

# ICMJE DISCLOSURE FORM

**Date:** 5/5/2023

**Your Name:** [Maria A.E. Dreves]

**Manuscript Title:** [Rationale and design of the ABOARD project (A Personalized Medicine Approach for Alzheimer's Disease)]

**Manuscript Number (if known):** TRCI-D-22-00134R1

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 checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="text-align: right; font-size: small; 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%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> </table>				
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></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 checked="" type="checkbox"/> None	
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 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)
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> None	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
<b>13</b>	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:** 5/5/2023

**Your Name:** [Marjolein de Vugt]

**Manuscript Title:** [Rationale and design of the ABOARD project (A Personalized Medicine Approach for Alzheimer's Disease)]

**Manuscript Number (if known):** TRCI-D-22-00134R1

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4	Consulting fees	<input checked="" type="checkbox"/> None	
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 type="checkbox"/> None	
		Alzheimer Europe Conference 2022	
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 type="checkbox"/> None	
		Chair board European INTERDEM network	unpaid

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
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: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
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# ICMJE DISCLOSURE FORM

**Date:** 5/5/2023

**Your Name:** [Janne Papma]

**Manuscript Title:** [Rationale and design of the ABOARD project (A Personalized Medicine Approach for Alzheimer's Disease)]

**Manuscript Number (if known):** TRCI-D-22-00134R1

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# ICMJE DISCLOSURE FORM

**Date:** 5/5/2023

**Your Name:** [Leonie (N.C.) Visser]

**Manuscript Title:** [Rationale and design of the ABOARD project (A Personalized Medicine Approach for Alzheimer's Disease)]

**Manuscript Number (if known):** TRCI-D-22-00134R1

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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> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>

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4	Consulting fees	<input checked="" type="checkbox"/> None	
		[	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		[LNCV has been an invited speaker for a symposium organized by the Schwabe Group.	Fees were paid to her institution.
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	
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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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# ICMJE DISCLOSURE FORM

**Date:** 5/5/2023

**Your Name:** [Sebastian Köhler]

**Manuscript Title:** [Rationale and design of the ABOARD project (A Personalized Medicine Approach for Alzheimer's Disease)]

**Manuscript Number (if known):** TRCI-D-22-00134R1

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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 type="checkbox"/> None	
		Scientific Advisory Board Plan Dementia Prevention Luxembourg	unpaid
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Member Project Council MOCIA consortium into lifestyle and brain health	unpaid
		Member Stakeholder Commission National Consortium of Dementia Cohorts	unpaid
		Member Expert Advisory Panel Alzheimer Europe	unpaid

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# ICMJE DISCLOSURE FORM

**Date:** 5/4/2023

**Your Name:** [Madison Indira Jade Honey]

**Manuscript Title:** [Rationale and design of the ABOARD project (A Personalized Medicine Approach for Alzheimer's Disease)]

**Manuscript Number (if known):** TRCI-D-22-00134R1

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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 checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <div style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</div>						
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%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></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 checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">[</td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	[						
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">[</td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	[						
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">[</td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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: 20px;">[</td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	[						
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">[</td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	[						
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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)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">[</td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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: 20px;">[</td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	[						
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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: 20px;">[</td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	[						
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**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:** 5/3/2023

**Your Name:** [Ellen M. A. Smets]

**Manuscript Title:** [Rationale and design of the ABOARD project (A Personalized Medicine Approach for Alzheimer's Disease)]

**Manuscript Number (if known):** TRCI-D-22-00134R1

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 checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;">[</td><td style="width: 40%;"></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.
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<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="width: 60%; height: 20px;">[</td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;">[</td><td></td></tr> <tr><td style="height: 20px;">[</td><td></td></tr> </table>	[		[		[	
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<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="width: 60%; height: 20px;">[</td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;">[</td><td></td></tr> <tr><td style="height: 20px;">[</td><td></td></tr> </table>	[		[		[	
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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)
4	Consulting fees	<input checked="" type="checkbox"/> None	
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 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)
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> None	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
<b>13</b>	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:** 5/5/2023

**Your Name:** [Hanneke FM Rhodius-Meester]

**Manuscript Title:** [Rationale and design of the ABOARD project (A Personalized Medicine Approach for Alzheimer's Disease)]

**Manuscript Number (if known):** TRCI-D-22-00134R1

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 checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <div style="text-align: right; font-size: small; color: #ccc; margin-top: 5px;">Click the tab key to add additional rows.</div>						
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%; margin-top: 5px;"> <tr> <td style="width: 60%;">I performs contract research for Combinostics Ltd.</td> <td style="width: 40%;">All funding is paid to my institution</td> </tr> <tr> <td>The collaboration project Dementia diagnostics using Artificial Intelligence (DAILY; project number LSHM19123-HSGF) is co-funded by the public-private partnership allowance made available by Health-Holland, Top Sector Life Sciences and Health, to stimulate public-private partnerships.</td> <td>All funding is paid to my institution</td> </tr> <tr> <td>I am recipient of the Memorabel Dementia Fellowship 2021 (ZonMw projectnumber 10510022110004).</td> <td>All funding is paid to my institution</td> </tr> </table>	I performs contract research for Combinostics Ltd.	All funding is paid to my institution	The collaboration project Dementia diagnostics using Artificial Intelligence (DAILY; project number LSHM19123-HSGF) is co-funded by the public-private partnership allowance made available by Health-Holland, Top Sector Life Sciences and Health, to stimulate public-private partnerships.	All funding is paid to my institution	I am recipient of the Memorabel Dementia Fellowship 2021 (ZonMw projectnumber 10510022110004).	All funding is paid to my institution
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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)
		I am recipient of the Alzheimer Nederland InterACT grant (projectnumber WE.08-2022-06	All funding is paid to my institution
		I am recipient of the Horizon 2022 project PROMINENT (project number 101112145	All funding is paid to my institution
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
<b>9</b>	Participation on a Data Safety	<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)
	Monitoring Board or Advisory Board	<input type="checkbox"/>	
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> None	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
<b>13</b>	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:** 5/4/2023

