

## ICMJE DISCLOSURE FORM

**Date:** 6/28/2022

**Your Name:** Oskar Hansson

**Manuscript Title:** The Alzheimer's Association Appropriate Use Recommendations for Blood Biomarkers in Alzheimer's Disease

**Manuscript Number (if known):** ADJ-D-22-00407R1

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.

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Time frame: Since the initial planning of the work								
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Time frame: past 36 months								
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4	Consulting fees	<input type="checkbox"/> None	
		Biogen	me
		Siemens	me
		Novartis	me
		AC Immune	me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Biogen	me
		Roche	me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 6/28/2022

**Your Name:** Rebecca M. Edelmayer

**Manuscript Title:** The Alzheimer's Association Appropriate Use Recommendations for Blood Biomarkers in Alzheimer's Disease

**Manuscript Number (if known):** ADJ-D-22-00407R1

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## ICMJE DISCLOSURE FORM

**Date:** 6/29/2022

**Your Name:** Adam Boxer, MD, PhD

**Manuscript Title:** The Alzheimer's Association Appropriate Use Recommendations for Blood Biomarkers in Alzheimer's Disease

**Manuscript Number (if known):** ADJ-D-22-00407R1

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4	Consulting fees	<input type="checkbox"/> None	
		Aeovian, AGTC, Alector, Arkuda, Arvinas, Boehringer Ingelheim, Denali, GSK, Life Edit, Humana, Oligomerix, Oscotec, Roche, TrueBinding and Wave	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		American Academy of Neurology	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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	advocacy group, paid or unpaid								
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**Date:** 6/29/2022

**Your Name:** Maria C. Carrillo

**Manuscript Title:** The Alzheimer's Association Appropriate Use Recommendations for Blood Biomarkers in Alzheimer's Disease

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**Date:** 6/28/2022

**Your Name:** Michelle Mielke

**Manuscript Title:** The Alzheimer's Association Appropriate Use Recommendations for Blood Biomarkers in Alzheimer's Disease

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		Biogen	To me
		LabCorp	To me
		Lilly	To me
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.

## ICMJE DISCLOSURE FORM

**Date:** 6/30/2021

**Your Name:** Gil Dan Rabinovici

**Manuscript Title:** The Alzheimer's Association Appropriate Use Recommendations for Blood Biomarkers in Alzheimer's Disease

**Manuscript Number (if known):** ADJ-D-22-00407R1

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.

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<b>Time frame: Since the initial planning of the work</b>												
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.				
	Click the tab key to add additional rows.											
<b>Time frame: past 36 months</b>												
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">NIH-NIA R35AG072362, P30AG062422, U01AG057195. NIH-NINDS R21NS120629</td> <td>Paid to institution</td> </tr> <tr> <td>Alzheimer's Association ZEN-21-848216, SG-21-876655</td> <td>Paid to institution</td> </tr> <tr> <td>Grant from American College of Radiology/Alzheimer's Association, supported by Eli Lilly/Life Molecular Imaging/GE Healthcare</td> <td>Paid to institution</td> </tr> <tr> <td>Grant from Alliance for Therapeutics in Neurodegeneration (supported by Genentech)</td> <td>Paid to institution</td> </tr> <tr> <td>Rainwater Charitable Foundation</td> <td>Paid to institution</td> </tr> </table>	NIH-NIA R35AG072362, P30AG062422, U01AG057195. NIH-NINDS R21NS120629	Paid to institution	Alzheimer's Association ZEN-21-848216, SG-21-876655	Paid to institution	Grant from American College of Radiology/Alzheimer's Association, supported by Eli Lilly/Life Molecular Imaging/GE Healthcare	Paid to institution	Grant from Alliance for Therapeutics in Neurodegeneration (supported by Genentech)	Paid to institution	Rainwater Charitable Foundation	Paid to institution
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Grant from Alliance for Therapeutics in Neurodegeneration (supported by Genentech)	Paid to institution											
Rainwater Charitable Foundation	Paid to institution											



3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="391 195 963 296"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>											
4	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="391 436 963 604"> <tr><td>Eli Lilly</td><td>Paid to me</td></tr> <tr><td>GE Healthcare</td><td>Paid to me</td></tr> <tr><td>Roche</td><td>Paid to me</td></tr> <tr><td>Genentech</td><td>Paid to me</td></tr> <tr><td> </td><td> </td></tr> </table>		Eli Lilly	Paid to me	GE Healthcare	Paid to me	Roche	Paid to me	Genentech	Paid to me		
Eli Lilly	Paid to me												
GE Healthcare	Paid to me												
Roche	Paid to me												
Genentech	Paid to me												
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="391 693 963 793"> <tr><td>Efficient LLC</td><td>Paid to me</td></tr> <tr><td>Associate Editor – JAMA Neurology</td><td>Paid to me</td></tr> <tr><td>Miller Medical Communications</td><td>Paid to me</td></tr> </table>		Efficient LLC	Paid to me	Associate Editor – JAMA Neurology	Paid to me	Miller Medical Communications	Paid to me				
Efficient LLC	Paid to me												
Associate Editor – JAMA Neurology	Paid to me												
Miller Medical Communications	Paid to me												
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="391 1039 963 1140"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>											
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="391 1255 963 1356"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>											
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="391 1478 963 1579"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>											
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="391 1688 963 1789"> <tr><td>Johnson &amp; Johnson</td><td>Paid to me</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Johnson & Johnson	Paid to me								
Johnson & Johnson	Paid to me												
10	Leadership or fiduciary role in other board, society,	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="391 1879 963 1938"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>											

	committee or advocacy group, paid or unpaid		
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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.

