Date:	3/23/2024
Your Name:	Jonathan Vogelgsang
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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.

		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	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 DFG/Clinician Scientist Kolleg (#413501650) McLean Eric DocMorris memorial fellowship	Click the tab key to add additional rows.
		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	McLean Rappaport fellowship Alzheimer's Association Clinician Scientist Fellowship P50 seed grant from the McLean Conte Center for the Neurobiology of Approach-Avoidance Decision Making; P50 NM119467	

		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	None ■	
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	
10	Leadership or fiduciary role in other board,	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)
	society, committee or advocacy group,			
	paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,	\boxtimes	None	
	materials, drugs, medical writing, gifts or other services			
13	Other financial or non-financial		None	
	interests			
Please place an "X" next to the following statement to indicate your agreement:				
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/25/2024
Your Name:	Niels Hansen
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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		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., 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	□ None Lilly Company	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	□ None Lilly Company	
8	Patents planned, issued or pending	None Non	
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	

			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,		None	
	materials, drugs, medical writing,			
	gifts or other			
	services		-	
13 Other financial or None non-financial				
	interests			
Please place an "X" next to the following statement to indicate your agreement:				
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/22/2024
Your Name:	Melina Stark
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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		Time frame: past 36 months	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., 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	None	
6	Payment for expert testimony	□ □	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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	Image: square of the square o	
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:	3/22/2024
Your Name:	Michael Wagner
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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		Time frame: past 36 month	ns .
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: Certify that have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/22/2024
Your Name:	Hans-Wolfgang Klafki
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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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	

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

Date:	8/26/2021
Your Name:	Barbara Morgado
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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

Date:	3/25/2024
Your Name:	Anke Jahn-Brodmann
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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			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{\texic}\tex{			

Date:	3/22/2024
Your Name:	Björn Hendrik Schott
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None DFG CRC 1436, project A05 (2021 – 2024) Institutional reimbursement for participation in neotiv Care study (Roche)	no personal benefit
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	None None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	□ None Conference fee waiver, DGPPN 2022 Conference fee waiver, DGPPN 2023	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None Committee on Dual Use, LIN Magdeburg	
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,		None	
	materials, drugs, medical writing,			
	gifts or other			
	services		-	
13 Other financial or None non-financial		None		
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/24/2024
Your Name:	Hermann Esselmann
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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3	Royalties or licenses	None	

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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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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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.

 \boxtimes

Dat	e:		3/22/2024			
Your Name:			Chris Bauer			
Manuscript Title:			Plasma amyloid-beta X-42/X-40 ratio and co Alzheimer's disease	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease		
Mai	nuscript Number (if I	known):	ADJ-D-24-00151			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt The author's relationships/activities."		ript. "Rela of the ma e in doub os/activiti ension, yo	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 nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/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.			
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time		
			Il entities with whom you have this	Specifications/Comments (e.g., if payments were		
		relation	ship or indicate none (add rows as needed)	made to you or to your institution)		
		relation	Time frame: Since the initial planning	. ,		
1	All support for the present manuscript (e.g.,	□ N		. ,		
1	present manuscript (e.g., funding, provision of study materials,	□ N CB is en	Time frame: Since the initial planning one	. ,		
1	present manuscript (e.g., funding, provision of study materials, medical writing,	□ N CB is en	Time frame: Since the initial planning one mployee of MicroDiscovery GmbH. Discovery GmbH was paid to assist in	. ,		
1	present manuscript (e.g., funding, provision of study materials,	□ N CB is en	Time frame: Since the initial planning one mployee of MicroDiscovery GmbH. Discovery GmbH was paid to assist in cal data analysis.	of the work Click the tab key to add additional rows.		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	□ N CB is en Micro□ statistic	Time frame: Since the initial planning one mployee of MicroDiscovery GmbH. Discovery GmbH was paid to assist in cal data analysis. Time frame: past 36 month	of the work Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	□ N CB is en Micro□ statistic	Time frame: Since the initial planning one mployee of MicroDiscovery GmbH. Discovery GmbH was paid to assist in cal data analysis.	of the work Click the tab key to add additional rows.		
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	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	□ N CB is en MicroE statistie	Time frame: Since the initial planning one mployee of MicroDiscovery GmbH. Discovery GmbH was paid to assist in cal data analysis. Time frame: past 36 month	of the work Click the tab key to add additional rows.		

