

## ICMJE DISCLOSURE FORM

**Date:** 11/22/2023

**Your Name:** Patricia Diaz-Galvan

**Manuscript Title:** Plasma biomarkers of Alzheimer’s disease in the continuum of dementia with Lewy bodies

**Manuscript Number (if known):** ADJ-D-23-01282R1

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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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
<b>10</b>	Leadership or fiduciary role in	<input checked="" type="checkbox"/> <b>None</b>	

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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.

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**Your Name:** Scott A. Przybelski

**Manuscript Title:** Plasma biomarkers of Alzheimer’s disease in the continuum of dementia with Lewy bodies

**Manuscript Number (if known):** ADJ-D-23-01282R1

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## ICMJE DISCLOSURE FORM

**Date:** Nov 22, 2023

**Your Name:** Alicia Algeciras-Schimmich

**Manuscript Title:** Plasma biomarkers of Alzheimer’s disease in the continuum of dementia with Lewy bodies

**Manuscript Number (if known):** ADJ-D-23-01282R1

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		Siemens Healthineers	
		Fujirebio Diagnostics	
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## ICMJE DISCLOSURE FORM

**Date:** 11/27/2022

**Your Name:** Dan J. Figdore

**Manuscript Title:** Plasma biomarkers of Alzheimer’s disease in the continuum of dementia with Lewy bodies

**Manuscript Number (if known):** ADJ-D-23-01282R1

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<b>10</b>	Leadership or fiduciary role in	<input checked="" type="checkbox"/> <b>None</b>							

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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:** 11/22/2023

**Your Name:** Timothy G Lesnick

**Manuscript Title:** Plasma biomarkers of Alzheimer’s disease in the continuum of dementia with Lewy bodies

**Manuscript Number (if known):** ADJ-D-23-01282R1

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:** 2023/11/27

**Your Name:** Christopher G. Schwarz

**Manuscript Title:** Plasma biomarkers of Alzheimer’s disease in the continuum of dementia with Lewy bodies

**Manuscript Number (if known):** ADJ-D-23-01282R1

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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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b>	
		Karolinska Institute	To me
		Drum Tower Hospital, Nanjing	To me
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
<b>10</b>	Leadership or fiduciary role in	<input checked="" type="checkbox"/> <b>None</b>	

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## ICMJE DISCLOSURE FORM

**Date:** 11/27/2023

**Your Name:** Matthew Senjem

**Manuscript Title:** Plasma biomarkers of Alzheimer’s disease in the continuum of dementia with Lewy bodies

**Manuscript Number (if known):** ADJ-D-23-01282R1

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## ICMJE DISCLOSURE FORM

**Date:** 11/24/2023

**Your Name:** Jeffrey Gunter

**Manuscript Title:** Plasma biomarkers of Alzheimer’s disease in the continuum of dementia with Lewy bodies

**Manuscript Number (if known):** ADJ-D-23-01282R1

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## ICMJE DISCLOSURE FORM

**Date:** 11-22-2023

**Your Name:** Clifford R Jack Jr

**Manuscript Title:** Plasma biomarkers of Alzheimer’s disease in the continuum of dementia with Lewy bodies

**Manuscript Number (if known):** ADJ-D-23-01282R1

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**Your Name:** Paul Min

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**Manuscript Number (if known):** ADJ-D-23-01282R1

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## ICMJE DISCLOSURE FORM

**Date:** 11/25/2023

**Your Name:** Manoj K Jain, MD

**Manuscript Title:** Plasma biomarkers of Alzheimer’s disease in the continuum of dementia with Lewy bodies

**Manuscript Number (if known):** ADJ-D-23-01282R1

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<b>11</b>	Stock or stock options	<input type="checkbox"/> <b>None</b>	
		Eli Lilly & Co.	<\$5000
		GE Healthcare Technologies Inc.	<\$1000
<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:** 11/22/2023

**Your Name:** Toji Miyagawa

**Manuscript Title:** Plasma biomarkers of Alzheimer’s disease in the continuum of dementia with Lewy bodies

**Manuscript Number (if known):** ADJ-D-23-01282R1

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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		Mayo Medical Foundation for Education and Research	
		Little Family 5 Foundation	
		LBD Functional Genomics Program	
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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:** 11/22/2023

