ICMJE DISCLOSURE FORM

Date: 9/21/2022

Your Name: Gerardo Fernandez

Manuscript Title: Memory-driven eye movements prospectively predict dementia in people at risk of Alzheimer’s disease

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.

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.

| # | 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) |
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ViewMind Inc will pay the fees of the publication

CONICET

Time frame: Since the initial planning of the work

| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ None

CONICET It is my employer

Time frame: past 36 months

| 3 | Royalties or licenses | ☒ None

|
| Line | Relationship | Entity | Payments/Medical Products/Other Financial Relationship |
|------|--------------|--------|-----------------------------------------------------|
| 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 | CONICET |
| 8    | Patents planned, issued or pending | ☒ None | |
| 9    | Participation on a Data Safety Monitoring Board or Advisory Board | ☐ None | ViewMind Inc | I am a Board Member |
| 10   | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None | |

**ICMJE Disclosure Form**

**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)**
|   | 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) |
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| 11 | Stock or stock options | ☒ None |
|   | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☐ None |
|   | ViewMind Inc | ViewMind Inc provided the device (eyetracker) in order to perform the study |
| 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.
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Date: 9/27/2022

Your Name: Juan Granada

Manuscript Title: Memory-driven eye movements prospectively predict dementia in people at risk of Alzheimer’s disease

Manuscript Number (if known): DADM-D-22-00110

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|2 | Grants or contracts from any entity (if not indicated in item #1 above). |
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|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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) |
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| 11 | Stock or stock options | ☒ None                                                                 |
|   | ViewMind Inc | ViewMind Inc provided the device (eyetracker) in order to perform the study |
| 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.
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Date: 9/24/2022

Your Name: Mario A Parra

Manuscript Title: Memory-driven eye movements prospectively predict dementia in people at risk of Alzheimer’s disease

Manuscript Number (if known): DADM-D-22-00110

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| | | |
| | | 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 | EPSRC Project AMPER |
| | | BrainLat Seed Grant EuroLAD-EEG Consortium |
| 3 Royalties or licenses | ☒ None | |
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ICMJE Disclosure Form
|   | 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 serve as a Consultant to ViewMid via my University                                             | I receive fees via my University                                                 |
| 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                                                                          |
|   | Alzheimer’s Association Invited Speaker                                                          |                                                                                  |
| 8 | Patents planned, issued or pending                                                                | ☒ None                                                                          |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                | ☐ None                                                                          |
|   | ViewMind Inc                                                                                    | I am the Neuroscientific Officer                                                 |
| 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 |
|    | ViewMind Inc |
|    | ViewMind Inc provided the device (eyetracker) in order to perform the study |
| 13 | Other financial or non-financial interests |
|    | ☒ None |

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