

ICMJE DISCLOSURE FORM

Date: 9/29/2023

Your Name: Barbara Borroni

Manuscript Title: Detection of TDP-43 seeding activity in the olfactory mucosa from patients with Frontotemporal Dementia

Manuscript Number (if known): ADJ-D-23-00936R1

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															
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: 5px;"> <tr><td style="width: 60%;">PNRR Ministry of Health</td><td>Payment was made to my institution</td></tr> <tr><td>PRIN Ministry of Health</td><td>Payment was made to my institution</td></tr> <tr><td></td><td></td></tr> </table>	PNRR Ministry of Health	Payment was made to my institution	PRIN Ministry of Health	Payment was made to my institution			<table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="width: 60%;">PNRR Ministry of Health</td><td>Payment was made to my institution</td></tr> <tr><td>PRIN Ministry of Health</td><td>Payment was made to my institution</td></tr> <tr><td></td><td></td></tr> </table>	PNRR Ministry of Health	Payment was made to my institution	PRIN Ministry of Health	Payment was made 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)
4	Consulting fees	<input type="checkbox"/> None	
		Alector, Wave, Lilly, UCB, Denali, AviadoBio	To me
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	
		Patent on non-invasive brain stimulation in Alzheimer Disease	
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)
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: 9/30/2023

Your Name: Alberto Benussi

Manuscript Title: Detection of TDP-43 seeding activity in the olfactory mucosa from patients with Frontotemporal Dementia

Manuscript Number (if known): ADJ-D-23-00936R1

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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Fondazione Cariplo	Payment was made to my institution							
Airalz	Payment was made to my institution							
3	Royalties or licenses	<input checked="" type="checkbox"/> None <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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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	
		Angelini Pharma (lecture)	Payment was made to me
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Biogen	Payment was made event organizers
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		Patent for industrial invention: Method of generating a diagnostic index for Alzheimer's disease, electronic apparatus for implementing the method and system (n. 102016000110051).	Patent held by institution
		Patent for industrial invention: Nontherapeutic method of stimulation with gamma-tACS (n. 102021000000776).	Patent held by institution
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		DSMB Chairman	Non-invasive Brain Stimulation for Gamma-induction and Cognitive Enhancement in FTD (Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA)
10	Leadership or fiduciary role in other board, society,	<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)
	committee or 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 type="checkbox"/> None	
		Fondation Recherche Alzheimer – SCOR (Prize)	Payment was made to me and my institution

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: 10/2/2023

Your Name: MATILDE BONGIANNI

Manuscript Title: Detection of TDP-43 seeding activity in the olfactory mucosa from patients with Frontotemporal Dementia

Manuscript Number (if known): ADJ-D-23-00936R1

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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: 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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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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ICMJE DISCLOSURE FORM

Date: 10/2/2023

Your Name: Erika Bronzato

Manuscript Title: Detection of TDP-43 seeding activity in the olfactory mucosa from patients with Frontotemporal Dementia

Manuscript Number (if known): ADJ-D-23-00936R1

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Date: 9/30/2023

Your Name: Emanuele Buratti

Manuscript Title: Detection of TDP-43 seeding activity in the olfactory mucosa from patients with Frontotemporal Dementia

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 70%; height: 20px;">AriSLA grant NOSRESCUEALS</td><td style="width: 30%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	AriSLA grant NOSRESCUEALS						
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		President of the Scientific Committee of the Italian Association for Frontotemporal Dementia	

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13	Other financial or non-financial interests	<input type="checkbox"/> None	
		I am in the Scientific Advisory Board of VectorY	

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Your Name: Annachiara Cagnin

Manuscript Title: Detection of TDP-43 seeding activity in the olfactory mucosa from patients with Frontotemporal Dementia

Manuscript Number (if known): ADJ-D-23-00936R1

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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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>AIMFT</td> <td>UNPAID</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	AIMFT	UNPAID							
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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: 8/2/2021

Your Name: Santina Castriciano

Manuscript Title: Detection of TDP-43 seeding activity in the olfactory mucosa from patients with Frontotemporal Dementia

Manuscript Number (if known): ADJ-D-23-00936R1

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4	Consulting fees	<input type="checkbox"/> None	
		I am a Copan Consultant	
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	
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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:

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ICMJE DISCLOSURE FORM

Date: 10/3/2023

Your Name: Maria Paola Cecchini

Manuscript Title: Detection of TDP-43 seeding activity in the olfactory mucosa from patients with Frontotemporal Dementia

Manuscript Number (if known): ADJ-D-23-00936R1

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ICMJE DISCLOSURE FORM

Date: 10/2/2023

Your Name: Laura Cracco

Manuscript Title: Detection of TDP-43 seeding activity in the olfactory mucosa from patients with Frontotemporal Dementia

Manuscript Number (if known): ADJ-D-23-00936R1

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ICMJE DISCLOSURE FORM

Date: October 3rd 2023

Your Name: Chiara Ferracin

Manuscript Title: Detection of TDP-43 seeding activity in the olfactory mucosa from patients with Frontotemporal Dementia

Manuscript Number (if known): [\[Click or tap here to enter text.\]](#)

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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: 10/3/2023

Your Name: MICHELE FIORINI

Manuscript Title: Detection of TDP-43 seeding activity in the olfactory mucosa from patients with Frontotemporal Dementia

Manuscript Number (if known): ADJ-D-23-00936R1

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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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: 10/1/2023

Your Name: Elena Fontana

Manuscript Title: Detection of TDP-43 seeding activity in the olfactory mucosa from patients with Frontotemporal Dementia

Manuscript Number (if known): ADJ-D-23-00936R1

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.

