fees	<input type="checkbox"/> None <table border="1" data-bbox="386 499 1516 667"> <tr> <td>Brain and Mind Institute, Aga Khan University, Kenya</td> <td>Payment made to me</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Brain and Mind Institute, Aga Khan University, Kenya	Payment made to me						
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 756 1516 856"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" data-bbox="386 1314 1516 1656"> <tr> <td>Dementia and Brain Aging in LMIC 2022 conference – Alzheimer's Association Competitive Travel Fellowship for oral presentation at the LMIC meeting in Nairobi, Kenya.</td> <td>Payment made to me</td> </tr> <tr> <td>Alzheimer's Association International conference (AAIC) 20222 – Alzheimer's Association Competitive Travel Fellowship for oral presentation at the AAIC meeting in San Diego, USA.</td> <td>Payment made to me</td> </tr> <tr><td></td><td></td></tr> </table>		Dementia and Brain Aging in LMIC 2022 conference – Alzheimer's Association Competitive Travel Fellowship for oral presentation at the LMIC meeting in Nairobi, Kenya.	Payment made to me	Alzheimer's Association International conference (AAIC) 20222 – Alzheimer's Association Competitive Travel Fellowship for oral presentation at the AAIC meeting in San Diego, USA.	Payment made to me				
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9	Participation on a Data Safety	<input checked="" type="checkbox"/> None									

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	Monitoring Board or Advisory Board	<table border="1"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>				<table border="1"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>					
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Elected Trustee at British Society for Neuroendocrinology (roles: EDI Chair and Grants Committee member)</td> <td>Unpaid role</td> </tr> <tr> <td>Executive Committee member, Alzheimer's Association ISTAART</td> <td>Unpaid role</td> </tr> <tr> <td>Expert Committee member, NIH-Funded National Academies of Science, Engineering and Medicine (NASEM) project to determine research priorities for ADRD</td> <td>Unpaid role</td> </tr> <tr> <td>Expert Committee member, World Health Organization Guideline Development Group to develop recommendations for Risk reduction of Cognitive Impairment and Dementia</td> <td></td> </tr> </table>		Elected Trustee at British Society for Neuroendocrinology (roles: EDI Chair and Grants Committee member)	Unpaid role	Executive Committee member, Alzheimer's Association ISTAART	Unpaid role	Expert Committee member, NIH-Funded National Academies of Science, Engineering and Medicine (NASEM) project to determine research priorities for ADRD	Unpaid role	Expert Committee member, World Health Organization Guideline Development Group to develop recommendations for Risk reduction of Cognitive Impairment and Dementia	
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ICMJE DISCLOSURE FORM

Date: 12/12/2024

Your Name: Chiadi U. Onyike

Manuscript Title: Management of Dementia in a Resource-Constrained Sub-Saharan African Setting: Outcome of a Retrospective Survey of Clinical Practice in the Only Neuropsychiatric Facility in Northeastern Nigeria

Manuscript Number (if known): ADJ-D-24-01964

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.

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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.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 60%;">NIH</td><td></td></tr> <tr><td>Alzheimer's Association</td><td></td></tr> <tr><td>Robert and Nancy Hall Brain Research Fund</td><td>Click the tab key to add additional rows.</td></tr> </table>		NIH		Alzheimer's Association		Robert and Nancy Hall Brain Research Fund	Click the tab key to add additional rows.
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 60%;">Alector, Inc.</td><td>Clinical trial funding paid to institution</td></tr> <tr><td>Transposon Therapeutics</td><td>Clinical trial funding paid to institution</td></tr> <tr><td> </td><td> </td></tr> </table>		Alector, Inc.	Clinical trial funding paid to institution	Transposon Therapeutics	Clinical trial funding paid to institution		
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 60%;"> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr><td>Acadia Pharmaceuticals</td><td></td></tr> <tr><td>Reata Pharmaceuticals</td><td></td></tr> <tr><td>Otsuka Pharmaceutical</td><td></td></tr> <tr><td>Eli Lilly and Company</td><td></td></tr> <tr><td>Alexion Pharmaceuticals</td><td></td></tr> <tr><td>Lykos Therapeutics</td><td></td></tr> <tr><td>Zevra Therapeutics</td><td></td></tr> <tr><td>Neuvivo</td><td></td></tr> </table>		Acadia Pharmaceuticals		Reata Pharmaceuticals		Otsuka Pharmaceutical		Eli Lilly and Company		Alexion Pharmaceuticals		Lykos Therapeutics		Zevra Therapeutics		Neuvivo	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr><td>Lewy Body Dementia Association</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Lewy Body Dementia Association															
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr><td>FTD Disorders Registry Scientific Advisory Board</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		FTD Disorders Registry Scientific Advisory Board															
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