

ICMJE DISCLOSURE FORM

Date: 3/28/2024

Your Name: William Robert Kwapong

Manuscript Title: Choriocapillaris reduction accurately discriminates against early-onset Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00179

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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Your Name: Fei Tang

Manuscript Title: Choriocapillaris reduction accurately discriminates against early-onset Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00179

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Your Name: Peng Liu

Manuscript Title: Choriocapillaris reduction accurately discriminates against early-onset Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00179

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ICMJE DISCLOSURE FORM

Date: 3/28/2024

Your Name: Le Cao

Manuscript Title: Choriocapillaris reduction accurately discriminates against early-onset Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00179

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: 3/28/2024

Your Name: Zijuan Feng

Manuscript Title: Choriocapillaris reduction accurately discriminates against early-onset Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00179

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ICMJE DISCLOSURE FORM

Date: 3/28/2024

Your Name: Shiyun Yang

Manuscript Title: Choriocapillaris reduction accurately discriminates against early-onset Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00179

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Date: 3/28/2024

Your Name: Yang Shu

Manuscript Title: Choriocapillaris reduction accurately discriminates against early-onset Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00179

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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: 3/28/2024

Your Name: Heng Xu

Manuscript Title: Choriocapillaris reduction accurately discriminates against early-onset Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00179

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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ICMJJE DISCLOSURE FORM

Date: 3/28/2024

Your Name: Ying Lu

Manuscript Title: Choriocapillaris reduction accurately discriminates against early-onset Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00179

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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ICMJJE DISCLOSURE FORM

Date: 3/28/2024

Your Name: Xinjun Zhao

Manuscript Title: Choriocapillaris reduction accurately discriminates against early-onset Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00179

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ICMJJE DISCLOSURE FORM

Date: 3/28/2024

Your Name: Baochen Chong

Manuscript Title: Choriocapillaris reduction accurately discriminates against early-onset Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00179

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ICMJJE DISCLOSURE FORM

Date: 3/28/2024

Your Name: Bo Wu

Manuscript Title: Choriocapillaris reduction accurately discriminates against early-onset Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00179

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: 3/28/2024

Your Name: Ming Liu

Manuscript Title: Choriocapillaris reduction accurately discriminates against early-onset Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00179

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ICMJE DISCLOSURE FORM

Date: 3/28/2024

Your Name: Peng Lei

Manuscript Title: Choriocapillaris reduction accurately discriminates against early-onset Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00179

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ICMJE DISCLOSURE FORM

Date: 3/28/2024

Your Name: Shuting Zhang

Manuscript Title: Choriocapillaris reduction accurately discriminates against early-onset Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00179

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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: 10px;"> <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: 10px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></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%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>									
6	Payment for expert testimony	<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%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>									
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: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>									
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: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></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: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>									
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: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></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="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>							
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="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>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="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.