## ICMJE DISCLOSURE FORM

**Date:** 6/29/2022

**Your Name:** Stephen Salloway MD

**Manuscript Title:** The Alzheimer's Association Appropriate Use Recommendations for Blood Biomarkers in Alzheimer's Disease

**Manuscript Number (if known):** ADJ-D-22-00407R1

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.

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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)						
Time frame: Since the initial planning of the work								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">DIAN-TU study</td> <td style="width: 50%;">Project Arm Leader</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	DIAN-TU study	Project Arm Leader			Click the tab key to add additional rows.	
DIAN-TU study	Project Arm Leader							
Click the tab key to add additional rows.								
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Lilly, Biogen, Genentech, Avid, Roche, Eisai and Novartis</td> <td style="width: 50%;">Research support for conduct of clinical trials</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Lilly, Biogen, Genentech, Avid, Roche, Eisai and Novartis	Research support for conduct of clinical trials				
Lilly, Biogen, Genentech, Avid, Roche, Eisai and Novartis	Research support for conduct of clinical trials							
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> </td> <td style="width: 50%;"> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>						

		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	<input type="checkbox"/> None	
		Lilly, Biogen, Roche, Genentech, Eisai, Bolden, Amylyx, NovoNordisk, Prothena, Ono and Alnylam	Consulting
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Biogen	Honoraria
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Biogen	Advisory board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> 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)						
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 6/28/2022

**Your Name:** Reisa Sperling

**Manuscript Title:** Appropriate Use Recommendations for Blood Biomarkers in Alzheimer’s Disease

**Manuscript Number (if known):** ADJ-D-22-00407R1

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)						
Time frame: Since the initial planning of the work								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;">Eisai</td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;">Eli Lilly</td><td></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> </table>	Eisai		Eli Lilly			
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Eli Lilly								
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> </table>						

		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	<input type="checkbox"/> None	
		AC Immune	Paid directly as consultant
		Acumen	Paid directly as consultant
		Alnylam	Paid directly as consultant
		Cytox	Paid directly as consultant
		Genentech	Paid directly as consultant
		Janssen	Paid directly as consultant
		JOMDD	Paid directly as consultant
		Nervgen	Paid directly as consultant
		Neuraly	Paid directly as consultant
		Neurocentria	Paid directly as consultant
		Oligomerix	Paid directly as consultant
		Prothena	Paid directly as consultant
		Renew	Paid directly as consultant
		Shionogi	Paid directly as consultant
		Vigil Neuroscience	Paid directly as consultant
		lonis	Paid directly as consultant
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring	<input checked="" type="checkbox"/> 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)
	Board or Advisory Board		
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b>	
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

**ICMJE DISCLOSURE FORM**

**Date:** 6/30/2022

**Your Name:** Henrik Zetterberg

**Manuscript Title:** The Alzheimer's Association Appropriate Use Recommendations for Blood Biomarkers in Alzheimer's Disease

**Manuscript Number (if known):** ADJ-D-22-00407R1

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		<b>Name all entities with whom you have this relationship or indicate none (add rows as needed)</b>	<b>Specifications/Comments (e.g., if payments were made to you or to your institution)</b>
<b>Time frame: Since the initial planning of the work</b>			
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b> HZ is a Wallenberg Scholar supported by grants from the Swedish Research Council (#2018-02532), the European Research Council (#681712), Swedish State Support for Clinical Research (#ALFGBG-720931), the Alzheimer Drug Discovery Foundation (ADDF), USA (#201809-2016862), the AD Strategic Fund and the Alzheimer's Association (#ADSF-21-831376-C, #ADSF-21-831381-C and #ADSF-21-831377-C), the Olav Thon Foundation, the Erling-Persson Family Foundation, Stiftelsen för Gamla Tjänarinnor, Hjärtfonden, Sweden (#FO2019-0228), the European Union's Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie grant agreement No 860197 (MIRIADE), European Union Joint Program for	Payments made to Institution.

	Neurodegenerative Disorders (JPND2021-00694), and the UK Dementia Research Institute at UCL.	
		Click the tab key to add additional rows.