**Your Name:** [Charlotte E. Teunissen]

**Manuscript Title:** [Rationale and design of the ABOARD project (A Personalized Medicine Approach for Alzheimer's Disease)]

**Manuscript Number (if known):** TRCI-D-22-00134R1

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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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%; height: 150px; margin-top: 5px;"> <tr> <td style="width: 60%; padding: 5px;">           Research of CET is supported by the European Commission (Marie Curie International Training Network, grant agreement No 860197 (MIRIADE), Innovative Medicines Initiatives 3TR (Horizon 2020, grant no 831434) EPND (IMI 2 Joint Undertaking (JU), grant No. 101034344) and JPND (bPRIDE), National MS Society (Progressive MS alliance), Alzheimer Association, Health Holland, the Dutch Research Council (ZonMW), Alzheimer Drug Discovery Foundation, The Selfridges Group Foundation, Alzheimer Netherlands. CT is         </td> <td style="width: 40%; padding: 5px; vertical-align: top;">           All payments made to the institution         </td> </tr> </table>	Research of CET is supported by the European Commission (Marie Curie International Training Network, grant agreement No 860197 (MIRIADE), Innovative Medicines Initiatives 3TR (Horizon 2020, grant no 831434) EPND (IMI 2 Joint Undertaking (JU), grant No. 101034344) and JPND (bPRIDE), National MS Society (Progressive MS alliance), Alzheimer Association, Health Holland, the Dutch Research Council (ZonMW), Alzheimer Drug Discovery Foundation, The Selfridges Group Foundation, Alzheimer Netherlands. CT is	All payments made to the institution		
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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>recipient of ABOARD, which is a public-private partnership receiving funding from ZonMW (#73305095007) and Health~Holland, Topsector Life Sciences &amp; Health (PPP-allowance; #LSHM20106).</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, BioConnect, Bioorchestra, Brainstorm Therapeutics, Celgene, EIP Pharma, Eisai, Fujirebio, Grifols, Instant Nano Biosensors, Merck, Novo Nordisk, PeopleBio, Roche, Siemens, Toyama, Vivoryon.</p>	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Roche, Novo Nordisk, Grifols	All payments are made to her institution
6	Payment for expert testimony	<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)
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 type="checkbox"/> None	
		<input type="checkbox"/> CET serves on editorial boards of Medidact Neurologie/Springer, Alzheimer Research and Therapy, Neurology: Neuroimmunology & Neuroinflammation.	
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:** 5/8/2023

**Your Name:** [Argonde C. van Harten]

**Manuscript Title:** [Rationale and design of the ABOARD project (A Personalized Medicine Approach for Alzheimer's Disease)]

**Manuscript Number (if known):** TRCI-D-22-00134R1

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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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <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"> <tr><td>[</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	[						
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10	Leadership or fiduciary role in	<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)
	other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/>	
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> None	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
<b>13</b>	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:** 5/8/2023

**Your Name:** [Minke Kooistra]

**Manuscript Title:** [Rationale and design of the ABOARD project (A Personalized Medicine Approach for Alzheimer's Disease)]

**Manuscript Number (if known):** TRCI-D-22-00134R1

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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	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 checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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.
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> None	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
<b>13</b>	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:** 5/7/2023

**Your Name:** [Marco Blom]

**Manuscript Title:** [Rationale and design of the ABOARD project (A Personalized Medicine Approach for Alzheimer's Disease)]

**Manuscript Number (if known):** TRCI-D-22-00134R1

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# ICMJE DISCLOSURE FORM

**Date:** 3-5-2023

**Your Name:** [Wiesje M. van der Flier]

**Manuscript Title:** [Rationale and design of the ABOARD project (A Personalized Medicine Approach for Alzheimer's Disease)]

**Manuscript Number (if known):** TRCI-D-22-00134R1

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		<p>stichting Alzheimer &amp; Neuropsychiatrie Foundation, Philips, Biogen MA Inc, Novartis-NL, Life-MI, AVID, Roche BV, Fujifilm, Eisai, Combinostics. WF holds the Pasma chair.</p> <p>WF is recipient of ABOARD, which is a public-private partnership receiving funding from ZonMW (#73305095007) and Health~Holland, Topsector Life Sciences &amp; Health (PPP-allowance; #LSHM20106).</p>	All funding is paid to her institution.
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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 WF participated in advisory boards of Biogen MA Inc, Roche, and Eli Lilly.	All funding is paid to her institution.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None [ [ [	
11	Stock or stock options	<input checked="" type="checkbox"/> None [ [ [	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None WF is member of the steering committee of PAVE, and Think Brain Health. WF was associate editor of Alzheimer, Research & Therapy in 2020/2021. WF is associate editor at Brain.	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None [ [ [	

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