

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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3. Relevant financial activities outside the submitted work.

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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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) David

2. Surname (Last Name) Bennett

3. Date 12-December-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name Patricia Boyle

5. Manuscript Title Scam Susceptibility Related to Incident Alzheimer's Dementia and Mild Cognitive Impairment: A Prospective Cohort Study

6. Manuscript Identifying Number (if you know it) M18-2711

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
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
State of Illinois	<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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Dr. Bennett reports grants from NIH, grants from State of Illinois, 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)
Robert

2. Surname (Last Name)
Wilson

3. Date
12-December-2018

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

5. Manuscript Title
Scam Susceptibility Related to Incident Alzheimer's Dementia and Mild Cognitive Impairment

6. Manuscript Identifying Number (if you know it)
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NIH/NIA AG033678, AG034374, AG017917	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Illinois Department of Public Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 1. Identifying Information

1. Given Name (First Name) Patricia

2. Surname (Last Name) Boyle

3. Date 12-December-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Julie

2. Surname (Last Name)
Schneider

3. Date
17-December-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Patricia Boyd

5. Manuscript Title
Scam Susceptibility Related to Incident Alzheimer's Dementia and Mild Cognitive Impairment: A Prospective Cohort Study"

6. Manuscript Identifying Number (if you know it)
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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Consultant, Grifols	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consultant, Eli Lilly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Consultant, AVID radiopharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consultant, National Hockey League	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consultant, National Football League	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Lei

2. Surname (Last Name)
Yu

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Corresponding Author's Name
Patricia A. Boyle

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National Institute on Aging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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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. Yu reports grants from National Institute on Aging, during the conduct of the study; .

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