| Date: | | - | 7/27/2021 | | | |
|---|---|---------|--|---|--|--|
| You | r Name: | - | Amanda Hewes | | | |
| Manuscript Title: | | | Control of hippocampal synaptic plasticity by microglia-dendrite interactions depends on genetic context in mouse models of Alzheimer's disease | | | |
| Mar | nuscript Number (if k | nown): | ADJ-D-23-00602 | | | |
| In the interest of transparency, we content of your manuscript. "Relat affected by the content of the man indicate a bias. If you are in doubt The author's relationships/activitie | | | e ask you to disclose all relationships/activities/interests listed below that are related to the ated" 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 tabout whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the ushould declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript. | | | |
| | em #1 below, report and for disclosure is the | | · · · · · · · · · · · · · · · · · · · | ithout time limit. For all other items, the time | | |
| | | | entities with whom you have this hip 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. | | DINE A U54AG054345 | Click the tab key to add additional rows. | | |
| 1 | present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for | | | Click the tab key to add additional rows. | | |
| 2 | present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for | NIH/NIA | A U54AG054345 | Click the tab key to add additional rows. | | |

| | | | ecifications/Comments (e.g., if payments were ide 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 | |
| 7 | Support for attending meetings and/or travel | None None | |
| 8 | Patents planned, issued or pending | □ None US Provisional Application No.: 63/318,313 | |
| 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 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: I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | | |

3 12/13/2021 ICMJE Disclosure Form

| Date: | | - | 7/28/2023 | | | |
|---|--|-----------|---|---|--|--|
| You | r Name: | - | Erik Bloss | | | |
| Manuscript Title: | | | Control of hippocampal synaptic plasticity by microglia-dendrite interactions depends on genetic context in mouse models of Alzheimer's disease | | | |
| Mar | nuscript Number (if k | nown): | ADJ-D-23-00602 | | | |
| In the interest of transparency, we content of your manuscript. "Relat affected by the content of the man indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned in | | | rt for the work reported in this manuscript without time limit. For all other items, the time | | | |
| | ne for disclosure is the | e past so | | | | |
| | | | entities with whom you have this Specifications/Comments (e.g., if payment 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 | | I funds from The Jackson Laboratory | Click the tab key to add additional rows. | | |
| | of study materials, medical writing, article processing charges, etc.) No time limit for this item. | | | | | |
| | medical writing, article processing charges, etc.) No time limit for | | Time frame: past 36 month | s | | |
| 2 | medical writing, article processing charges, etc.) No time limit for | | Time frame: past 36 month one G079877 | S | | |

| | | 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) | e |
|----|--|---|---|
| 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 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 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 | |
| Plea | • | e following statement to indicate your agreeme | |

| Date: | | | 7/27/2021 | | | |
|--|---|---------|--|---|--|--|
| You | r Name: | | Gareth Howell | | | |
| Manuscript Title: | | | Control of hippocampal synaptic plasticity by microglia-dendrite interactions depends on genetic context in mouse models of Alzheimer's disease | | | |
| Ma | nuscript Number (if k | nown): | ADJ-D-23-00602 | | | |
| In the interest of transparency, we content of your manuscript. "Relat affected by the content of the man indicate a bias. If you are in doubt The author's relationships/activitie | | | e ask you to disclose all relationships/activities/interests listed below that are related to the ated" 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 t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript. | | | |
| | em #1 below, report one for disclosure is the | | · | ithout time limit. For all other items, the time | | |
| | | | 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 | · California de | | |
| | | | Time frame: Since the initial planning | or 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. | | one Davis Spencer Foundation | Click the tab key to add additional rows. | | |
| 1 | present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for | | one | Click the tab key to add additional rows. | | |
| 2 | present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for | Diana I | One Davis Spencer Foundation | Click the tab key to add additional rows. | | |

| | | | cations/Comments (e.g., if payments were o 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 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 non-financial | | None | |
| | interests | | | |
| | | | | |
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| Plea | se place an "X" nex | t to the | e following statement to indicate your agreeme | ent: |
| \boxtimes | I certify that I have | answe | ered every question and have not altered the wo | ording of any of the questions on this form. |

| Date: | 7/28/2023 |
|-------------------------------------|---|
| Your Name: | Kourtney Graham |
| Manuscript Title: | Control of hippocampal synaptic plasticity by microglia-dendrite interactions depends on genetic context in mouse models of Alzheimer's disease |
| Manuscript Number (if known): | ADJ-D-23-00602 |
| In the interest of transparency, we | e ask you to disclose all relationships/activities/interests listed below that are related to the |

