Date:			5/12/2022		
Your Name:			Ann McKee		
Manuscript Title:			White matter hyperintensities in fo	rmer American football players"	
Mai	nuscript Number (if k	nown):	ADJ-D-21-01007R2		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned.		ipt. "Rela of the man e in doubt as/activitionsion, you entioned	rt for the work reported in this manuscript without time limit. For all other items, the time		
-		<del>-</del>	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	[] N/			
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	U54-NS R01AG	6057902-01	Click the tab key to add additional rows.	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	U54-NS R01AG0	5-115266-01 062348 6057902-01		
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	U54-NS R01AG0 1RF1AG P30-AG	5-115266-01 062348 5057902-01 13846 Time frame: past 36 month		

		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)
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [⊠]	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.		

Date:		5/17/2022
Your Name:		Eric M. Reiman, MD
Manuscript Title:		White matter hyperintensities in former American football players
Mar	nuscript Number (if k	nown): ADJ-D-21-01007R2
content of your manuscript. "Rel affected by the content of the ma		rency, we ask you to disclose all relationships/activities/interests listed below that are related to the pt. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be if the manuscript. Disclosure represents a commitment to transparency and does not necessarily in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.
epic	demiology of hyperter	s/activities/interests should be defined broadly. For example, if your manuscript pertains to the assion, you should declare all relationships with manufacturers of antihypertensive medication, even if entioned in the manuscript.
In item #1 below, report all support for the work reported in this manuscript without time limit. For all other it 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.	NIA grants P30 AG019610 and P30 AG072980  Click the tab key to add additional rows.
		Time frame: past 36 months
2	Grants or contracts from	$[\Box]$ None

1 12/13/2021 ICMJE Disclosure Form

3

Royalties or

licenses

 $\boxtimes$ 

None

		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)
4	Consulting fees	Scientific Advisor, Denali, Green Valley, Retromer Therapeutics	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	Founder and Advisor, ALZPath Scientific Advisor, Alzheon, Denali, Retromer Therapeutics, Vaxxinity	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[□] None	
13	Other financial or non-financial interests	[⊠] None	
	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 wo	rding of any of the questions on this form.

Date:			5/19/2022		
Your Name:			Michael L Alosco		
Manuscript Title:			White Matter Hyperintensities in former American Football Players		
Mar	nuscript Number (if l	known):	Click or tap here to enter text.		
content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in doub  The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned."		ript. "Relation of the mate in double os/activition os/activition of the material of the mater	rt for the work reported in this manuscript without time limit. For all other items, the time		
	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)		Specifications/Comments (e.g., if payments were made to you or to your institution)		
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.	NIH	Time frame: Since the initial planning one	Grants to my institution from the NIH  Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one Iter Charitable Foundation	Grant to my institution	
3	Royalties or licenses		University Press	Textbook Royalties	

		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)
4	Consulting fees	□ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [⊠]	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.		

William B. Barr, PhD	
White matter hyperintensities in former American football players	
ADJ-D-21-01007R2	
we ask you to disclose all relationships/activities/interests listed below that are related to the lated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily ot 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.	
la b	

		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		
	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.	None  Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None  Expert witness testimony for cases involving brain injury and CTE.	
7	Support for attending meetings and/or travel	Registration support for AACN Annual meeting in June 2022.	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	□ None	
Plea [⊠]	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.		

Date:			5/13/2022		
Your Name:			Charles H Adler		
Manuscript Title:			White matter hyperintensities in former American football players		
Ma	nuscript Number (if k	known):	ADJ-D-21-01007R2		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti			ated" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity es/interests should be defined broadly. For each of the should declare all relationships with manuf	/interest, it is preferable that you do so.	
In it		: all suppo	rt for the work reported in this manuscript w	ithout time limit. For all other items, the time	
		Name al	ll entities with whom you have this	Specifications/Comments to a life normants were	
			ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
				made to you or to your institution)	
1	All support for the	relations	ship or indicate none (add rows as needed)	made to you or to your institution)	
1	present	relation:	ship or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution) of the work	
1	present manuscript (e.g.,	relations	ship or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)	
1	present manuscript (e.g., funding, provision of study materials,	relation:	ship or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution) of the work	
1	present manuscript (e.g., funding, provision	relation:	ship or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution) of the work institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	relation:	ship or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)  of the work  institution  Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	relations  □ N  NIH  □ N  State o	ship or indicate none (add rows as needed)  Time frame: Since the initial planning one	made to you or to your institution)  of the work  institution  Click the tab key to add additional rows.	