**Time frame: past 36 months**

<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>	
		HZ is a Wallenberg Scholar supported by grants from the Swedish Research Council (#2018-02532), the European Research Council (#681712), Swedish State Support for Clinical Research (#ALFGBG-720931), the Alzheimer Drug Discovery Foundation (ADDF), USA (#201809-2016862), the AD Strategic Fund and the Alzheimer's Association (#ADSF-21-831376-C, #ADSF-21-831381-C and #ADSF-21-831377-C), the Olav Thon Foundation, the Erling-Persson Family Foundation, Stiftelsen för Gamla Tjänarinnor, Hjärnfonden, Sweden (#FO2019-0228), the European Union's Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie grant agreement No 860197 (MIRIADE), European Union Joint Program for Neurodegenerative Disorders (JPND2021-00694), and the UK Dementia Research Institute at UCL.	Payments made to Institution.

<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	

<b>4</b>	Consulting fees	<input type="checkbox"/> <b>None</b>	
		HZ has served at scientific advisory boards for Abbvie, Alector, Annexon, Artery Therapeutics, AZTherapies, CogRx, Denali, Eisai, Nervgen, Pinteon Therapeutics, Red Abbey Labs, Passage Bio, Roche, Samumed, Siemens Healthineers, Triplet Therapeutics, and Wave.	Payments made to HZ.

<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	<input type="checkbox"/> <b>None</b>	
		HZ has given lectures in symposia sponsored by Fujirebio, Alzecure, Collectricon and Biogen.	Payments made to HZ.

	educational events		
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b>	
		HZ has served at scientific advisory boards for Abbvie, Alector, Annexon, Artery Therapeutics, AZTherapies, CogRx, Denali, Eisai, Nervgen, Pinteon Therapeutics, Red Abbey Labs, Passage Bio, Roche, Samumed, Siemens Healthineers, Triplet Therapeutics, and Wave.	Payments made to HZ.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	
		HZ is chair of the Alzheimer's Association Global Biomarker Standardization Consortium.	No payments made.
11	Stock or stock options	<input type="checkbox"/> <b>None</b>	
		HZ is a co-founder of Brain Biomarker Solutions in Gothenburg AB (BBS), which is a part of the GU Ventures Incubator Program.	Payments made to HZ.
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	

<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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.

## ICMJE DISCLOSURE FORM

**Date:** 6/29/2022

**Your Name:** Charlotte E. Teunissen

**Manuscript Title:** The Alzheimer's Association Appropriate Use Recommendations for Blood Biomarkers in Alzheimer's Disease

**Manuscript Number (if known):** ADJ-D-22-00407R1

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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">This work has received support from the EU/EFPIA Innovative Medicines Initiative Joint Undertaking (EMIF grant n° 115372).</td> <td style="width: 40%;"></td> </tr> <tr> <td>This work received in kind sponsoring of the CSF assay from ADx NeuroSciences/Euroimmun.</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	This work has received support from the EU/EFPIA Innovative Medicines Initiative Joint Undertaking (EMIF grant n° 115372).		This work received in kind sponsoring of the CSF assay from ADx NeuroSciences/Euroimmun.		Click the tab key to add additional rows.	
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Click the tab key to add additional rows.								
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           EU/EFPIA Innovative Medicines Initiative Joint Undertaking (EMIF grant n° 115372             Research of CET is supported by the European Commission (Marie Curie International Training Network, grant agreement No 860197 (MIRIADE), and JPND), Health Holland, the Dutch Research Council (ZonMW), Alzheimer Drug Discovery Foundation, The Selfridges Group Foundation, Alzheimer Netherlands, Alzheimer Association. CT is recipient of ABOARD, which is a public-private partnership receiving funding from ZonMW (#73305095007) and Health~Holland, Topsector         </td> <td style="width: 40%;"></td> </tr> </table>	EU/EFPIA Innovative Medicines Initiative Joint Undertaking (EMIF grant n° 115372  Research of CET is supported by the European Commission (Marie Curie International Training Network, grant agreement No 860197 (MIRIADE), and JPND), Health Holland, the Dutch Research Council (ZonMW), Alzheimer Drug Discovery Foundation, The Selfridges Group Foundation, Alzheimer Netherlands, Alzheimer Association. CT is recipient of ABOARD, which is a public-private partnership receiving funding from ZonMW (#73305095007) and Health~Holland, Topsector					
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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)
		<p>Life Sciences &amp; Health (PPP-allowance; #LSHM20106). More than 30 partners participate in ABOARD. ABOARD also receives funding from Edwin Bouw Fonds and Gieskes-Strijbisfonds.</p> <p>CET has a collaboration contract with ADx Neurosciences, Quanterix and Eli Lilly, performed contract research or received grants from AC-Immune, Axon Neurosciences, Biogen, Brainstorm Therapeutics, Celgene, EIP Pharma, Eisai, PeopleBio, Roche, Toyama, Vivoryon.</p>	
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	
4	Consulting fees	<input type="checkbox"/> <b>None</b>	
		Roche	All payments are made to her institution
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b>	
		Roche	All payments are made to her institution
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</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)
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	
		CET serves on editorial boards of Medidact Neurologie/Springer, Alzheimer Research and Therapy, Neurology: Neuroimmunology & Neuroinflammation, and is editor of a Neuromethods book Springer.	
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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.