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.

| | | e all entities with whom you onship or indicate none (add | | 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 | | Click the tab key to add additional rows. |
| | | Time fra | me: past 36 month | s |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | | |
| 3 | Royalties or licenses | None | | |

| | | | pecifications/Comments (e.g., if payments were nade 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 | |
| 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 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. | | | | |

| Date: | | | 7/27/2021 | | |
|---|---|--------|---|---|--|
| Your Name: | | | Kelly J. Keezer | | |
| Manuscript Title: | | | Control of hippocampal synaptic plasticity by microglia-dendrite interactions depends on genetic context in mouse models of Alzheimer's disease | | |
| Mai | nuscript Number (if k | nown): | ADJ-D-23-00602 | | |
| content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doubt The author's relationships/activities | | | eted" 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 manufi | /interest, it is preferable that you do so. | |
| | em #1 below, report and for disclosure is the | | · | ithout 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. | | IA RF1 AG055104-01A1 | Click the tab key to add additional rows. | |
| 1 | present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for | | | | |
| 2 | present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for | NIH/N | IA RF1 AG055104-01A1 | | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Commade to you or to you | ments (e.g., if payments were our institution) |
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| 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 | |
| 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 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 | |
| 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. | | | |

| Date: | | | 7/27/2021 | | |
|---|---|---|---|---|--|
| Your Name: | | | Kristen Onos | | |
| Manuscript Title: | | | Control of hippocampal synaptic plasticity by microglia-dendrite interactions depends on genetic context in mouse models of Alzheimer's disease | | |
| Maı | nuscript Number (if k | (nown): | ADJ-D-23-00602 | | |
| 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/activities. | | ipt. "Rela of the man e in doubt os/activitions os, | e ask you to disclose all relationships/activities/interests listed below that are related to the ated" 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 t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if | | |
| In it | | all suppo | rt for the work reported in this manuscript w | rithout time limit. For all other items, the time | |
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| | | | Time frame: past 36 month | us . | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ⊠ Ne | one | | |
| 3 | Royalties or licenses | ⊠ No | one | | |

| | | | ecifications/Comments (e.g., if payments were ide 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 | |
| 8 | Patents planned, issued or pending | US Provisional Application No.: 63/318,313 | |
| 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 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: I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | | |

3 12/13/2021 ICMJE Disclosure Form

| ICIVISE DISCESSIVE FORIVI | | | | | |
|---|--|--|--|--|--|
| Date: | 7/27/2023 | | | | |
| Your Name: | Sarah E Heuer | | | | |
| Manuscript Title: | Control of hippocampal synaptic plasticity by microglia-dendrite interactions depends on genetic context in mouse models of Alzheimer's disease | | | | |
| Manuscript Number (if known): | ADJ-D-23-00602 | | | | |
| content of your manuscript. "Rela affected by the content of the man indicate a bias. If you are in doubt The author's relationships/activities | 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 | | | | |
| 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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| | | 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 | of the work |
| | 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. Grants or | None National Institute on Aging (NIA) training program AG062409 in the precision genetics of aging, Alzheimer's disease and related dementias. Diana Davis Spencer Foundation Time frame: past 36 months None | Supported stipend and some experiments for this work. Supported PLX5622 mouse experiments Click the tab key to add additional rows. |
| 3 | contracts from any entity (if not indicated in item #1 above). Royalties or licenses | None | |
| | | | |

| | | | ions/Comments (e.g., if payments were ou 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 | Tufts Student Enrichment fund for attendance at AD/PD International meeting in March-April, 2023 Trainee Travel Award for attendance at Alzheimer's Association International Conference in July, 2023 | |
| 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 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 | |
| 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. | | | |