Royalties or

licenses

None

		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)
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [⊠]	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	5/13/2022
Your Name:	Joseph Palmisano
Manuscript Title:	White matter hyperintensities in former American football players
Manuscript Number (if known):	ADJ-D-21-01007R2

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.

		e all entities with whom you have this onship 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.	None  Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [⊠]	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:		_	5/16/2022		
Your Name:		_	Alexander Lin		
Manuscript Title:		_	White matter hyperintensities in former American football players		
Ma	nuscript Number (if kı	nown):	ADJ-D-21-01007R2		
content of your manuscript. "Rel affected by the content of the ma		pt. "Rela f the mar	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be unuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
The state of the s		nsion, you	ies/interests should be defined broadly. For example, if your manuscript pertains to the bu should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
In item #1 below, report all support f frame for disclosure is the past 36 mg				ithout time limit. For all other items, the time	
			entities with whom you have this hip 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	[□] No		of the work	
1	present manuscript (e.g.,			of the work  Payments to institution	
1	present manuscript (e.g., funding, provision		one		
1	present manuscript (e.g., funding, provision of study materials, medical writing,		one	Payments to institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		one	Payments to institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing		one	Payments to institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		one	Payments to institution  Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Nationa	I Institute of Health, U01NS093334	Payments to institution  Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Nationa	I Institute of Health, U01NS093334  Time frame: past 36 month	Payments to institution  Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	Nationa	I Institute of Health, U01NS093334  Time frame: past 36 month	Payments to institution  Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not	Nationa	I Institute of Health, U01NS093334  Time frame: past 36 month	Payments to institution  Click the tab key to add additional rows.	

Co-founder

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BrainSpec, Inc

		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)
5	Payment or honoraria for lectures, presentations, speakers bureaus,	Agios Pharmaceuticals Biomarin Pharmaceuticals DesignTx MonctonMRI  None	Payments to institution and self Payments to institution and self Payments to self Payments to self
	manuscript writing or educational events		
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	US Patent Application, 9,612,306	Method for assessing repetitive head injuries with two-dimensional magnetic resonance spectroscopy
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [⊠]	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.		

Date:	5/13/2022
Your Name:	Charles Bernick
Manuscript Title:	White matter hyperintensities in former American football players
Manuscript Number (if known):	ADJ-D-21-01007R2

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.

		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.	[⊠] None	Click the tab key to add additional rows.
		Time frame: past 36 month	s s
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None   Eisai Pharmaceuticals	Reimbursement made to me
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Eisai Pharmaceuticals Lilly Pharmaceuticals Biogen Pharmaceutials	Payment made to me Payment made to me Payment made to me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	UFC Top Rank promotion Haymon Boxing	Payment Made to institution Payment made to institution Payment made to institution
Plea [⊠]	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	5/16/2022
Your Name:	Brett Martin
Manuscript Title:	White matter hyperintensities in former American football players
Manuscript Number (if known):	ADJ-D-21-01007R2

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.

		e all entities with whom you have this ionship 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.	None  Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		e all entities with whom you have this ionship 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	None Sold in the land tows as needed y	made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [⊠		e following statement to indicate your agreeme ered every question and have not altered the wo	

Date:	5/14/2021
Your Name:	Robert C. Cantu
Manuscript Title:	Click or tap here to enter text.
Manuscript Number (if known):	Click or tap here to enter text.

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.

		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.	[⊠] None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	[□] None	

4 Consulting food		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)
4	Consulting fees	NFL Concussion Legacy Foundation NOCSAE	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	International Concussion Meeting	
6	Payment for expert testimony	[□] None [NCAA NHL	
7	Support for attending meetings and/or travel	[□] None	
8	Patents planned, issued or pending	[□] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	NOCSAE	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [⊠]	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:			5/16/2022	
You	ır Name:		Jesse Mez	
Ma	nuscript Title:		White matter hyperintensities in former American football players	
Manuscript Number (if known):		(nown):	ADJ-D-21-01007R2	
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt The author's relationships/activities."		ript. "Related of the made in double of the made in double of the made in the	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.	
	tem #1 below, report me for disclosure is th			rithout time limit. For all other items, the time
			l entities with whom you have this ship 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 cools
			rime marine. Since the initial planning	or the work
1	All support for the present manuscript (e.g.,		one	Institution
1	present manuscript (e.g., funding, provision			Institution
1	present manuscript (e.g., funding, provision of study materials, medical writing,		one	
1	present manuscript (e.g., funding, provision of study materials,		one	Institution
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing		one	Institution
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		one	Institution  Click the tab key to add additional rows.
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from	NIH: 5	U01NS093334	Institution  Click the tab key to add additional rows.
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not	NIH: 5	U01NS093334  Time frame: past 36 month	Institution  Click the tab key to add additional rows.
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from	NIH: 5	U01NS093334  Time frame: past 36 monthone	Institution  Click the tab key to add additional rows.
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	NIH: 5	Time frame: past 36 month one 5U01NS093334	Institution  Click the tab key to add additional rows.
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	NIH: 5	U01NS093334  Time frame: past 36 monthone	Institution  Click the tab key to add additional rows.
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or	NIH: 5	Time frame: past 36 month one 5U01NS093334	Institution  Click the tab key to add additional rows.
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or	NIH: 5	Time frame: past 36 month one 5U01NS093334	Institution  Click the tab key to add additional rows.

		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)
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
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.			

Date:	5/18/2022
Your Name:	Kaitlin Hartlage
Manuscript Title:	White matter hyperintensities in former American football players
Manuscript Number (if known):	ADJ-D-21-01007R2

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.

			e all entities with whom you have this conship 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.		None  Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

		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)
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Please place an "X" next to the following statement to indicate your agreement:  \[ \bigsilon \] I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	5/13/2022
Your Name:	Megan Mariani
Manuscript Title:	White matter hyperintensities in former American football players
Manuscript Number (if known):	ADJ-D-21-01007R2

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		e all entities with whom you have this onship 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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [🖂	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.		

