Date:	2/10/2024		
Your Name:	Mary Ganguli		
Manuscript Title:	Association of plasma biomarkers of Alzheimer's disease and related disorders with cognition and cognitive decline: the MYHAT population-based study		
Manuscript Number (if known): ADJ-D-23-01348R1			
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.

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Telati		
			Time frame: Since the initial planning	or the work
1	All support for the present		None	
	manuscript (e.g., funding, provision		earch grant from NIA (NIH, US DHHS), # AG023651	Grant awarded to University of Pittsburgh
	of study materials, medical writing,			Click the tab key to add additional rows.
	article processing charges, etc.) No time limit for			
	this item.			
			Time frame: past 36 month	S
2	2 Grants or contracts from		None	
	any entity (if not			
	indicated in item #1 above).			
		L		
3	Royalties or licenses	\boxtimes	None	

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relati	onship or indicate none (add rows as needed)	made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ×	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.			

Date:	2/12/2024
Your Name:	Yingjin Zhang
Manuscript Title:	Association of plasma biomarkers of Alzheimer's disease and related disorders with cognition and cognitive decline: the MYHAT population-based study
Manuscript Number (if known):	ADJ-D-23-01348R1

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	Time frame: Since the initial planning of the work			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.		None	Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: \[\text{			

Date:	2/12/2024	
Your Name:	Pamela C L Ferreira	
Manuscript Title:	Association of plasma biomarkers of Alzheimer's disease and related disorders with cognition and cognitive decline: the MYHAT population-based study	
Manuscript Number (if known):	ADJ-D-23-01348R1	

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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.	None None	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None Alzheimer's Association (AARFD-22-923814)	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comm made to you or to you	ents (e.g., if payments were ur institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

2/12/2024

Date:

Your Name:			Beth Snitz		
Maı	nuscript Title:		Association of plasma biomarkers of Alzheimer's disease and related disorders with cognition and cognitive decline: the MYHAT population-based study		
Mai	nuscript Number (if	known):	ADJ-D-23-01348R1		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned			ated" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity, es/interests should be defined broadly. For e u should declare all relationships with manufa- in the manuscript.	/interest, it is preferable that you do so.	
			l entities with whom you have this ship 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.	Resear	ch grant from NIA (NIH, US DHHS), # 023651 Grant awarded to University of rgh	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	× N	one		
3	Royalties or licenses	⊠ N	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comm made to you or to you	ents (e.g., if payments were ur institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

12/13/2021 12 ICMJE Disclosure Form

Date:	2/9/2024
Your Name:	Victor L Villemagne
Manuscript Title:	Association of plasma biomarkers of Alzheimer's disease and related disorders with cognition and cognitive decline: the MYHAT population-based study
Manuscript Number (if known):	ADJ-D-23-01348R1

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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.

		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	
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.	None None	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item	□ None NIA AG025516	institution
		NIA AG025310 NIA AG025204	institution
	#1 above).	Aging Mind Foundation DAF2255207	institution
3	Royalties or licenses	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)
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AC Immune	myself
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	□ None ALASBIMN	myself
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	2/12/2024
Your Name:	Bruna Bellaver
Manuscript Title:	Association of plasma biomarkers of Alzheimer's disease and related disorders with cognition and cognitive decline: the MYHAT population-based study
Manuscript Number (if known):	ADJ-D-23-01348R1

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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.	None Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Alzheimer's Association (AARFD-22-974627)	
3	Royalties or licenses	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments we made to you or to your institution)	ere
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	2/12/2024
Your Name:	Erin Jacobsen
Manuscript Title:	Association of plasma biomarkers of Alzheimer's disease and related disorders with cognition and cognitive decline: the MYHAT population-based study
Manuscript Number (if known):	ADJ-D-23-01348R1

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1	All support for the present manuscript (e.g., funding, provision of study materials,	None	of the work Click the tab key to add additional rows.
	medical writing, article processing charges, etc.) No time limit for this item.		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments we made to you or to your institution)	ere
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		e all entities with whom you have this ionship 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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	•	e following statement to indicate your agreeme	

Date:	2/13/2024
Your Name:	Chung-Chou H. Chang
Manuscript Title:	Association of plasma biomarkers of Alzheimer's disease and related disorders with cognition and cognitive decline: the MYHAT population-based study
Manuscript Number (if known):	ADJ-D-23-01348R1

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		Time frame: Since the initial planning of	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	□ None NIH R01 AG058549 NIH 5R37 AG023651	Payments were and are made to my institution, University of Pittsburgh
	medical writing, article processing	NIII 3K3/ AG023631	Payments were and are made to my institution, University of Pittsburgh Click the tab key to add additional rows.
	charges, etc.) No time limit for this item.		
		Time frame: past 36 months	5
2	Grants or contracts from	□ None	
	any entity (if not indicated in item	NIH R01 AG058549	Payments were and are made to my institution, University of Pittsburgh
	#1 above).	NIH 5R37 AG023651	Payments were and are made to my institution, University of Pittsburgh
3	Royalties or licenses	⊠ None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., made to you or to your institutions)	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		e all entities with whom you have this onship 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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	•	e following statement to indicate your agreeme	

Date:	2/13/2024
Your Name:	Tharick A. Pascoal
Manuscript Title:	Association of plasma biomarkers of Alzheimer's disease and related disorders with cognition and cognitive decline: the MYHAT population-based study
Manuscript Number (if known):	ADJ-D-23-01348R1

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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.		None	Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., made to you or to your institutions)	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		e all entities with whom you have this onship 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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea ⊠		e following statement to indicate your agreeme	

Date:	2/10/2024	
Your Name:	Thomas K. Karikari	
Manuscript Title:	Association of plasma biomarkers of Alzheimer's disease and related disorders with cognition and cognitive decline: the MYHAT population-based study	
Manuscript Number (if known):	ADJ-D-23-01348R1	
content of your manuscript. "Rela affected by the content of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be unuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.	
	ies/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.	
In Stone #4 holour nonent all arrange	ort for the work reported in this manuscript without time limit. For all other items, the time	

		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.	Swedish Research Council (Vetenskåpradet; #2021-03244 Alzheimer's Association (#AARF-21-850325) Swedish Alzheimer Foundation (Alzheimerfonden) Aina (Ann) Wallströms and Mary-Ann Sjöbloms stiftelsen Emil och Wera Cornells stiftelsen Parkinsonfonden Time frame: past 36 month	To the institution To the institution				
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None NIH R01 AG083874-01	To the institution				
3	Royalties or licenses	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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	University of Pennsylvania	To self To self To self
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None ■	
8	Patents planned, issued or pending	Use of a pS396 assay to diagnose tauopathies https://patents.google.com/patent/WO20201935 00A1/en	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this	Specifications/Comments (e.g., if payments were			
		relati	onship or indicate none (add rows as needed)	made to you or to your institution)			
11	Stock or stock options		None				
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None				
13	Other financial or non-financial interests		None				
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: \times I certify that I have answered every question and have not altered the wording of any of the questions on this form.						