

ICMJE DISCLOSURE FORM

Date: 1/18/2024

Your Name: Frode Kibsgaard Larsen

Manuscript Title: Age of Alzheimer’s disease diagnosis in people with Down syndrome and associated factors: Results from The Horizon 21 European Down syndrome Consortium

Manuscript Number (if known): ADJ-D-23-01553

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: 1/18/2024

Your Name: Asaad Baksh

Manuscript Title: Age of Alzheimer’s disease diagnosis in people with Down syndrome and associated factors: Results from The Horizon 21 European Down syndrome Consortium

Manuscript Number (if known): ADJ-D-23-01553

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ICMJE DISCLOSURE FORM

Date: 1/26/2024

Your Name: Eimear McGlinchey

Manuscript Title: Age of Alzheimer’s disease diagnosis in people with Down syndrome and associated factors: Results from The Horizon 21 European Down syndrome Consortium

Manuscript Number (if known): ADJ-D-23-01553

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Date: 1/22/2024

Your Name: Ellen Melbye Langballe

Manuscript Title: Age of Alzheimer’s disease diagnosis in people with Down syndrome and associated factors: Results from The Horizon 21 European Down syndrome Consortium

Manuscript Number (if known): ADJ-D-23-01553

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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: 1/18/2024

Your Name: Bessy Benejam

Manuscript Title: Age of Alzheimer’s disease diagnosis in people with Down syndrome and associated factors: Results from The Horizon 21 European Down syndrome Consortium

Manuscript Number (if known): ADJ-D-23-01553

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: 1/18/2024

Your Name: Jessica Beresford-Webb

Manuscript Title: Age of Alzheimer’s disease diagnosis in people with Down syndrome and associated factors: Results from The Horizon 21 European Down syndrome Consortium

Manuscript Number (if known): ADJ-D-23-01553

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: 2/1/2021

Your Name: Mary McCarron

Manuscript Title: Age of Alzheimer’s disease diagnosis in people with Down syndrome and associated factors: Results from The Horizon 21 European Down syndrome Consortium

Manuscript Number (if known): ADJ-D-23-01553

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ICMJE DISCLOSURE FORM

Date: 1/19/2024

Your Name: Antonia Coppus

Manuscript Title: Age of Alzheimer’s disease diagnosis in people with Down syndrome and associated factors: Results from The Horizon 21 European Down syndrome Consortium

Manuscript Number (if known): ADJ-D-23-01553

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<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>									

		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: 1/19/2024

Your Name: FALQUERO Ségolène

Manuscript Title: Age of Alzheimer’s disease diagnosis in people with Down syndrome and associated factors: Results from The Horizon 21 European Down syndrome Consortium

Manuscript Number (if known): ADJ-D-23-01553

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 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>						
3	Royalties or licenses	<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 <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> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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>									
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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: 1/27/2024

Your Name: Juan Fortea

Manuscript Title: Age of Alzheimer’s disease diagnosis in people with Down syndrome and associated factors: Results from The Horizon 21 European Down syndrome Consortium.

Manuscript Number (if known): ADJ-D-23-01553

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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4	Consulting fees	<input type="checkbox"/> None	
		Lundbeck	To me.
		Roche	To me.
		AC Immune	To me.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Roche	To me.
		Esteve	To me.
		Biogen	To me.
		Laboratorios Carnot	To me.
		Adamed	To me.
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	
		WO2019175379 A1 Markers of synaptopathy in neurodegenerative disease issued.	To my institution and to me.
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		AC Immune	To me.
		Alzheon	To me.
		Zambon	To me.
		Lilly	To me.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Spanish Neurological Society.	No payments.
		T21 Research Society.	No payments.
		Lumind foundation	No payments.
		Jérôme-Lejeune Foundation.	No payments.
		Alzheimer's Association.	No payments.
National Institutes of Health. USA.	Payments for the participation in Study Sections.		

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ICMJE DISCLOSURE FORM

Date: 1/18/2024

Your Name: Johannes Levin

Manuscript Title: Age of Alzheimer’s disease diagnosis in people with Down syndrome and associated factors: Results from The Horizon 21 European Down syndrome Consortium

Manuscript Number (if known): ADJ-D-23-01553

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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr> <td>Bayer Vital</td> <td>To me</td> </tr> <tr> <td>Biogen</td> <td>To me</td> </tr> <tr> <td>EISAI</td> <td>To me</td> </tr> <tr> <td>TEVA</td> <td>To me</td> </tr> <tr> <td>Roche</td> <td>To me</td> </tr> <tr> <td>Zambon</td> <td>To me</td> </tr> <tr> <td></td> <td></td> </tr> </table>		Bayer Vital	To me	Biogen	To me	EISAI	To me	TEVA	To me	Roche	To me	Zambon	To me		
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Axon Neuroscience	To me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		ERN-RND Management board	Unpaid
		ERN-RND Atypical Parkinson Disease Coordinator	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	
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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: 1/18/2024