			ICIVISE DISCLOSURE I O	IVIAI
Date	<b>::</b>		5/13/2022	
Your Name:			Michael McClean	
Manuscript Title:			White matter hyperintensities	in former American football players
Manuscript Number (if known):		known):	ADJ-D-21-01007R2	
cont affect indice The a epid that	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.			
			I entities with whom you have this ship 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
	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.		one 1NS093334	Click the tab key to add additional rows.
			Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).		one 1NS093334	
3	Royalties or licenses	⊠ N	one	

		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)
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [⊠]	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.		

Date:	5/12/2022
Your Name:	Sarah Banks
Manuscript Title:	White matter hyperintensities in former American football players
Manuscript Number (if known):	ADJ-D-21-01007R2

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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)
		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.	[⊠] None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None  R01 from the NIA  AARG from the Alzheimer's Association  Funding from the CDPH	This grant supports work unrelated to the current manuscript This grant supports work unrelated to the current manuscript This grant supports work unrelated to the
		Tunding from the epi fi	current manuscript
3	Royalties or licenses	None □	

		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)
4	Consulting fees	□ None	I receive consultancy fees for my work on
			DIAGNOSE CTE since I no longer work at any of the sites where the work takes place. This is a continuation of my prior work at the Cleveland Clinic
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety	[⊠] None	
	Monitoring Board or Advisory Board	l am a participant on a DSMB	This is for a clinical trial led by Marwan Sabbagh (Barrow) and unrelated to the current study
10	Leadership or fiduciary role in other board,	None	
	society, committee or		

		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)
	advocacy group, paid or unpaid		
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [⊠]	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.		

3 12/13/2021 ICMJE Disclosure Form

Dat	te:	5/12/2022	
You	ur Name:	Yorghos Tripodis Yorghos Tripodis	
Manuscript Title:		White matter hyperintensities	in former American football player
Ma	nuscript Number (if k	nown): ADJ-D-21-01007R2	
cor aff	ntent of your manuscr ected by the content o	rency, we ask you to disclose all relationships/activitie pt. "Related" means any relation with for-profit or no f the manuscript. Disclosure represents a commitmer in doubt about whether to list a relationship/activity/	ot-for-profit third parties whose interests may be not to transparency and does not necessarily
epi	demiology of hyperte	s/activities/interests should be defined broadly. For e ision, you should declare all relationships with manufactioned in the manuscript.	
	tem #1 below, report me for disclosure is th	all support for the work reported in this manuscript wie past 36 months.	ithout time limit. For all other items, the time
		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	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	□ None  P30-AG13846-23  RF1 NS122854	
	article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.
	charges, etc.) No time limit for	Time frame: past 36 months  ☐ None	

R01 OH011511 R03 AG063255 R01 HL141774 1R01AG073179

		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)
3	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None □	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety	[oxtimes] None	

		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)
	Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [⊠]	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.		

3 12/13/2021 ICMJE Disclosure Form

Date:	5/13/2022	
Your Name:	Jennifer V Wethe	
Manuscript Title:	White matter hyperintensities in former American football players	
Manuscript Number (if known):	ADJ-D-21-01007R2	
n the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the		

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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.

		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 o	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.		Grant funds to Mayo Clinic to support the study and a small portion of my time  Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement:  \[ \sum \] I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	_5/13/2022
Your Name:	Zachary Baucom
Manuscript Title:	White Matter Hyperintensities in former American football players
Manuscript Number (if known):	ADJ-D-21-01007R2

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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)
	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.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in	None	

		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)
	other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
	Please place an "X" next to the following statement to indicate your agreement:    Certify that I have answered every question and have not altered the wording of any of the questions on this form		

Date:	5/15/2022
Your Name:	Sylvain Bouix
Manuscript Title:	White matter hyperintensities in former American football players
Manuscript Number (if known):	ADJ-D-21-01007R2

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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.

		ame all entities with whom you have elationship or indicate none (add rows	, , , , , , , , , , , , , , , , , , , ,
		Time frame: Since the in	itial 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.	None Service S	Click the tab key to add additional rows.
		Time frame: p	past 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	⊠ None	

			ns/Comments (e.g., if payments were u or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [🖂	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	5/13/2022
Your Name:	Robert A. Stern
Manuscript Title:	White matter hyperintensities in former American football players
Manuscript Number (if known):	ADJ-D-21-01007R2

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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.

		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.	[NIH Avid Radiopharmaceuticals	Grants U01NS093334 and R01NS11965 – payments to my institution Provision of PET radiotracers and a grant with payments to my institution
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	Concussion Legacy Foundation US Department of Defense Eisai Lilly Alzheimer's Therapeutics Research Institute Columbia University/NIH	Grants with payments to my institution Subcontract with payments to my institution Contract for Clinical Trial (Alzheimer's disease) Contract for Clinical Trial (Alzheimer's disease) Contract for Clinical Trial (Alzheimer's disease) Subcontract for Clinical Trial (Alzheimer's disease) disease)
3	Royalties or licenses	Psychological Assessment Resources, Inc.	Royalties paid to me for Neuropsychological tests

		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)
4	Consulting fees	Biogen Lundbeck	Payments to me (Alzheimer's disease) Payments to me (Alzheimer's disease)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Powering Precision Health  NFL Players Association Mackey-White Health and Safety Committee  NCAA Student-Athlete Concussion Injury Litigation, Medical Scientific Committee	Advisory Board (unpaid)  Member (unpaid)  Court-Appointed Member, Payments to me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[□] None King-Devick Technologies, Inc.	Member, Board of Directors (unpaid)

		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	None   King-Devick Technologies, Inc.	Stock Options – no payments to date
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [⊠]	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	5/18/2022
Your Name:	David W. Dodick
Manuscript Title:	White matter hyperintensities in former American football players
Manuscript Number (if known):	ADJ-D-21-01007R2

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.

