

ICMJE DISCLOSURE FORM

Date: 12/15/2023

Your Name: Katharina Bolsewig

Manuscript Title: Caregivers' attitudes towards blood-based biomarker testing for Alzheimer's disease

Manuscript Number (if known): DADM-D-23-00203

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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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: 12/15/2023

Your Name: Hester Blok

Manuscript Title: Caregivers' attitudes towards blood-based biomarker testing for Alzheimer's disease

Manuscript Number (if known): DADM-D-23-00203

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Date: 12/15/2023

Your Name: Eline A. J. Willemse

Manuscript Title: Caregivers' attitudes towards blood-based biomarker testing for Alzheimer's disease

Manuscript Number (if known): DADM-D-23-00203

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Date: 12/15/2023

Your Name: Rob Groot Zwaaftink

Manuscript Title: Caregivers' attitudes towards blood-based biomarker testing for Alzheimer's disease

Manuscript Number (if known): DADM-D-23-00203

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Date: 12/15/2023

Your Name: Minke Kooistra

Manuscript Title: Caregivers' attitudes towards blood-based biomarker testing for Alzheimer's disease

Manuscript Number (if known): DADM-D-23-00203

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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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: 12/15/2023

Your Name: Ellen M. A. Smets

Manuscript Title: Caregivers' attitudes towards blood-based biomarker testing for Alzheimer's disease

Manuscript Number (if known): DADM-D-23-00203

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Date: 12/15/2023

Your Name: Charlotte E. Teunissen

Manuscript Title: Caregivers' attitudes towards blood-based biomarker testing for Alzheimer's disease

Manuscript Number (if known): DADM-D-23-00203

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		<p>Life Sciences & 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>							
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		CET serves on editorial boards of Medidact Neurologie/Springer, Alzheimer Research and Therapy, Neurology: Neuroimmunology & Neuroinflammation.	
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Date: 12/15/2023

Your Name: Leonie N. C. Visser

Manuscript Title: Caregivers' attitudes towards blood-based biomarker testing for Alzheimer's disease

Manuscript Number (if known): DADM-D-23-00203

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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>									
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: 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>									

		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: 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>							
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.