

ICMJE DISCLOSURE FORM

Date: 12/5/2023

Your Name: Regina T. Vontell, Ph.D.

Manuscript Title: **Association of region-specific hippocampal reduction of neurogranin with inflammasome proteins in post-mortem brains of Alzheimer’s disease**

Manuscript Number (if known): TRCI-D-23-00109

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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	advocacy group, paid or unpaid		
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.

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Date: 12/8/2023

Your Name: Ryan Gober

Manuscript Title: Association of region-specific hippocampal reduction of neurogranin with inflammasome proteins in post-mortem brains of Alzheimer's disease

Manuscript Number (if known): TRCI-D-23-00109

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Date: 12/8/2023

Your Name: Julian Dallmeier

Manuscript Title: Association of region-specific hippocampal reduction of neurogranin with inflammasome proteins in post-mortem brains of Alzheimer's disease

Manuscript Number (if known): TRCI-D-23-00109

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Date: 12/8/2023

Your Name: Daniel Brzostowicki

Manuscript Title: Association of region-specific hippocampal reduction of neurogranin with inflammasome proteins in post-mortem brains of Alzheimer's disease

Manuscript Number (if known): TRCI-D-23-00109

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Date: 12/8/2023

Your Name: Ayled Barreda

Manuscript Title: Association of region-specific hippocampal reduction of neurogranin with inflammasome proteins in post-mortem brains of Alzheimer’s disease

Manuscript Number (if known): TRCI-D-23-00109

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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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: 12/8/2023

Your Name: Kaj Blennow

Manuscript Title: Association of region-specific hippocampal reduction of neurogranin with inflammasome proteins in post-mortem brains of Alzheimer's disease

Manuscript Number (if known): TRCI-D-23-00109

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		Julius Clinical	To me
		Novartis	To me
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Date: 12/8/2023

Your Name: Henrik Zetterberg

Manuscript Title: Association of region-specific hippocampal reduction of neurogranin with inflammasome proteins in post-mortem brains of Alzheimer's disease

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		Annexon	Consultant/Advisory Board with payment to me
		Artery Therapeutics	Consultant/Advisory Board with payment to me
		AZTherapies	Consultant/Advisory Board with payment to me
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		Roche	Consultant/Advisory Board with payment to me
		Samumed	Consultant/Advisory Board with payment to me
		Siemens Healthineers	Consultant/Advisory Board with payment to me
		Triplet Therapeutics	Consultant/Advisory Board with payment to me
		Wave	Consultant/Advisory Board with payment to me
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Date: 12/8/2023

Your Name: Hlin Kvartsberg

Manuscript Title: Association of region-specific hippocampal reduction of neurogranin with inflammasome proteins in post-mortem brains of Alzheimer's disease

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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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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>							

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: 12/8/2023

Your Name: Sakir Humayun Gultekin

Manuscript Title: Association of region-specific hippocampal reduction of neurogranin with inflammasome proteins in post-mortem brains of Alzheimer’s disease

Manuscript Number (if known): TRCI-D-23-00109

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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ICMJE DISCLOSURE FORM

Date: 12/8/2023

Your Name: Juan Pablo de Rivero Vaccari

Manuscript Title: **Association of region-specific hippocampal reduction of neurogranin with inflammasome proteins in post-mortem brains of Alzheimer's disease**

Manuscript Number (if known): TRCI-D-23-00109

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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3	Royalties or licenses	<input type="checkbox"/> None	
		ZyVersa Therapeutics LLC	Licensed patents to this company
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 type="checkbox"/> None	
		inflammasome Antibody Compositon and Method for Treating Alzheimer's Disease. US 63/405,009 (provisional) (09/09/2022)	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		ZyVersa Therapeutics LLC	Scientific Advisory Board Member
10	Leadership or fiduciary role in	<input checked="" type="checkbox"/> None	

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13	Other financial or non-financial interests	<input type="checkbox"/> None <table border="1"> <tr> <td>InflamaCORE LLC</td> <td>Managing Member</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	InflamaCORE LLC	Managing Member					
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ICMJE DISCLOSURE FORM

Date: 12/8/2023

Your Name: Helen M. Bramlett

Manuscript Title: Association of region-specific hippocampal reduction of neurogranin with inflammasome proteins in post-mortem brains of Alzheimer's disease

Manuscript Number (if known): TRCI-D-23-00109

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		Zyversa Therapeutics LLC	Common Stock
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	
		InflamaCORE LLC	Managing Member

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ICMJE DISCLOSURE FORM

Date: 12/8/2023

Your Name: W. Dalton Dietrich

Manuscript Title: Association of region-specific hippocampal reduction of neurogranin with inflammasome proteins in post-mortem brains of Alzheimer's disease

Manuscript Number (if known): TRCI-D-23-00109

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		inflammasome Antibody Compositon and Method for Treating Alzheimer's Disease. US 63/405,009 (provisional) (09/09/2022)	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Zyversa Therapeutics LLC	Scientific Advisory Board member
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 type="checkbox"/> None	
		Zyversa Therapeutics LLC	Common Stock
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	
		InflamaCORE LLC	Managing Member

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: 12/8/2023

Your Name: Robert W. Keane

Manuscript Title: Association of region-specific hippocampal reduction of neurogranin with inflammasome proteins in post-mortem brains of Alzheimer's disease

Manuscript Number (if known): TRCI-D-23-00109

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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	Click the tab key to add additional rows.							
Time frame: past 36 months								
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%; margin-top: 10px;"> <tr><td style="width: 60%; height: 20px;">NIH (NINDS)</td><td style="width: 40%;">Grant to University of Miami</td></tr> <tr><td style="height: 20px;">Michael J. Fox Foundation</td><td>Grant to University of Miami</td></tr> <tr><td style="height: 20px;">ZyVersa Therapeutics</td><td>Grant to University of Miami</td></tr> </table>	NIH (NINDS)	Grant to University of Miami	Michael J. Fox Foundation	Grant to University of Miami	ZyVersa Therapeutics	Grant to University of Miami
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Michael J. Fox Foundation	Grant to University of Miami							
ZyVersa Therapeutics	Grant to University of Miami							
3	Royalties or licenses	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="width: 60%; height: 20px;">ZyVersa Therapeutics, Inc.</td><td style="width: 40%;">Licensed patents to this company</td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	ZyVersa Therapeutics, Inc.	Licensed patents to this company				
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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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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	
		InflamaCORE, LLC	Managing Member

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: 12/8/2023

Your Name: David A. Davis

Manuscript Title: Association of region-specific hippocampal reduction of neurogranin with inflammasome proteins in post-mortem brains of Alzheimer's disease

Manuscript Number (if known): TRCI-D-23-00109

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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ICMJE DISCLOSURE FORM

Date: 12/8/2023

Your Name: Tatjana Rundek

Manuscript Title: Association of region-specific hippocampal reduction of neurogranin with inflammasome proteins in post-mortem brains of Alzheimer's disease

Manuscript Number (if known): TRCI-D-23-00109

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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ICMJE DISCLOSURE FORM

Date: 12/8/2023

Your Name: Xiaoyan Sun

Manuscript Title: Association of region-specific hippocampal reduction of neurogranin with inflammasome proteins in post-mortem brains of Alzheimer's disease

Manuscript Number (if known): TRCI-D-23-00109

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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>							

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.