		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.	[⊠] None  Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	Oxford University Press Cambridge University Press Wolters Kluwer	

		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)
4	Consulting fees	[□] None	
		Amgen Abbvie Atria Health Cerecin Cooltech CtrlM Allergan Biohaven Pfizer Lundbeck Teva Gore Eli Lilly Genentech Theranica Satsuma Impel Novartis GSK Praxis AYYA Biosciences Nocira Perfood	
		Revance	
5	Payment or honoraria for lectures,	□ None	
	presentations, speakers bureaus,	Teva Lundbeck Amgen	
	manuscript writing or educational events	American Academy of Neurology  Headache Cooperative of the Pacific  MF Med Ed Research  Biopharm Communications  CEA Group Holding Company (Clinicnal Education Alliance LLC  Clinical Care Solutions, CME Outfitters, Curry Rockefeller Group, DeepBench,	
		Global Access Meetings, KLJ Associates, Academy for Continued Healthcare Learning, Majallin LLC, Medlogix Communications, Medica Communications LLC, MJH Lifesciences, Miller Medical Communications, WebMD Health/Medscape,	

		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)
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	SynaQuell Dietary Supplement (pending) OnabotulinumtoxinA injection paradigm for Chronic Migraine (issued – royalty free)	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Amgen, Cerecin, Cooltech, Ctrl M, Allergan, Abbvie, Biohaven, Lundbeck, Novartis, Impel, Satsuma, Theranica, Genentech, Nocira, Praxis, Revance	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	American Brain Foundation, American Migraine Foundation, ONE Neurology, Precon Health Foundation, International Headache Society Global Patient Advocacy Coalition, Atria Health Collaborative, Domestic Violence HOPE Foundation/Panfila	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Stock Options/Shareholder/Patents/Board of Directors: Ctrl M (options), Aural analytics (options), ExSano (options), Palion	

		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)
		(options), Healint (Options), Theranica (Options), Second Opinion/Mobile Health (Options), Epien (Options/Board), Nocira (options), Matterhorn (Shares/Board), Ontologics (Shares/Board), King-Devick Technologies (Options/Board), Precon Health (Options/Board), AYYA Biosciences (Options), Axon Therapeutics (Options/Board), Cephalgia Group (Options/Board), Atria Health (Options/employee)).	
13	Other financial or non-financial interests	[⊠] None	
Plea	se place an "X" nex	t to the following statement to indicate your agreeme	ent:
	I certify that I have	answered every question and have not altered the wo	ording of any of the questions on this form.

Date:	5/13/2022
Your Name:	Martha Shenton
Manuscript Title:	White matter hyperintensities in former American football players
Manuscript Number (if known):	ADJ-D-21-01007R2

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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.

		Name all entities with whom relationship or indicate none	-	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: S	ince 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.	[⊠] None	ne frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None		
3	Royalties or licenses	None     Non		

		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)
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [⊠]	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.		

Date:	5/18/2022
Your Name:	Michael J. Coleman
Manuscript Title:	White matter hyperintensities in former American football players
Manuscript Number (if known):	ADJ-D-21-01007R2

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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.

		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	of the work
	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.	[⊠] None	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[□] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [🖂	Please place an "X" next to the following statement to indicate your agreement:  \[ \begin{align*} \Boxed{I} \text{ certify that I have answered every question and have not altered the wording of any of the questions on this form.} \]		

Date:			5/12/2022		
Your Name:			Ann McKee		
Manuscript Title:			White matter hyperintensities in former American football players"		
Mai	nuscript Number (if k	nown):	ADJ-D-21-01007R2		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub."  The author's relationships/activiti epidemiology of hypertension, you that medication is not mentioned.		ipt. "Rela of the man e in doubt os/activition ension, you entioned	rt for the work reported in this manuscript without time limit. For all other items, the time		
			l entities with whom you have this ship 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	[1			
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	U54-NS R01AG	G057902-01	Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	U54-NS R01AG0 1RF1AG	5-115266-01 062348 6057902-01		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	U54-NS R01AG0 1RF1AG P30-AG	7-115266-01 062348 6057902-01 13846 Time frame: past 36 month		

