

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report 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.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

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Section 1. Identifying Information

1. Given Name (First Name) Dean	2. Surname (Last Name) Shibata`	3. Date 26-April-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name BG Windham
5. Manuscript Title Midlife Infarct Burden, White Matter Hyperintensities and 20-Year Cognitive Decline in ARIC: a Cohort Study		
6. Manuscript Identifying Number (if you know it) M18-0295		

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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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

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Dr. Shibata` 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) David	2. Surname (Last Name) Knopman	3. Date 27-April-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Gwen Windham
5. Manuscript Title Midlife Infarct Burden, White Matter Hyperintensities and 20-Year Cognitive Decline in ARIC: a Cohort Study		
6. Manuscript Identifying Number (if you know it) M18-0295		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
DIAN study	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSMB member
Lundbeck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSMB member; ended 08-17

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Knopman reports personal fees from DIAN study, personal fees from Lundbeck , outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Thomas	2. Surname (Last Name) Mosley	3. Date 30-April-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Gwen Windham
5. Manuscript Title Midlife Infarct Burden, White Matter Hyperintensities and 20-Year Cognitive Decline in ARIC: a Cohort Study		
6. Manuscript Identifying Number (if you know it) 		

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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

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Dr. Mosley reports grants from NIH, 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)
Rebecca

2. Surname (Last Name)
Gottesman

3. Date
20-June-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

5. Manuscript Title

Midlife Infarct Burden, White Matter Hyperintensities and 20-Year Cognitive Decline in ARIC: a Cohort Study

6. Manuscript Identifying Number (if you know it)

M18-0295

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Are there any relevant conflicts of interest? ☐ Yes ☐ No

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
American Academy of Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Associate Editor, Neurology journal

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Gottesman reports other from American Academy of Neurology, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Dan

2. Surname (Last Name)
Su

3. Date
26-April-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
B. Gwen Windham

5. Manuscript Title
Midlife Infarct Burden, White Matter Hyperintensities and 20-Year Cognitive Decline in ARIC: a Cohort Study

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Dr. Su 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) Jonathan	2. Surname (Last Name) Tingle	3. Date 15-July-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Beverly Gwen Windham
5. Manuscript Title Midlife Infarct Burden, White Matter Hyperintensities and 20-Year Cognitive Decline in ARIC: a Cohort Study		
6. Manuscript Identifying Number (if you know it) 		

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NHLBI	<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

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Mr. Tingle reports grants from NHLBI, 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)
Michael

2. Surname (Last Name)
Griswold

3. Date
18-July-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Beverly Gwen Windham

5. Manuscript Title

Midlife Smaller and Larger Infarcts, White Matter Hyperintensities and 20-Year Cognitive Decline: a Cohort Study

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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Dr. Griswold 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)
Laura

2. Surname (Last Name)
Coker

3. Date
26-July-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Beverly Gwen Windham

5. Manuscript Title

Midlife smaller and larger infarcts, WMH, and 20 year cognitive decline: a cohort study

6. Manuscript Identifying Number (if you know it)

M18-0295

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Coker 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)

B. Gwen

2. Surname (Last Name)

Windham

3. Date

27-June-2019

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Midlife Smaller and Larger Infarcts, White Matter Hyperintensities and 20-Year Cognitive Decline: a Cohort Study

6. Manuscript Identifying Number (if you know it)

M18-0295

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institutes of Health/NHLBI/NIA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Windham reports grants from National Institutes of Health/NHLBI/NIA, 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)
Steven

2. Surname (Last Name)
Wilkening

3. Date
01-August-2019

4. Are you the corresponding author? ☐ Yes ☐ No

5. Manuscript Title
Midlife Smaller and Larger Infarcts, White Matter Hyperintensities and 20-Year Cognitive Decline: A Cohort Study

6. Manuscript Identifying Number (if you know it)

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