

## ICMJE DISCLOSURE FORM

**Date:** 10/27/2023

**Your Name:** [Olamide Abiose]

**Manuscript Title:** [Post-Translational Modifications Linked to Preclinical Alzheimer’s Disease-Related Pathological and Cognitive Changes]

**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.

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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Time frame: Since the initial planning of the work								
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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:** 10/27/2023

**Your Name:** Jarod Rutledge

**Manuscript Title:** Post-Translational Modifications Linked to Preclinical Alzheimer's Disease-Related Pathological and Cognitive Changes

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

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<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b>	
		Co-founder of Teal Omics Inc.	

**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:** 10/27/2023

**Your Name:** Patricia Moran-Losada

**Manuscript Title:** Post-Translational Modifications Linked to Preclinical Alzheimer’s Disease-Related Pathological and Cognitive Changes

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

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## ICMJE DISCLOSURE FORM

**Date:** 10/27/2023

**Your Name:** Michael E. Belloy

**Manuscript Title:** Post-Translational Modifications Linked to Preclinical Alzheimer’s Disease-Related Pathological and Cognitive Changes

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

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## ICMJE DISCLOSURE FORM

**Date:** 10/27/2023

**Your Name:** Edward N. Wilson

**Manuscript Title:** Post-Translational Modifications Linked to Preclinical Alzheimer's Disease-Related Pathological and Cognitive Changes

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

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

**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:** 10/27/2023

**Your Name:** Zihuai He

**Manuscript Title:** Post-Translational Modifications Linked to Preclinical Alzheimer's Disease-Related Pathological and Cognitive Changes

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

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## ICMJE DISCLOSURE FORM

**Date:** 10/27/2023

**Your Name:** Alexandra N. Trelle

**Manuscript Title:** Post-Translational Modifications Linked to Preclinical Alzheimer’s Disease-Related Pathological and Cognitive Changes

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

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**Date:** 10/27/2023

**Your Name:** Divya Channappa

**Manuscript Title:** Post-Translational Modifications Linked to Preclinical Alzheimer’s Disease-Related Pathological and Cognitive Changes

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

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**Date:** 10/27/2023

**Your Name:** America Romero

**Manuscript Title:** Post-Translational Modifications Linked to Preclinical Alzheimer's Disease-Related Pathological and Cognitive Changes

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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:** 10/27/2023

**Your Name:** Jennifer Park

**Manuscript Title:** Post-Translational Modifications Linked to Preclinical Alzheimer’s Disease-Related Pathological and Cognitive Changes

**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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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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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:** 10/27/2023

**Your Name:** Maya V. Yutsis

**Manuscript Title:** Post-Translational Modifications Linked to Preclinical Alzheimer’s Disease-Related Pathological and Cognitive Changes

**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:** 10/27/2023

**Your Name:** Sharon J. Sha

**Manuscript Title:** Post-Translational Modifications Linked to Preclinical Alzheimer’s Disease-Related Pathological and Cognitive Changes

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

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## ICMJE DISCLOSURE FORM

**Date:** 10/27/2023

**Your Name:** Katrin I. Andreasson

**Manuscript Title:** Post-Translational Modifications Linked to Preclinical Alzheimer’s Disease-Related Pathological and Cognitive Changes

**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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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:** 10/27/2023

**Your Name:** Kathleen L. Poston

**Manuscript Title:** Post-Translational Modifications Linked to Preclinical Alzheimer's Disease-Related Pathological and Cognitive Changes

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

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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:** 10/27/2023

**Your Name:** Victor W. Henderson

**Manuscript Title:** Post-Translational Modifications Linked to Preclinical Alzheimer's Disease-Related Pathological and Cognitive Changes

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

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## ICMJE DISCLOSURE FORM

**Date:** 10/27/2023

**Your Name:** Anthony D. Wagner

**Manuscript Title:** Post-Translational Modifications Linked to Preclinical Alzheimer's Disease-Related Pathological and Cognitive Changes

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

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## ICMJE DISCLOSURE FORM

**Date:** 10/27/2023

**Your Name:** Tony Wyss-Coray

**Manuscript Title:** Post-Translational Modifications Linked to Preclinical Alzheimer’s Disease-Related Pathological and Cognitive Changes

**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"/> <b>None</b> <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"/> <b>None</b> <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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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b>	
		Co-founder and scientific advisor of Alkahest Inc and Qinotto Inc.	
		Co-founder of Teal Omics Inc.	

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:** 10/27/2023

**Your Name:** Elizabeth Mormino

**Manuscript Title:** Post-Translational Modifications Linked to Preclinical Alzheimer's Disease-Related Pathological and Cognitive Changes

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		Genentech	
		Eli Lilly	
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