		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)
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [🖂	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:		5/17/2022
You	r Name:	Eric M. Reiman, MD
Manuscript Title:		White matter hyperintensities in former American football players
Manuscript Number (if known):		nown): ADJ-D-21-01007R2
content of your manuscript. "Rel affected by the content of the ma		rency, we ask you to disclose all relationships/activities/interests listed below that are related to the pt. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be if the manuscript. Disclosure represents a commitment to transparency and does not necessarily in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.
epic	demiology of hyperter	s/activities/interests should be defined broadly. For example, if your manuscript pertains to the assion, you should declare all relationships with manufacturers of antihypertensive medication, even if entioned in the manuscript.
	em #1 below, report and for disclosure is the	all support for the work reported in this manuscript without time limit. For all other items, the time e 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.	NIA grants P30 AG019610 and P30 AG072980  Click the tab key to add additional rows.
		Time frame: past 36 months
2	Grants or contracts from	$[\Box]$ None

1 12/13/2021 ICMJE Disclosure Form

3

Royalties or

licenses

 $\boxtimes$ 

None

		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)
4	Consulting fees	Scientific Advisor, Denali, Green Valley, Retromer Therapeutics	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	Founder and Advisor, ALZPath Scientific Advisor, Alzheon, Denali, Retromer Therapeutics, Vaxxinity	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[□] None	
13	Other financial or non-financial interests	[⊠] None	
		t to the following statement to indicate your agreeme	
	I certify that I have	answered every question and have not altered the wo	rding of any of the questions on this form.

Date:			5/19/2022		
You	r Name:		Michael L Alosco		
Mar	nuscript Title:		White Matter Hyperintensities in former Ar	es/interests listed below that are related to the ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so.	
Manuscript Number (if known):		known):	Click or tap here to enter text.		
confliction affection affection. The epic that	tent of your manuscr cted by the content of cate a bias. If you ar author's relationship demiology of hyperte medication is not m	ript. "Relation of the mate in double os/activition os/activition of the material of the mater	neated" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity es/interests should be defined broadly. For each of the u should declare all relationships with manufin the manuscript.	/interest, it is preferable that you do so.	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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.	NIH	Time frame: Since the initial planning one	Grants to my institution from the NIH  Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one Iter Charitable Foundation	Grant to my institution	
3	Royalties or licenses		University Press	Textbook Royalties	

		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)
4	Consulting fees	□ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [🖂	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

William B. Barr, PhD	
White matter hyperintensities in former American football players	
Manuscript Number (if known): ADJ-D-21-01007R2	
we ask you to disclose all relationships/activities/interests listed below that are related to the lated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily ot about whether to list a relationship/activity/interest, it is preferable that you do so.	
ties/interests should be defined broadly. For example, if your manuscript pertains to the	
la b	

		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
	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.	None  Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None  Expert witness testimony for cases involving brain injury and CTE.	
7	Support for attending meetings and/or travel	Registration support for AACN Annual meeting in June 2022.	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	□ None	
Plea [⊠]	•	to the following statement to indicate your agreement and indicate your agreement agreement to indicate your agreement agreement to indicate your agreement agreemen	

Date:		_	5/16/2022	
You	r Name:	_	Alexander Lin	
Ma	nuscript Title:	_	White matter hyperintensities in former Ar	nerican football players
Manuscript Number (if known):		nown):	ADJ-D-21-01007R2	
content of your manuscript. "Rela affected by the content of the ma		pt. "Rela f the mar		
The state of the s		nsion, you	<del>-</del>	example, if your manuscript pertains to the acturers of antihypertensive medication, even if
	em #1 below, report and the second se			ithout time limit. For all other items, the time
			entities with whom you have this hip 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	[□] No		of the work
1	present manuscript (e.g.,			of the work  Payments to institution
1	present manuscript (e.g., funding, provision		one	
1	present manuscript (e.g., funding, provision of study materials, medical writing,		one	Payments to institution
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		one	Payments to institution
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing		one	Payments to institution
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		one	Payments to institution  Click the tab key to add additional rows.
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Nationa	I Institute of Health, U01NS093334	Payments to institution  Click the tab key to add additional rows.
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Nationa	I Institute of Health, U01NS093334  Time frame: past 36 month	Payments to institution  Click the tab key to add additional rows.
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	Nationa	I Institute of Health, U01NS093334  Time frame: past 36 month	Payments to institution  Click the tab key to add additional rows.
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not	Nationa	I Institute of Health, U01NS093334  Time frame: past 36 month	Payments to institution  Click the tab key to add additional rows.

Co-founder

licenses

BrainSpec, Inc

		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)
5	Payment or honoraria for lectures, presentations, speakers bureaus,	Agios Pharmaceuticals Biomarin Pharmaceuticals DesignTx MonctonMRI  None	Payments to institution and self Payments to institution and self Payments to self Payments to self
	manuscript writing or educational events		
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	US Patent Application, 9,612,306	Method for assessing repetitive head injuries with two-dimensional magnetic resonance spectroscopy
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [🖂	Please place an "X" next to the following statement to indicate your agreement:  \[ \sum \] I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	5/13/2022
Your Name:	Charles Bernick
Manuscript Title:	White matter hyperintensities in former American football players
Manuscript Number (if known):	ADJ-D-21-01007R2

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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.

		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.	[⊠] None	Click the tab key to add additional rows.
		Time frame: past 36 month	s s
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None   Eisai Pharmaceuticals	Reimbursement made to me
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Eisai Pharmaceuticals Lilly Pharmaceuticals Biogen Pharmaceutials	Payment made to me Payment made to me Payment made to me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13 Other financial or non-financial interests □ None  UFC Payment Made to institution  Top Rank promotion Payment made to institution  Haymon Boxing Payment made to institution			Payment made to institution
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.			

