

ICMJE DISCLOSURE FORM

Date: 4/17/2025

Your Name: Megan Zuelsdorff

Manuscript Title: Introducing social determinants of health to the Alzheimer's Disease Research Center network: Development and implementation in the Uniform Data Set

Manuscript Number (if known): ADJ-D-25-00247

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: 4/17/2025

Your Name: Erin Abner

Manuscript Title: Introducing social determinants of health to the Alzheimer's Disease Research Center network: Development and implementation in the Uniform Data Set

Manuscript Number (if known): ADJ-D-25-00247

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ICMJE DISCLOSURE FORM

Date: 4/18/2025

Your Name: Joyce E. Balls-Berry

Manuscript Title: Introducing social determinants of health to the Alzheimer's Disease Research Center network: Development and implementation in the Uniform Data Set

Manuscript Number (if known): ADJ-D-25-00247

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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Date: 4/17/2025

Your Name: Gregory A. Jicha

Manuscript Title: Introducing social determinants of health to the Alzheimer's Disease Research Center network: Development and implementation in the Uniform Data Set

Manuscript Number (if known): ADJ-D-25-00247

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Date: 4/18/2025

Your Name: Sergio Lanata

Manuscript Title: Introducing social determinants of health to the Alzheimer's Disease Research Center network: Development and implementation in the Uniform Data Set

Manuscript Number (if known): ADJ-D-25-00247

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Date: 4/18/2025

Your Name: Gladys Elena Maestre

Manuscript Title: Introducing social determinants of health to the Alzheimer's Disease Research Center network: Development and implementation in the Uniform Data Set

Manuscript Number (if known): ADJ-D-25-00247

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: past 36 months									
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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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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 type="checkbox"/> None <table border="1"> <tr><td>Fundaconciencia Inc</td><td></td></tr> <tr><td>APPREMED</td><td></td></tr> <tr><td></td><td></td></tr> </table>	Fundaconciencia Inc		APPREMED						
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1516 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 478 1516 579"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 693 1516 793"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<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: 4/17/2025

Your Name: Monica Rosselli

Manuscript Title: Introducing social determinants of health to the Alzheimer's Disease Research Center network: Development and implementation in the Uniform Data Set

Manuscript Number (if known): ADJ-D-25-00247

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ICMJE DISCLOSURE FORM

Date: 4/17/2025

Your Name: Shana D Stites

Manuscript Title: Introducing social determinants of health to the Alzheimer's Disease Research Center network: Development and implementation in the Uniform Data Set

Manuscript Number (if known): ADJ-D-25-00247

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Date: 4/15/2025

Your Name: Rachel Whitmer

Manuscript Title: Introducing social determinants of health to the Alzheimer's Disease Research Center network: Development and implementation in the Uniform Data Set

Manuscript Number (if known): ADJ-D-25-00247

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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"> <tr><td>NIH , NIA grants</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	NIH , NIA grants					
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ICMJE DISCLOSURE FORM

Date: 4/25/2025

Your Name: Consuelo H. Wilkins, MD, MCSI

Manuscript Title: Introducing social determinants of health to the Alzheimer's Disease Research Center network: Development and implementation in the Uniform Data Set

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9	Participation on a Data Safety	<input checked="" type="checkbox"/> 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)						
	Monitoring Board or Advisory Board	<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>							
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>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<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>							
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>							
<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: 4/17/2025

Your Name: Lisa Barnes

Manuscript Title: Introducing social determinants of health to the Alzheimer's Disease Research Center network: Development and implementation in the Uniform Data Set

Manuscript Number (if known): ADJ-D-25-00247

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 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 checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<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>						
3	Royalties or licenses	<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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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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