ICMJE DISCLOSURE FORM

Date: 9/30/2023

Your Name: Fabrizio Gardoni

Manuscript Title: Detection of TDP-43 seeding activity in the olfactory mucosa from patients with Frontotemporal Dementia

Manuscript Number (if known): ADJ-D-23-00936R1

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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Time frame: past 36 months								
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Zambon	Webinar, payment to me
		Biogen	Lecture at AIM meeting 2022, payment to me
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Italian Society of Pharmacology	National SIF meetings
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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ICMJE DISCLOSURE FORM

Date: 10/2/2023

Your Name: Holly J. Garringer

Manuscript Title: Detection of TDP-43 seeding activity in the olfactory mucosa from patients with Frontotemporal Dementia

Manuscript Number (if known): ADJ-D-23-00936R1

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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: 10/1/2023

Your Name: Bernardino Ghetti, MD

Manuscript Title: Detection of TDP-43 seeding activity in the olfactory mucosa from patients with Frontotemporal Dementia

Manuscript Number (if known): ADJ-D-23-00936R1

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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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: 10/1/2023

Your Name: Maria Italia

Manuscript Title: Detection of TDP-43 seeding activity in the olfactory mucosa from patients with Frontotemporal Dementia

Manuscript Number (if known): ADJ-D-23-00936R1

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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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%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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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	
		Italian Society of Pharmacology (SIF)	Grant to visit Camilla Bellone's laboratory in Geneva (2023)
		Italian Society for Neuroscience (SINS)	Travel grant to attend the 20 th SINS National Congress (2023)
		European Molecular Biology Organization (EMBO)	Scientific exchange grant to visit Camilla Bellone's laboratory in Geneva (2023)
		International Society for Frontotemporal Dementias (ISFTD)	Travel Grant to attend the ISFTD meeting (2022)
		European Synapse Meeting (ESM) organizing committee	Travel Grant to attend the ESM meeting (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	<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)
	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	

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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: 9/30/2023

Your Name: Giuseppe Legname

Manuscript Title: Detection of TDP-43 seeding activity in the olfactory mucosa from patients with Frontotemporal Dementia

Manuscript Number (if known): ADJ-D-23-00936R1

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: 10/3/2023

Your Name: Magdalini Polymenidou

Manuscript Title: Detection of TDP-43 seeding activity in the olfactory mucosa from patients with Frontotemporal Dementia

Manuscript Number (if known): ADJ-D-23-00936R1

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: 10/3/2023

Your Name: SALVATORE MONACO

Manuscript Title: Detection of TDP-43 seeding activity in the olfactory mucosa from patients with Frontotemporal Dementia

Manuscript Number (if known): ADJ-D-23-00936R1

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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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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.

ICMJE DISCLOSURE FORM

Date: 10/3/2023

Your Name: Kathy L. Newell

Manuscript Title: Detection of TDP-43 seeding activity in the olfactory mucosa from patients with Frontotemporal Dementia

Manuscript Number (if known): ADJ-D-23-00936R1

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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4	Consulting fees	<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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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>							
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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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: 9/30/2023

Your Name: Alessandro Padovani

Manuscript Title: Detection of TDP-43 seeding activity in the olfactory mucosa from patients with Frontotemporal Dementia

Manuscript Number (if known): ADJ-D-23-00936R1

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 20%;"> </td><td style="width: 40%;">PNRR Ministry of Health</td><td style="width: 40%;">Payment was made to my institution</td></tr> <tr><td> </td><td>PRIN Ministry of Health</td><td>Payment was made to my institution</td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>		PNRR Ministry of Health	Payment was made to my institution		PRIN Ministry of Health	Payment was made to my institution				
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4	Consulting fees	<input type="checkbox"/> None	
		Nutricia, PIAM, Eli-Lilly, Roche, Lansgstone Technology, GE Healthcare, Lilly, UCB Pharma and Chiesi Pharmaceuticals	
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 type="checkbox"/> None	
		GE Healthcare, Eli-Lilly and Actelion Ltd Pharmaceuticals, Lundbeck Pharama	
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 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: October 3rd 2023

Your Name: Luca Sacchetto

Manuscript Title: Detection of TDP-43 seeding activity in the olfactory mucosa from patients with Frontotemporal Dementia

Manuscript Number (if known): [Click or tap here to enter text.]

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: 10/3/2023

Your Name: Alberto Schreiber

Manuscript Title: Detection of TDP-43 seeding activity in the olfactory mucosa from patients with Frontotemporal Dementia

Manuscript Number (if known): ADJ-D-23-00936R1

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: 10/3/2023

Your Name: Carlo Scialò

Manuscript Title: Detection of TDP-43 seeding activity in the olfactory mucosa from patients with Frontotemporal Dementia

Manuscript Number (if known): ADJ-D-23-00936R1

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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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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
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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: 9/30/2023

Your Name: Gianluigi Zanusso

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