

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mary	2. Surname (Last Name) Butler	3. Date 15-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Howard Fink
5. Manuscript Title Pharmacological interventions to prevent age-related cognitive decline, mild cognitive impairment, and clinical Alzheimer's-type dementia: a systematic review		
6. Manuscript Identifying Number (if you know it) M17-1529		

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name) Collin	2. Surname (Last Name) Calvert	3. Date 15-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Pharmacological interventions to prevent age-related cognitive decline, mild cognitive impairment, and clinical Alzheimer's-type dementia: a systematic review		
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Dr. Calvert has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Heather	2. Surname (Last Name) Davila	3. Date 15-September-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name _____		
5. Manuscript Title Pharmacological interventions to prevent age-related cognitive decline, mild cognitive impairment, and clinical Alzheimer's-type dementia: a systematic review		
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Dr. Davila has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jonh

2. Surname (Last Name)

McCarten

3. Date

15-September-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Pharmacological interventions to prevent age-related cognitive decline, mild cognitive impairment, and clinical Alzheimer's-type dementia: a systematic review

6. Manuscript Identifying Number (if you know it)

M17-1529

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Dr. McCarten has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Victoria	2. Surname (Last Name) Nelson	3. Date 27-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Howard Fink
5. Manuscript Title Pharmacological interventions to prevent age-related cognitive decline, mild cognitive impairment, and clinical Alzheimer's-type dementia: a systematic review		
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1. Given Name (First Name)
Terry

2. Surname (Last Name)
Barclay

3. Date
22-September-2017

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Howard Fink

5. Manuscript Title
Pharmacological interventions to prevent age-related cognitive decline, mild cognitive impairment, and clinical Alzheimer's-type dementia: a systematic review

6. Manuscript Identifying Number (if you know it)
M17-1529

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Agency for Healthcare Research and Quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement

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Dr. Barclay reports grants from Agency for Healthcare Research and Quality , during the conduct of the study.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Eric

2. Surname (Last Name)
Jutkowitz

3. Date
21-September-2017

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Howard Fink

5. Manuscript Title
Pharmacological interventions to prevent age-related cognitive decline, mild cognitive impairment, and clinical Alzheimer's-type dementia: a systematic review

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Agency for Healthcare Research and Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This manuscript is based on research conducted by the Minnesota Evidence-based Practice Center under contract to the Agency for Healthcare Research and Quality, Rockville, MD Contract No. 290-2015-00008-1

Section 3. Relevant financial activities outside the submitted work.

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Dr. Jutkowitz reports other from Agency for Healthcare Research and Quality, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Howard

2. Surname (Last Name)

Fink

3. Date

05-October-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Pharmacological interventions to prevent cognitive decline, mild cognitive impairment, and clinical Alzheimer's-type dementia: a systematic review

6. Manuscript Identifying Number (if you know it)

M17-1529

Section 2. The Work Under Consideration for Publication

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Dr. Fink has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Laura

2. Surname (Last Name)
Hemmy

3. Date
23-October-2017

4. Are you the corresponding author? Yes No
Corresponding Author's Name
M Brasure

5. Manuscript Title
Physical activity interventions in preventing cognitive decline and Alzheimer's-type dementia: A systematic review

6. Manuscript Identifying Number (if you know it)
M17-1528

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AHRQ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Hemmy reports grants from AHRQ, during the conduct of the study; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Edward

2. Surname (Last Name)
Ratner

3. Date
19-October-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Michele Brasure

5. Manuscript Title

Pharmacological interventions to prevent age-related cognitive decline, mild cognitive impairment, and clinical Alzheimer's-type dementia: a systematic review

6. Manuscript Identifying Number (if you know it)

M17-1529

Section 2. The Work Under Consideration for Publication

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Dr. Ratner has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Michelle

2. Surname (Last Name)

Brasure

3. Date

05-October-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Mary Butler

5. Manuscript Title

Pharmacological interventions to prevent age-related cognitive decline, mild cognitive impairment, and clinical Alzheimer's-type dementia: a systematic review

6. Manuscript Identifying Number (if you know it)

M17-1529

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Brasure has nothing to disclose.

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