**Your Name:** Leah Forsberg

**Manuscript Title:** Plasma biomarkers of Alzheimer’s disease in the continuum of dementia with Lewy bodies

**Manuscript Number (if known):** ADJ-D-23-01282R1

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:** 11/27/2023

**Your Name:** Julie A. Fields

**Manuscript Title:** Plasma biomarkers of Alzheimer’s disease in the continuum of dementia with Lewy bodies

**Manuscript Number (if known):** ADJ-D-23-01282R1

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<b>10</b>	Leadership or fiduciary role in	<input checked="" type="checkbox"/> <b>None</b>									

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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </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:** 11/27/2023

**Your Name:** Rodolfo Savica

**Manuscript Title:** Plasma biomarkers of Alzheimer’s disease in the continuum of dementia with Lewy bodies

**Manuscript Number (if known):** ADJ-D-23-01282R1

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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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%;">NIH grants U01 NS100620, P50 AG016574, P30 AG 062677, R34 AG056639, U19 AG71754 and U01 AG006786</td> <td style="width: 45%;"></td> </tr> <tr> <td>Foundation Dr. Corinne Schulerand</td> <td></td> </tr> <tr> <td>The Mangurian Foundation for Lewy Body Research</td> <td>Click the tab key to add additional rows.</td> </tr> <tr> <td>The Elsie and Marvin Dekelboum Family 4 Foundation</td> <td></td> </tr> <tr> <td>GHR</td> <td></td> </tr> <tr> <td>Mayo Medical Foundation for Education and Research</td> <td></td> </tr> <tr> <td>Little Family 5 Foundation</td> <td></td> </tr> <tr> <td>LBD Functional Genomics Program</td> <td></td> </tr> </table>	NIH grants U01 NS100620, P50 AG016574, P30 AG 062677, R34 AG056639, U19 AG71754 and U01 AG006786		Foundation Dr. Corinne Schulerand		The Mangurian Foundation for Lewy Body Research	Click the tab key to add additional rows.	The Elsie and Marvin Dekelboum Family 4 Foundation		GHR		Mayo Medical Foundation for Education and Research		Little Family 5 Foundation		LBD Functional Genomics Program		
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <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>							
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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:** 11/22/2023

**Your Name:** Jonathan Graff-Radford

**Manuscript Title:** Plasma biomarkers of Alzheimer’s disease in the continuum of dementia with Lewy bodies

**Manuscript Number (if known):** ADJ-D-23-01282R1

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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<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b>  <table border="1" style="width:100%;"><tr><td>American Academy of Neurology honoraria for lectures</td><td>Payment to individual</td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>	American Academy of Neurology honoraria for lectures	Payment to individual					
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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:** November 22, 2023

**Your Name:** Vijay K Ramanan, MD PhD

**Manuscript Title:** Plasma biomarkers of Alzheimer’s disease in the continuum of dementia with Lewy bodies

**Manuscript Number (if known):** ADJ-D-23-01282R1

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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		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)
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b>	
		Medscape (honoraria for educational content)	Payment made to institution
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
<b>10</b>	Leadership or fiduciary role in	<input type="checkbox"/> <b>None</b>	

		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)
	other board, society, committee or advocacy group, paid or unpaid	Associate Editor, Journal of Alzheimer's Disease	
<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-PI for a clinical trial supported by the Alzheimer's Association	
		Site clinician for clinical trials supported by Eisai, the Alzheimer's Treatment and Research Institute at USC, and Transposon Therapeutics, Inc.	
		Site Co-I for the Alzheimer's Clinical Trials Consortium	

**Please place an "X" next to the following statement to indicate your agreement:**

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## ICMJE DISCLOSURE FORM

**Date:** 11/22/23

**Your Name:** David Jones

**Manuscript Title:** Plasma biomarkers of Alzheimer’s disease in the continuum of dementia with Lewy bodies

**Manuscript Number (if known):** ADJ-D-23-01282R1

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<b>10</b>	Leadership or fiduciary role in	<input checked="" type="checkbox"/> <b>None</b>							

