

ICMJE DISCLOSURE FORM

Date: 2/25/2025

Your Name: Omer Sharon

Manuscript Title: Slow wave synchrony during NREM sleep tracks cognitive impairment in prodromal Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02330

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: 2/27/2025

Your Name: Darya Narbayev

Manuscript Title: Slow wave synchrony during NREM sleep tracks cognitive impairment in prodromal Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02330

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ICMJE DISCLOSURE FORM

Date: 2/26/2025

Your Name: Rotem Falach

Manuscript Title: Slow wave synchrony during NREM sleep tracks cognitive impairment in prodromal Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02330

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ICMJE DISCLOSURE FORM

Date: 3/2/2025

Your Name: Matthew Walker

Manuscript Title: Slow wave synchrony during NREM sleep tracks cognitive impairment in prodromal Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02330

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ICMJE DISCLOSURE FORM

Date: 3/3/2025

Your Name: Riva Tauman

Manuscript Title: Slow wave synchrony during NREM sleep tracks cognitive impairment in prodromal Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02330

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ICMJE DISCLOSURE FORM

Date: 2/26/2025

Your Name: Tamara Shiner

Manuscript Title: Slow wave synchrony during NREM sleep tracks cognitive impairment in prodromal Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02330

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ICMJE DISCLOSURE FORM

Date: 2/26/2025

Your Name: Vladislav Zhelezniakov

Manuscript Title: Slow wave synchrony during NREM sleep tracks cognitive impairment in prodromal Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02330

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ICMJE DISCLOSURE FORM

Date: 2/26/2025

Your Name: Yael Gat

Manuscript Title: Slow wave synchrony during NREM sleep tracks cognitive impairment in prodromal Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02330

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ICMJE DISCLOSURE FORM

Date: 2/26/2025

Your Name: Yuval Nir

Manuscript Title: Slow wave synchrony during NREM sleep tracks cognitive impairment in prodromal Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02330

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ICMJE DISCLOSURE FORM

Date: 2/27/2025

Your Name: Noa Bregman

Manuscript Title: Slow wave synchrony during NREM sleep tracks cognitive impairment in prodromal Alzheimer's Disease

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EISAI											
Eli Lilly											
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>									

		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	<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>							

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.