Date:	5/16/2022
Your Name:	Brett Martin
Manuscript Title:	White matter hyperintensities in former American football players
Manuscript Number (if known):	ADJ-D-21-01007R2

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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.

		e all entities with whom you have this ionship 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.	None  Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship 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		None Sold in the land tows as needed y	made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea [⊠	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.			

Date:	5/14/2021
Your Name:	Robert C. Cantu
Manuscript Title:	Click or tap here to enter text.
Manuscript Number (if known):	Click or tap here to enter text.

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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.

		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.	[⊠] None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	[□] None	

		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)
4	Consulting fees	None NFL Concussion Legacy Foundation NOCSAE	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	International Concussion Meeting	
6	Payment for expert testimony	[□] None [NCAA NHL	
7	Support for attending meetings and/or travel	[□] None	
8	Patents planned, issued or pending	[□] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	NOCSAE	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [⊠]	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.		

Date:			5/16/2022		
You	ır Name:		Jesse Mez		
Manuscript Title:			White matter hyperintensities in	n former American football players	
Ma	nuscript Number (if k	(nown):	ADJ-D-21-01007R2		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
	tem #1 below, report me for disclosure is th			rithout time limit. For all other items, the time	
			l entities with whom you have this ship 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 cools	
			rime marine. Since the initial planning	or the work	
1	All support for the present manuscript (e.g.,		one	Institution	
1	present manuscript (e.g., funding, provision			Institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing,		one		
1	present manuscript (e.g., funding, provision of study materials,		one	Institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing		one	Institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		one	Institution  Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from	NIH: 5	U01NS093334	Institution  Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not	NIH: 5	U01NS093334  Time frame: past 36 month	Institution  Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from	NIH: 5	U01NS093334  Time frame: past 36 monthone	Institution  Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	NIH: 5	Time frame: past 36 month one 5U01NS093334	Institution  Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	NIH: 5	U01NS093334  Time frame: past 36 monthone	Institution  Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or	NIH: 5	Time frame: past 36 month one 5U01NS093334	Institution  Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or	NIH: 5	Time frame: past 36 month one 5U01NS093334	Institution  Click the tab key to add additional rows.	

		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)
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [🖂	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.		

Date:	5/18/2022
Your Name:	Kaitlin Hartlage
Manuscript Title:	White matter hyperintensities in former American football players
Manuscript Number (if known):	ADJ-D-21-01007R2

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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.

		e all entities with whom you have this conship 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.	None  Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [⊠]	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.		

Date:	5/13/2022
Your Name:	Megan Mariani
Manuscript Title:	White matter hyperintensities in former American football players
Manuscript Number (if known):	ADJ-D-21-01007R2

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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.

			e all entities with whom you have this onship 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		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.		None	Click the tab key to add additional rows.
			Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

		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)
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Please place an "X" next to the following statement to indicate your agreement:  \[ \Boxedot \]  I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

ICIVISE DISCLOSURE I ORIVI					
Date:			5/13/2022		
Your Name:			Michael McClean		
Manuscript Title:			White matter hyperintensities in former American football players		
Man	uscript Number (if I	known):	ADJ-D-21-01007R2		
content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned		ript. "Rela of the ma e in doub ps/activiti ension, yo eentioned	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.  ert for the work reported in this manuscript without time limit. For all other items, the time		
			I entities with whom you have this ship 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	
	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.		one 1NS093334	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one 1NS093334		
3	Royalties or licenses	⊠ N	one		

		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)
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Please place an "X" next to the following statement to indicate your agreement:  \[ \Boxedot \]  I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	5/12/2022
Your Name:	Sarah Banks
Manuscript Title:	White matter hyperintensities in former American football players
Manuscript Number (if known):	ADJ-D-21-01007R2

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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.

		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.	[⊠] None	Click the tab key to add additional rows.	
		Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item	[□] None [R01 from the NIA	This grant supports work unrelated to the current manuscript	
	#1 above).	AARG from the Alzheimer's Association	This grant supports work unrelated to the current manuscript	
		Funding from the CDPH	This grant supports work unrelated to the current manuscript	
3	Royalties or licenses	None □		

		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)
4 Consulting fees		□ None	I receive consultancy fees for my work on
		įbo	DIAGNOSE CTE since I no longer work at any of the sites where the work takes place. This is a continuation of my prior work at the Cleveland Clinic
5	Payment or honoraria for lectures, presentations,	None     ■	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8 Patents planned, issued or pending		[⊠] None	
9	Participation on a Data Safety Monitoring	None I am a participant on a DSMB	This is for a clinical trial led by Marwan Sabbagh
	Board or Advisory Board	į am a participant on a DSIVIB	(Barrow) and unrelated to the current study
10	Leadership or fiduciary role in other board,	None	
	society, committee or		

		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)
	advocacy group, paid or unpaid		
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [⊠]	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.		