Your Name: Sandra V. Loosli

Manuscript Title: Age of Alzheimer’s disease diagnosis in people with Down syndrome and associated factors: Results from The Horizon 21 European Down syndrome Consortium

Manuscript Number (if known): ADJ-D-23-01553

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Hartmann Müller Foundation, Switzerland	
		SyNergy Gender Program of the Ludwig Maximilians University (LMU) Munich, Germany	
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 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 <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>							
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: 1/18/2024

Your Name: Ruth Elaine Mark

Manuscript Title: Age of Alzheimer’s disease diagnosis in people with Down syndrome and associated factors: Results from The Horizon 21 European Down syndrome Consortium

Manuscript Number (if known): ADJ-D-23-01553

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: 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 style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></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 <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> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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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8	Patents planned, issued or pending	<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>									
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 <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: 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: 1/19/2024

Your Name: Anne-Sophie REBILLAT

Manuscript Title: Age of Alzheimer’s disease diagnosis in people with Down syndrome and associated factors: Results from The Horizon 21 European Down syndrome Consortium

Manuscript Number (if known): ADJ-D-23-01553

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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		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									
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.	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Fondation Jerome Lejeune</td> <td style="width: 50%; padding: 2px;">To my institution</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	Fondation Jerome Lejeune	To my institution			Click the tab key to add additional rows.	
Fondation Jerome Lejeune	To my 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%; 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>						
3	Royalties or licenses	<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>						

		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 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 checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Trisomy 21 Research Society	No payment

		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 <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>							
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>							
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ICMJE DISCLOSURE FORM

Date: 1/18/2024

Your Name: Shahid H. Zaman

Manuscript Title: Age of Alzheimer’s disease diagnosis in people with Down syndrome and associated factors: Results from The Horizon 21 European Down syndrome Consortium

Manuscript Number (if known): ADJ-D-23-01553

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: 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.	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Cambridgeshire & Peterborough Foundation NHS Trust (CPFT), UK</td> <td>SHZ is funded by CPFT.</td> </tr> <tr> <td>NIHR Cambridge Biomedical Research Centre (NIHR203312)</td> <td>All research at the Department of Psychiatry in the University of Cambridge was supported by the NIHR Cambridge Biomedical Research Centre (NIHR203312) and the NIHR Applied Research Collaboration East of England.</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Cambridgeshire & Peterborough Foundation NHS Trust (CPFT), UK	SHZ is funded by CPFT.	NIHR Cambridge Biomedical Research Centre (NIHR203312)	All research at the Department of Psychiatry in the University of Cambridge was supported by the NIHR Cambridge Biomedical Research Centre (NIHR203312) and the NIHR Applied Research Collaboration East of England.				
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NIHR Cambridge Biomedical Research Centre (NIHR203312)	All research at the Department of Psychiatry in the University of Cambridge was supported by the NIHR Cambridge Biomedical Research Centre (NIHR203312) and the NIHR Applied Research Collaboration East of England.										
Time frame: past 36 months											
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: 60%;">Lejeune Foundation</td> <td>Funding for the Horizon21 Consortium</td> </tr> <tr> <td>Windsor Research Unit, CPFT, Fulbourn Hospital Cambridge, UK</td> <td>Supported the study</td> </tr> <tr> <td>Alzheimer’s Biomarkers Consortium-Down Syndrome (NIH)</td> <td>University of Cambridge</td> </tr> <tr> <td>Trial Ready Cohort-Down Syndrome (NIH)</td> <td>University of Cambridge</td> </tr> </table>	Lejeune Foundation	Funding for the Horizon21 Consortium	Windsor Research Unit, CPFT, Fulbourn Hospital Cambridge, UK	Supported the study	Alzheimer’s Biomarkers Consortium-Down Syndrome (NIH)	University of Cambridge	Trial Ready Cohort-Down Syndrome (NIH)	University of Cambridge
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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	
		Alzheimer's Biomarkers Consortium-Down Syndrome	Annual meetings-Travel, accommodation & expenses paid by NIH
		Trial Ready Cohort-Down Syndrome	Annual meetings-Travel, accommodation & expenses paid by NIH
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	<input 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)
	other board, society, committee or advocacy group, paid or unpaid	Chair of Scientific Committee for biannual conference for Trisomy21 Research Society	Unpaid role.
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: 1/25/2024

Your Name: Andre Strydom

Manuscript Title: Age of Alzheimer’s disease diagnosis in people with Down syndrome and associated factors: Results from The Horizon 21 European Down syndrome Consortium

Manuscript Number (if known): ADJ-D-23-01553

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AC Immune											
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