

ICMJE DISCLOSURE FORM

Date: 12/16/2022

Your Name: Angelina Polsinelli

Manuscript Title: APOE-ε4 is associated with earlier symptom onset in LOAD but later symptom onset in EOAD

Manuscript Number (if known): ADJ-D-22-00984

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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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.

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Date: 12/16/2022

Your Name: Kathleen Lane

Manuscript Title: APOE-ε4 is associated with earlier symptom onset in LOAD but later symptom onset in EOAD

Manuscript Number (if known): ADJ-D-22-00984

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Date: 12/16/2022

Your Name: Paige Logan

Manuscript Title: APOE-ε4 is associated with earlier symptom onset in LOAD but later symptom onset in EOAD

Manuscript Number (if known): ADJ-D-22-00984

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Your Name: Mohit Manchella

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Manuscript Number (if known): ADJ-D-22-00984

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Date: 12/16/2022

Your Name: Sujuan Gao

Manuscript Title: APOE-ε4 is associated with earlier symptom onset in LOAD but later symptom onset in EOAD

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> </table>							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <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>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <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>							

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: 12/16/2022

Your Name: Liana Apostolova

Manuscript Title: APOE-ε4 is associated with earlier symptom onset in LOAD but later symptom onset in EOAD

Manuscript Number (if known): ADJ-D-22-00984

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													
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.	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Roche</td> <td>Research support – salary and institution</td> </tr> <tr> <td>NIA</td> <td>Research support – salary and institution</td> </tr> <tr> <td>Alzheimer's Association</td> <td>Research support – salary and institution</td> </tr> <tr> <td>AVID radiopharmaceuticals</td> <td>Research support – salary and institution</td> </tr> <tr> <td>Life Molecular Imaging</td> <td>Research support – salary and institution</td> </tr> </table>	Roche	Research support – salary and institution	NIA	Research support – salary and institution	Alzheimer's Association	Research support – salary and institution	AVID radiopharmaceuticals	Research support – salary and institution	Life Molecular Imaging	Research support – salary and institution
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		NIH	Personal compensation \$500-\$4,999
		Florida Dept of Health	Personal compensation \$500-\$4,999
		NIH Biobank	Personal compensation \$500-\$4,999
		Eli Lilly	Personal compensation \$500-\$4,999
		GE Healthcare	Personal compensation \$500-\$4,999
		Biogen	Personal compensation \$5000-\$9,999
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		Eisai	Personal compensation \$500-\$4,999
		Two labs	Personal compensation \$500-\$4,999
		IQVIA	Personal compensation \$5000-\$9,999
		Biogen	Personal compensation \$5000-\$9,999
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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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 type="checkbox"/> None	
		Editor, Assoc. Editor, Edit. Board: Alzheimer Association	Personal compensation \$10000-\$49000

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

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