cureCADASIL DISCLOSURE FORM

Date: 4/26/2025

Your Name: Thomas Caulfield, PhD

Your Role in cureCADASIL: Scientific Advisor

We ask you to disclose any and all relationships, activities, and interests listed below; This includes any relation with for-profit or not-for-profit third parties whose interests may be affected by your work with cureCADASIL and vice versa. 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, or interest, it is preferable to do so. For all 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 company or institution)
Time frame: past 36 months			
1	Salary, grants or contracts from any entity.	☐ **None**	
		Mayo Clinic	FL DOH
		NIH	Rainwater Foundation
		DoD	
2	Royalties or licenses	☐ **None**	
		Mayo Clinic Ventures	
3	Consulting fees	☒ **None**	
4	Payment or honoraria for lectures, presentations, or educational events	☐ **None**	
		Invited Speaker University of Vermont	
		Invited Speaker Drug Conferences	

		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 company or institution)
5	Patents planned, issued or pending	☐ **None**	
		Too many to put here. 65 total patents. ~20 in the last 36 months.	
		Patents are for Cancers, Neurodegeneration, Kidney disorders, Cardiology, Obesity	
6	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	
7	Stock or stock options	☒ **None**	
8	Other financial or non-financial interests*	☒ **None**	

*Non-financial interests may result from activities such as planning and participating in research studies, public advocacy, or expression of opinions, or beliefs (religious, political, and philosophical).

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.

This form was adapted from the International Committee of Medical Journal Editors (ICMJE | Disclosure of Interest).