

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.

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

Bennett 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fi David		2. Surname (Last Bennett	Name)	3. Date 12-December-2018			
4. Are you the corresponding author?		Yes ✓ N	•	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 Idei M18-2711	ntifying Number (if you kn	ow it)					
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Section 2.	The Work Under Co	onsideration fo	r Publication				
	stitution at any time recei submitted work (including etc.)?						
	evant conflicts of intere	est? 🗸 Yes	No				
	out the appropriate info		you have more tha	n one entity p	ress the "ADD" b	utton to add a row.	
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NIH		✓					
State of Illinois		✓					
Section 3.	Relevant financial	activities outsi	de the submitted	d work.			
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Are there any rel	evant conflicts of intere	est? Yes	√ No				
Soction 4							
Section 4.	Intellectual Proper	ty Patents &	Copyrights				
Do you have any	patents, whether planr	ned, pending or is	sued, broadly relev	ant to the worl	k? Yes	/ No	

Bennett 2



Section 5. Polationships not severed above
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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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Wilson 1



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1. Given Name (First Name) Robert	2. Surname (Last Name) Wilson	3. Date 12-December-2018				
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Did you or your institution at any time red	ng but not limited to grants, da	cation a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,				
	nformation below. If you hav	ve more than one entity press the "ADD" button to add a row.				
Name of Institution/Company	Grant? Personal Noi	n-Financial Other? Comments				
NIH/NIA AG033678, AG034374, AG017917	✓					
llinois Department of Public Health						
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of compensation) with entities as desc	cribed in the instructions. Us eport relationships that wer	nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by tree present during the 36 months prior to publication.				
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Do you have any patents, whether pla						

Wilson 2



Section 5.	
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	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
	ts grants from NIH/NIA AG033678, AG034374, AG017917, grants from Illinois Department of Public Health, uct of the study; .

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Boyle 1



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Did you or your institution at any t		party (government, commercial, private foundation, etc.) for toring board, study design, manuscript preparation,
Are there any relevant conflicts	of interest? ✓ Yes No	
If yes, please fill out the approp Excess rows can be removed by	· · · · · · · · · · · · · · · · · · ·	than one entity press the "ADD" button to add a row.
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NIH/NIA AG033678, AG034374, AG0	17917	
llinois Department of Public Health		
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NIH/NIA AG033678, <i>F</i>	AG034374, AG017917	✓						
llinois Department o	f Public Health	✓						
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If yes, please fill o	out the appropriate inf	ormation belo	ow.					
Name of Entity		Grant•	ersonal N ees?	lon-Financial Support <mark>?</mark>	Other?	Comments		
Consultant, Grifols			✓					
Consultant, Eli Lilly			✓					



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Consultant, AVID radiopharmaceuticals		✓				
Consultant, National Hockey League		\checkmark				
Consultant, National Football League		\checkmark				
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Intellectual Propert	y Pate	ents & Cop	pyrights			
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Dr. Schneider reports grants from NIH/NI Health, during the conduct of the study; personal fees from Consultant, AVID radi personal fees from Consultant, National	; persona iopharma	ا fees from aceuticals, ہ	Consultant, Grifo personal fees fron	ls, person n Consult	al fees from Consultant, Eli Lilly, ant, National Hockey League,	



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Did you or your institution any aspect of the submit statistical analysis, etc.)? Are there any relevant	tted work (including b	out not limited to g					
If yes, please fill out th Excess rows can be re			you have more tha	n one entity pr	ess the "ADD"	button to add a row.	
Name of Institution/C		Grant? Person		Other? Co	omments		
National Institute on Aging	ı	✓					
Section 3. Rele	evant financial a	ctivities outsic	le the submitted	l work.			
Place a check in the ap of compensation) with clicking the "Add +" be Are there any relevant	n entities as describ ox. You should repo	ed in the instruct ort relationships	ions. Use one line t	for each entity;	add as many l	ines as you need by	
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