

ICMJE DISCLOSURE FORM

Date: 11/20/2024

Your Name: Michael R. Duggan

Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk

Manuscript Number (if known): ADJ-D-24-01150

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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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: 11/5/2024

Your Name: Clare Paterson

Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk

Manuscript Number (if known): ADJ-D-24-01150

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		Standard BioTools	Stock and stock options
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ICMJE DISCLOSURE FORM

Date: 11/4/2024

Your Name: Yifei Lu

Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk

Manuscript Number (if known): ADJ-D-24-01150

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: Hannah Blegel

Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk

Manuscript Number (if known): ADJ-D-24-01150

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Date: 11/4/2024

Your Name: Heather Dark

Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk

Manuscript Number (if known): ADJ-D-24-01150

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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>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <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>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <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>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <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>							

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: 11/4/2024

Your Name: Jenifer Cordon

Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk

Manuscript Number (if known): ADJ-D-24-01150

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: 11/5/2024

Your Name: Murat Bilgel

Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk

Manuscript Number (if known): ADJ-D-24-01150

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: 11/6/2024

Your Name: Naoto Kaneko

Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk

Manuscript Number (if known): ADJ-D-24-01150

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: 11/17/2024

Your Name: Masaki Shibayama

Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk

Manuscript Number (if known): ADJ-D-24-01150

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: 11/5/2024

Your Name: Shintaro Kato

Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk

Manuscript Number (if known): ADJ-D-24-01150

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: 10/8/2021

Your Name: Makio FURUICHI

Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk

Manuscript Number (if known): ADJ-D-24-01150

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ICMJE DISCLOSURE FORM

Date: 11/6/2024

Your Name: Iwao Waga

Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk

Manuscript Number (if known): ADJ-D-24-01150

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Date: 11/11/2024

Your Name: Keita Hiraga

Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk

Manuscript Number (if known): ADJ-D-24-01150

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Date: 11/5/2024

Your Name: Masahisa Katsuno

Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk

Manuscript Number (if known): ADJ-D-24-01150

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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: 11/5/2024

Your Name: Yukiko Nishita

Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk

Manuscript Number (if known): ADJ-D-24-01150

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: 11/5/2024

Your Name: Rei Otsuka

Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk

Manuscript Number (if known): ADJ-D-24-01150

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: 11/8/2021

Your Name: Christos Davatzikos

Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk

Manuscript Number (if known): ADJ-D-24-01150

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: 11/4/2024

Your Name: Guray Erus

Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk

Manuscript Number (if known): ADJ-D-24-01150

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13	Other financial or non-financial interests	X 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:									
X	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: 11/5/2024

Your Name: Kelsey M. Loupy

Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk

Manuscript Number (if known): ADJ-D-24-01150

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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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: 12/17/2024

Your Name: Melissa Simpson

Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk

Manuscript Number (if known): ADJ-D-24-01150

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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☒ 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: 11/6/2024

Your Name: Alexandria Lewis

Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk

Manuscript Number (if known): ADJ-D-24-01150

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: 11/11/2024

Your Name: Abhay Moghekar

Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk

Manuscript Number (if known): ADJ-D-24-01150

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ICMJE DISCLOSURE FORM

Date: 11/11/2024

Your Name: Priya Palta

Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk

Manuscript Number (if known): ADJ-D-24-01150

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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">National Institutes of Health</td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> </table>		National Institutes of Health					
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; 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>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; 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>							

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: 11/12/2024

Your Name: Rebecca F. Gottesman

Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk

Manuscript Number (if known): ADJ-D-24-01150

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: 11/11/2024

Your Name: Susan Resnick

Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk

Manuscript Number (if known): ADJ-D-24-01150

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: 11/4/2024

Your Name: Josef Coresh

Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk

Manuscript Number (if known): ADJ-D-24-01150

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: 11/11/2024

Your Name: Stephen A Williams

Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk

Manuscript Number (if known): ADJ-D-24-01150

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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)						
11	Stock or stock options	<input type="checkbox"/> None <table border="1"> <tr> <td>Standard Biotoools Inc</td> <td>Employee incentive plan</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Standard Biotoools Inc	Employee incentive plan				
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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.

ICMJE DISCLOSURE FORM

Date: 11/4/2024

Your Name: Keenan A Walker

Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk

Manuscript Number (if known): ADJ-D-24-01150

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.	<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>							
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="display: flex; align-items: center;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;">NIA (Intramural Research Program) AG000348-01</td> <td>Payments made to institution</td> </tr> <tr> <td>NIA (Intramural Research Program) AG000349-01</td> <td>Payments made to institution</td> </tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>		NIA (Intramural Research Program) AG000348-01	Payments made to institution	NIA (Intramural Research Program) AG000349-01	Payments made to institution		
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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>									
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>									
6	Payment for expert testimony	<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>									
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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