

## ICMJE DISCLOSURE FORM

**Date:** 4/21/2024

**Your Name:** Mengqi Li

**Manuscript Title:** Early blood immune molecular alterations in a non-human primate model of familial Alzheimer’s disease

**Manuscript Number (if known):** ADJ-D-23-01367

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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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
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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:** 4/21/2024

**Your Name:** Mingfeng Guan

**Manuscript Title:** Early blood immune molecular alterations in a non-human primate model of familial Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-23-01367

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## ICMJE DISCLOSURE FORM

**Date:** 4/21/2024

**Your Name:** Jianbang Lin

**Manuscript Title:** Early blood immune molecular alterations in a non-human primate model of familial Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-23-01367

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## ICMJE DISCLOSURE FORM

**Date:** 4/21/2024

**Your Name:** Kaichuan Zhu

**Manuscript Title:** Early blood immune molecular alterations in a non-human primate model of familial Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-23-01367

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**Date:** 4/21/2024

**Your Name:** Jiayi Zhu

**Manuscript Title:** Early blood immune molecular alterations in a non-human primate model of familial Alzheimer's disease

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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:** 4/21/2024

**Your Name:** Ming Guo

**Manuscript Title:** Early blood immune molecular alterations in a non-human primate model of familial Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-23-01367

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:** 4/21/2024

**Your Name:** Yinhu Li

**Manuscript Title:** Early blood immune molecular alterations in a non-human primate model of familial Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-23-01367

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:** 4/21/2024

**Your Name:** Yefei Chen

**Manuscript Title:** Early blood immune molecular alterations in a non-human primate model of familial Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-23-01367

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**Date:** 4/21/2024

**Your Name:** Yijing Chen

**Manuscript Title:** Early blood immune molecular alterations in a non-human primate model of familial Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-23-01367

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 4/21/2024

**Your Name:** Ying Zou

**Manuscript Title:** Early blood immune molecular alterations in a non-human primate model of familial Alzheimer’s disease

**Manuscript Number (if known):** ADJ-D-23-01367

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:** 4/21/2024

**Your Name:** Daiqiang Wu

**Manuscript Title:** Early blood immune molecular alterations in a non-human primate model of familial Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-23-01367

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:** 4/21/2024

**Your Name:** Junxin Xu

**Manuscript Title:** Early blood immune molecular alterations in a non-human primate model of familial Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-23-01367

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## ICMJE DISCLOSURE FORM

**Date:** 4/21/2024

**Your Name:** Wanying Yi

**Manuscript Title:** Early blood immune molecular alterations in a non-human primate model of familial Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-23-01367

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

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 4/21/2024

**Your Name:** Yingying Fan

**Manuscript Title:** Early blood immune molecular alterations in a non-human primate model of familial Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-23-01367

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:** 4/21/2024

**Your Name:** Shuangshuang Ma

**Manuscript Title:** Early blood immune molecular alterations in a non-human primate model of familial Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-23-01367

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:** 4/21/2024

**Your Name:** Yuewen Chen

**Manuscript Title:** Early blood immune molecular alterations in a non-human primate model of familial Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-23-01367

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## ICMJE DISCLOSURE FORM

**Date:** 4/21/2024

**Your Name:** Jun Xu

**Manuscript Title:** Early blood immune molecular alterations in a non-human primate model of familial Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-23-01367

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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:** 4/21/2024

**Your Name:** Lixin Yang

**Manuscript Title:** Early blood immune molecular alterations in a non-human primate model of familial Alzheimer’s disease

**Manuscript Number (if known):** ADJ-D-23-01367

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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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:** 4/21/2024

**Your Name:** Ji Dai

**Manuscript Title:** Early blood immune molecular alterations in a non-human primate model of familial Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-23-01367

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:** 4/21/2024

**Your Name:** Tao Ye

**Manuscript Title:** Early blood immune molecular alterations in a non-human primate model of familial Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-23-01367

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## ICMJE DISCLOSURE FORM

**Date:** 4/21/2024

**Your Name:** Zhonghua Lu

**Manuscript Title:** Early blood immune molecular alterations in a non-human primate model of familial Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-23-01367

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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:** 4/21/2024

**Your Name:** Yu Chen

**Manuscript Title:** Early blood immune molecular alterations in a non-human primate model of familial Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-23-01367

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.

	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 checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> </table> <p style="font-size: small; margin-top: 5px; text-align: right;">Click the tab key to add additional rows.</p>				
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