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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> <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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**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:** 11/22/23

**Your Name:** Hugo Botha

**Manuscript Title:** Plasma biomarkers of Alzheimer’s disease in the continuum of dementia with Lewy bodies

**Manuscript Number (if known):** ADJ-D-23-01282R1

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		NIH grants U01 NS100620, P50 AG016574, P30 AG 062677, R34 AG056639, U19 AG71754 and U01 AG006786	
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		GHR	
		Mayo Medical Foundation for Education and Research	
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>	

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## ICMJE DISCLOSURE FORM

**Date:** 11/22/2023

**Your Name:** Erik St. Louis

**Manuscript Title:** Plasma biomarkers of Alzheimer’s disease in the continuum of dementia with Lewy bodies

**Manuscript Number (if known):** ADJ-D-23-01282R1

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## ICMJE DISCLOSURE FORM

**Date:** Nov 22, 2023

**Your Name:** David Knopman

**Manuscript Title:** Plasma biomarkers of Alzheimer’s disease in the continuum of dementia with Lewy bodies

**Manuscript Number (if known):** ADJ-D-23-01282R1

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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 30px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></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 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	
			DSMB DIANTU paid directly to DSK
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	

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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:** 11/22/2023

**Your Name:** Neill R. Graff-Radford

**Manuscript Title:** Plasma biomarkers of Alzheimer’s disease in the continuum of dementia with Lewy bodies

**Manuscript Number (if known):** ADJ-D-23-01282R1

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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 the work			
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>	
		NIH grants U01 NS100620, P50 AG016574, P30 AG 062677, R34 AG056639, U19 AG71754 and U01 AG006786	
		Foundation Dr. Corinne Schulerand	
		The Mangurian Foundation for Lewy Body Research	Click the tab key to add additional rows.
		The Elsie and Marvin Dekelboum Family 4 Foundation	
		GHR	
		Mayo Medical Foundation for Education and Research	
		Little Family 5 Foundation	
		LBD Functional Genomics Program	
Time frame: past 36 months			
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>	



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<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <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>							
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<b>9</b>	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: 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>							
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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:** 11/22/2023

**Your Name:** Tanis J. Ferman

**Manuscript Title:** Plasma biomarkers of Alzheimer’s disease in the continuum of dementia with Lewy bodies

**Manuscript Number (if known):** ADJ-D-23-01282R1

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## ICMJE DISCLOSURE FORM

**Date:** November 24, 2023

**Your Name:** Ronald Petersen

**Manuscript Title:** Plasma biomarkers of Alzheimer’s disease in the continuum of dementia with Lewy bodies

**Manuscript Number (if known):** ADJ-D-23-01282R1

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		Mayo Medical Foundation for Education and Research	
		Little Family 5 Foundation	
		LBD Functional Genomics Program	
<b>Time frame: past 36 months</b>			
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>	

		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)
3	Royalties or licenses	<input type="checkbox"/> None	
		Oxford University Press	
		UpToDate	
4	Consulting fees	<input type="checkbox"/> None	
		Roche, Inc. Genentech, Inc. Eli Lilly and Co. Nestle, Inc. Eisai, Inc.	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Medscape	
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	<input type="checkbox"/> None	
		Genentech, Inc.	

		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)
	Board or Advisory Board		
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b>	
<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:** 11/27/2023

**Your Name:** Val J. Lowe

**Manuscript Title:** Plasma biomarkers of Alzheimer’s disease in the continuum of dementia with Lewy bodies

**Manuscript Number (if known):** ADJ-D-23-01282R1

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## ICMJE DISCLOSURE FORM

**Date:** 11/27/2023

**Your Name:** Bradley F. Boeve

**Manuscript Title:** Plasma biomarkers of Alzheimer’s disease in the continuum of dementia with Lewy bodies

**Manuscript Number (if known):** ADJ-D-23-01282R1

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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:** 11/27/2023

**Your Name:** Kejal Kantarci

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