Date:			5/23/2023		
You	r Name:		Lauren Forgrave		
Manuscript Title:			Truncated TDP-43 proteoforms diagnostic of	of frontotemporal dementia with TDP-43 pathology	
Mar	nuscript Number (if k	nown):	ADJ-D-23-00411		
content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity, es/interests should be defined broadly. For e u should declare all relationships with manuf- in the manuscript.	/interest, it is preferable that you do so.	
			l entities with whom you have this ship 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.		an Institutes for Health Research	Graduate student fellowship	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one		
3	Royalties or licenses	⊠ No	one		

			ifications/Comments (e.g., if payments were e to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this onship 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		None		
12	Receipt of equipment,		None		
	materials, drugs, medical writing,				
	gifts or other				
	services				
13 Other financial or None non-financial					
	interests				
Plea	Please place an "X" next to the following statement to indicate your agreement:				
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:	5/23/2023
Your Name:	Kyung-Mee Moon
Manuscript Title:	Truncated TDP-43 proteoforms diagnostic of frontotemporal dementia with TDP-43 pathology
Manuscript Number (if known):	ADJ-D-23-00411

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			e all entities with whom you have this onship 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		
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None     ■	

			e all entities with whom you have this onship 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		None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
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Date:			5/23/2023		
You	r Name:	-	Jordan Hamden		
Manuscript Title:		-	Truncated TDP-43 proteoforms diagnostic	of frontotemporal dementia with TDP-43 pathology	
Mar	nuscript Number (if k	nown):	ADJ-D-23-00411		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt."  The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned.		ipt. "Rela of the mar e in doubt as/activitie nsion, you entioned i all suppor	rt for the work reported in this manuscript without time limit. For all other items, the time		
			l entities with whom you have this ship 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.	_	I Smith Health Research [RT-2022-2717]	Postdoctoral fellowship	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one		
3	Royalties or licenses	⊠ No	one		

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship 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		None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Plea	Please place an "X" next to the following statement to indicate your agreement:				

Date:	5/23/2023
Your Name:	Yun Li
Manuscript Title:	Truncated TDP-43 proteoforms diagnostic of frontotemporal dementia with TDP-43 pathology
Manuscript Number (if known):	ADJ-D-23-00411

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		Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comm made to you or to you	ents (e.g., if payments were ur institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		e all entities with whom you have this onship 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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	•	e following statement to indicate your agreeme	

Date:	5/23/2023
Your Name:	Phoebe Lu
Manuscript Title:	Truncated TDP-43 proteoforms diagnostic of frontotemporal dementia with TDP-43 pathology
Manuscript Number (if known):	ADJ-D-23-00411

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			e all entities with whom you have this onship 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.		None	
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Commade to you or to the second sec	nments (e.g., if payments were your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:    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:		5/23/2023	5/23/2023			
Υοι	ır Name:	Leonard Foster	Leonard Foster			
Manuscript Title:		Truncated TDP-43 proteoforms diagnostic of frontotemporal dementia with TDP-43	Truncated TDP-43 proteoforms diagnostic of frontotemporal dementia with TDP-43 pathology			
Ma	nuscript Number (if k	own): ADJ-D-23-00411				
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub."  The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned.		support for the work reported in this manuscript without time limit. For all other items, the	s may be rily ne even if			
		ame all entities with whom you have this Specifications/Comments (e.g., if payr elationship or indicate none (add rows as needed) made to you or to your institution)	nents were			
		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.	Genome Canada and Genome BC [264PRO] Grant paid to institution Canada Foundation for Innovation British Columbia Knowledge Development Fund Grant paid to institution Grant paid to institution				
		Time frame: past 36 months				
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			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None □	

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:    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:		=	5/23/2023		
You	ır Name:	_	Ian Mackenzie		
Manuscript Title:			Truncated TDP-43 proteoforms diagnostic of frontotemporal dementia with TDP-43 pathology		
Mai	nuscript Number (if l	known):	ADJ-D-23-00411		
con affe	tent of your manuscrected by the content of	ript. "Relat			
epic		nsion, you	· · · · · · · · · · · · · · · · · · ·	xample, if your manuscript pertains to the acturers of antihypertensive medication, even if	
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			entities with whom you have this	Specifications/Comments (e.g., if payments were	
		relations	hip or indicate none (add rows as needed)	made to you or to your institution)	
		relations	hip or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)	
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.	✓ No none	Time frame: Since the initial planning	made to you or to your institution)	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	⊠ No	Time frame: Since the initial planning	made to you or to your institution)  of the work	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from	No No No No	Time frame: Since the initial planning one  Time frame: past 36 month	made to you or to your institution) of the work	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Nonne  Nonne  Nonne	Time frame: Since the initial planning	made to you or to your institution)  of the work	

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	honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	☐ None  ICFTD, Lille France, Nov. 2022 (travel cost reimbursement)	
8	Patents planned, issued or pending	□ None  US patent 12/302.691 – "Detecting and Treating Dementia	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None  Chair of AFTD Medical Advisory Committee	

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:			5/23/2023			
Your Name:			Mari L. DeMarco			
Manuscript Title:			Truncated TDP-43 proteoforms diagnostic of frontotemporal dementia with TDP-43 pathology			
Manuscript Number (if known):			ADJ-D-23-00411			
contaffe indicate The epic	tent of your manuscr cted by the content cate a bias. If you ar author's relationship demiology of hyperte	ript. "Rela of the ma e in doub os/activitions, you	e ask you to disclose all relationships/activities/interests listed below that are related to the sted" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.			
that	medication is not m	entioned	in the manuscript.			
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			ll entities with whom you have this ship 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	□ N	one			
	manuscript (e.g., funding, provision		el Smith Health Research Scholar Award 016-1976]	Grant paid to institution		
	of study materials, medical writing,	Canada	a Foundation for Innovation & British Dia Knowledge Development Fund	Grant paid to institution		
	article processing charges, etc.)		<u> </u>			
	No time limit for this item.					
			Time frame: past 36 month	s		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ N	one			
2	Devolties ::					
3	Royalties or licenses	⊠ N	one			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g made to you or to your institu	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship 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		None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None			
13	Other financial or non-financial interests		None			
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