3 12/13/2021 ICMJE Disclosure Form

Date:		5/12/2022	5/12/2022	
Your Name:		Yorghos Tripodis	Yorghos Tripodis	
Manuscript Title:		White matter hyperintensities	White matter hyperintensities in former American football player	
Ma	nuscript Number (if k	nown): ADJ-D-21-01007R2	ADJ-D-21-01007R2	
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.				
epi	demiology of hyperte	s/activities/interests should be defined broadly. For e ision, you should declare all relationships with manufactioned in the manuscript.		
	tem #1 below, report me for disclosure is th	all support for the work reported in this manuscript wie past 36 months.	ithout time limit. For all other items, the time	
	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	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	□ None  P30-AG13846-23  RF1 NS122854		
	article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.	
	charges, etc.) No time limit for	Time frame: past 36 months  ☐ None		

R01 OH011511 R03 AG063255 R01 HL141774 1R01AG073179

		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)
3	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None □	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety	[oxtimes] None	

		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)
	Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [⊠]	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.		

3 12/13/2021 ICMJE Disclosure Form

Date:	5/13/2022
Your Name:	Jennifer V Wethe
Manuscript Title:	White matter hyperintensities in former American football players
Manuscript Number (if known):	ADJ-D-21-01007R2
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the	

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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.

		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 o	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.		Grant funds to Mayo Clinic to support the study and a small portion of my time  Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [⊠]	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.		

Date:	_5/13/2022
Your Name:	Zachary Baucom
Manuscript Title:	White Matter Hyperintensities in former American football players
Manuscript Number (if known):	ADJ-D-21-01007R2

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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.

		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		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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	is
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in	None	

		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)
	other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
	Please place an "X" next to the following statement to indicate your agreement:		

Date:	5/15/2022
Your Name:	Sylvain Bouix
Manuscript Title:	White matter hyperintensities in former American football players
Manuscript Number (if known):	ADJ-D-21-01007R2

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		ame all entities with whom you have elationship or indicate none (add rows	, , , , , , , , , , , , , , , , , , , ,
		Time frame: Since the in	itial 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.	None Service S	Click the tab key to add additional rows.
		Time frame: p	past 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	⊠ None	

			ns/Comments (e.g., if payments were u or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [🖂	Please place an "X" next to the following statement to indicate your agreement:  \[ \begin{align*} \Boxed{I} \text{ certify that I have answered every question and have not altered the wording of any of the questions on this form.} \]		

Date:	5/13/2022
Your Name:	Robert A. Stern
Manuscript Title:	White matter hyperintensities in former American football players
Manuscript Number (if known):	ADJ-D-21-01007R2

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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)
		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.	[NIH Avid Radiopharmaceuticals	Grants U01NS093334 and R01NS11965 – payments to my institution Provision of PET radiotracers and a grant with payments to my institution
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	Concussion Legacy Foundation US Department of Defense Eisai Lilly Alzheimer's Therapeutics Research Institute Columbia University/NIH	Grants with payments to my institution Subcontract with payments to my institution Contract for Clinical Trial (Alzheimer's disease) Contract for Clinical Trial (Alzheimer's disease) Contract for Clinical Trial (Alzheimer's disease) Subcontract for Clinical Trial (Alzheimer's disease) disease)
3	Royalties or licenses	Psychological Assessment Resources, Inc.	Royalties paid to me for Neuropsychological tests

		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)
4	Consulting fees	None   Biogen   Lundbeck	Payments to me (Alzheimer's disease) Payments to me (Alzheimer's disease)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Powering Precision Health  NFL Players Association Mackey-White Health and Safety Committee  NCAA Student-Athlete Concussion Injury Litigation, Medical Scientific Committee	Advisory Board (unpaid)  Member (unpaid)  Court-Appointed Member, Payments to me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[□] None King-Devick Technologies, Inc.	Member, Board of Directors (unpaid)

		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	None   King-Devick Technologies, Inc.	Stock Options – no payments to date
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [⊠]	·	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	5/18/2022
Your Name:	David W. Dodick
Manuscript Title:	White matter hyperintensities in former American football players
Manuscript Number (if known):	ADJ-D-21-01007R2

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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.

		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.	[⊠] None  Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	Oxford University Press Cambridge University Press Wolters Kluwer	

		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)
4	Consulting fees	[□] None	
		Amgen Abbvie Atria Health Cerecin Cooltech CtrlM Allergan Biohaven Pfizer Lundbeck Teva Gore Eli Lilly Genentech Theranica Satsuma Impel Novartis GSK Praxis AYYA Biosciences Nocira Perfood	
		Revance	
5	Payment or honoraria for lectures,	□ None	
	presentations, speakers bureaus,	Teva Lundbeck Amgen	
	manuscript writing or educational events	American Academy of Neurology  Headache Cooperative of the Pacific  MF Med Ed Research  Biopharm Communications  CEA Group Holding Company (Clinicnal Education Alliance LLC  Clinical Care Solutions, CME Outfitters, Curry Rockefeller Group, DeepBench,	
		Global Access Meetings, KLJ Associates, Academy for Continued Healthcare Learning, Majallin LLC, Medlogix Communications, Medica Communications LLC, MJH Lifesciences, Miller Medical Communications, WebMD Health/Medscape,	

