

**DISCLOSURE OF RELEVANT RELATIONSHIPS & CONFIDENTIALITY STATEMENTS**

For NIA-AA Guidelines Workgroup

*Confidential*

**DISCLOSURE OF RELEVANT RELATIONSHIPS**

For each of the categories below, (1) please disclose relationships that cover the last 12 months and for anticipated activities in the coming 12 months as of approximately April 2016. If you have none, please write "none." Relationships apply to you and to spouse or dependent children. (2) For each relationship, please indicate whether it is a "**Significant (≥\$1,000) Financial Interest**" Financial interests include but are not limited to salary, consulting and / or speaker fees, honoraria, research support, equity interests (e.g., stocks, stock options, or other ownership interests), and intellectual property rights (e.g., patents, copyrights and royalties from such rights).

1. Research funding (federal, foundation and corporate) relevant to the topic of Alzheimer's disease.

NIH and FNIH.

2. Consulting to a for-profit company (paid and unpaid) relevant to the topic of Alzheimer's disease.

Takeda, Inc. Adjudication committee for AD4833/TOMM40-301 Study. Significant Financial Interest.

AbbVie, Inc. M15-566 S Data Monitoring Committee. NOT a Significant Financial Interest.

External Advisory Committee, Vigorous Minds, Inc. NOT a Significant Financial Interest.

SUN Pharmaceuticals, Inc. Lecture on my research to physicians in India for continuing education.

3. Ownership of property relevant to the topic of Alzheimer's disease (patents filed or approved, licenses and other property shares) -- for each, please indicate whether you do or do not accept royalties.

Nothing to disclose.

4. Equity in companies whose work is relevant to the topic of Alzheimer's disease

Nothing to disclose.

5. Employment in companies whose work is relevant to the topic of Alzheimer's disease

Nothing to disclose.

6. Relevant scientific work to the NIA-AA Workgroup discussions.

I conduct clinical-pathologic cohort studies of aging and dementia space. I have published extensively on AD and other pathology in persons without dementia or MCI, and on the continuum of AD. I advocated for including subclinical AD in the AD spectrum when writing the preclinical AD diagnostic guidelines for the 2011 manuscript.

I will immediately notify NIA-AA Workgroup leads if a change occurs in any of the above during the tenure of my responsibilities,

David A. Bennett \_\_\_\_\_ \_8/24/27\_\_\_\_\_  
Name Signature Date