		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)
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	SynaQuell Dietary Supplement (pending) OnabotulinumtoxinA injection paradigm for Chronic Migraine (issued – royalty free)	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Amgen, Cerecin, Cooltech, Ctrl M, Allergan, Abbvie, Biohaven, Lundbeck, Novartis, Impel, Satsuma, Theranica, Genentech, Nocira, Praxis, Revance	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	American Brain Foundation, American Migraine Foundation, ONE Neurology, Precon Health Foundation, International Headache Society Global Patient Advocacy Coalition, Atria Health Collaborative, Domestic Violence HOPE Foundation/Panfila	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Stock Options/Shareholder/Patents/Board of Directors: Ctrl M (options), Aural analytics (options), ExSano (options), Palion	

		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)		
		(options), Healint (Options), Theranica (Options), Second Opinion/Mobile Health (Options), Epien (Options/Board), Nocira (options), Matterhorn (Shares/Board), Ontologics (Shares/Board), King-Devick Technologies (Options/Board), Precon Health (Options/Board), AYYA Biosciences (Options), Axon Therapeutics (Options/Board), Cephalgia Group (Options/Board), Atria Health (Options/employee)).			
13	Other financial or non-financial interests	[⊠] None			
Plea	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 wo	ording of any of the questions on this form.		

Date:	5/13/2022
Your Name:	Martha Shenton
Manuscript Title:	White matter hyperintensities in former American football players
Manuscript Number (if known):	ADJ-D-21-01007R2

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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.

			with whom you have this dicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Ti	me 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.	[⊠] None	Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None		
3	Royalties or licenses	None     ■		

		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)
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [⊠]	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.		

Date:	5/18/2022
Your Name:	Michael J. Coleman
Manuscript Title:	White matter hyperintensities in former American football players
Manuscript Number (if known):	ADJ-D-21-01007R2

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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)
		Time frame: Since the initial planning of	of the work
	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.	[⊠] None	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[□] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [🖂	Please place an "X" next to the following statement to indicate your agreement:  \[ \sum \] I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:			5/12/2022		
Your Name:			Jeffrey Cummings		
Manuscript Title:			"White matter hyperintensities in former American football players"		
Mar	nuscript Number (if kr	nown):	ADJ-D-21-01007R2		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub  The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned		pt. "Rela f the man in doubt s/activitionsion, you entioned	ort for the work reported in this manuscript without time limit. For all other items, the time		
			l entities with whom you have this ship 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	
	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.		grant U01NS093334	Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for				
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NINDS	grant U01NS093334		

		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)
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [🖂	Please place an "X" next to the following statement to indicate your agreement:  \[ \sum \] I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	5/19/2022
Your Name:	Inga K. Koerte
Manuscript Title:	White matter hyperintensities in former American football players
Manuscript Number (if known):	ADJ-D-21-01007R2

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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)	
	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.	NINDS grant support	Click the tab key to add additional rows.	
		Time frame: past 36 montl	ns	
2	Grants or contracts from any entity (if not indicated in item #1 above).	NINDS R01 ERC Starting Grant ERA-NET Neuron Schatt Foundation Abbott Inc. German Ministry of Education and Research European research Council, Marie-Sklodowska-Curie Program	research funds, payments made to institution	
		Professor at Ludwig-Maximilians-University, Munich, Germany	Paid position	

		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)
3 Royalties or  None licenses			
		Thieme Publisher	Royalties for book chapters
4	Consulting fees	⊠ None	
5	Payment or honoraria for	[□] None	
	lectures,	Abbott Inc.	Paid expert advisor
	presentations, speakers		
	bureaus, manuscript		
	writing or		
	educational events		
6	Payment for		
	expert testimony		
7 Support for attending   None			
	meetings and/or		
	travel		
8	Patents planned, issued or	[⊠] None	
	pending		
9	Participation on a Data Safety	□ None	
	Monitoring		
	Board or Advisory Board		
4 -			
10	Leadership or fiduciary role in	None	
	other board,	European editor Journal of Neurotrauma	unpaid

		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)
	society, committee or advocacy group, paid or unpaid	Vice President European Neurotrauma Organization	unpaid
11	Stock or stock options	Siemens AG Siemens Healthineers	Spouse is stockholder Spouse is stockholder
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	MRI-related equipment from May Clinic	
13	Other financial or non-financial interests	In-kind contribution: PhD Student working under my supervision while funded through the China Scholarship Council collaboration with Ludwig-Maximilians-University Munich	
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.			

Date:	5/12/2022	
Your Name:	Laura Balcer	
Manuscript Title:	Click or tap here to enter text.	
Manuscript Number (if known):	Click or tap here to enter text.	

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		Name all entities with whom you ha relationship or indicate none (add re		re
		Time frame: Since th	e initial planning of the work	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	[⊠] None  Time fram	Click the tab key to add additional rows.  e: past 36 months	
3	contracts from any entity (if not indicated in item #1 above).	None		
3	licenses	None		

		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)
4	Consulting fees	North American Neuro-Ophthalmology Society	Editor-in-Chief, Journal of Neuro-Ophthalmology
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	Copyright on MULES and SUN tests to NYU	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	Spouse is co-owner of patent for NMDA receptor antibody assay	
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement:  \[ \times \] I certify that I have answered every question and have not altered the wording of any of the questions on this form.		