			cations/Comments (e.g., if payments were co 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 □	
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	

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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	

Dat	te:	3/22/2024				
Your Name:		Johannes Schuchhardt	Johannes Schuchhardt			
Manuscript Title:		Plasma amyloid-beta X-42/X-40 ratio and of Alzheimer's disease	cognitive decline in suspected early and preclinical			
Ма	nuscript Number (if kr	nown): ADJ-D-24-00151				
content of your manuscript. "Rela affected by the content of the ma		pt. "Related" means any relation with for-profit or r f the manuscript. Disclosure represents a commitme	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 nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.			
epi	demiology of hyperten	s/activities/interests should be defined broadly. For ision, you should declare all relationships with manuscript.				
In item #1 below, report all support frame for disclosure is the past 36		all support for the work reported in this manuscript ve past 36 months.	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	g of the work			
1	All support for the present	□ None				
	manuscript (e.g., funding, provision	JS is employee of MicroDiscovery GmbH.				
	of study materials,	MicroDiscovery GmbH was paid to assist in statistical data analysis.				
	of study materials, medical writing, article processing	,	Click the tab key to add additional rows.			
	of study materials, medical writing,	,	Click the tab key to add additional rows.			
	of study materials, medical writing, article processing charges, etc.) No time limit for	,				

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⊠ None

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

Date:	3/22/2024
Your Name:	Luca Kleineidam
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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)
		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	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	
3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were co 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 □	
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: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/29/2024
Your Name:	Steffen Wolfsgruber
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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

Date:	3/26/2024
Your Name:	Oliver Peters
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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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., if payments were made to you or to your institution)
4	Consulting fees	□ None Biogen, Eisai, Grifols, Noselab, NovoNordisk, Prinnovation, Roche	Payment to myself
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Eisai,.Lilly, Roche	Payment to myself
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 Eisai, Grifols, Noselab, Roche, Novartis	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None Board Member: German Dementia Competence Network and Hirnliga	

			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:			

Date:	3/22/2024
Your Name:	Luisa Sophie Schneider
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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		Time frame: past 36 month	is .
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: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/22/2024
Your Name:	Xiao Wang
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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			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)
			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.		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	

			ations/Comments (e.g., if payments were 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	
7	Support for attending meetings and/or travel	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 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	

			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: 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:	3/26/2024	3/26/2024		
Your Name:	Felix Menne			
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and co Alzheimer's disease	gnitive decline in suspected early and preclinical		
Manuscript Number (if kn	own): ADJ-D-24-00151			
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.				
	lame all entities with whom you have this elationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		

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

1 12/13/2021 ICMJE Disclosure Form

		Il entities with whom you have this aship 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	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	

		Specifications/Comments (e.g., if payments were elationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None
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	mployed by ki:elements GmbH, Saarbrücken, Germany

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:	3/28/2024
Your Name:	Josef Priller
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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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 made to you or to your institution)		Specifications/Comments (e.g., if payments were made to you or to your institution)
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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.		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., if payments were made to you or to your institution)
4	Consulting fees	□ None	
		UniQure	Advice on gene therapy
5	Payment or honoraria for lectures, presentations,	None ■	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	⊠ None	
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	□ None	
	pending	Epo variants	no
9	Participation on a Data Safety	□ None	
	Monitoring Board or	Sinapps2 study	no
10	Advisory Board	□ Nava	
10	Leadership or fiduciary role in other board,	□ None DGPPB, DGGPP, UK DRI, IGSLI	no
	society, committee or	23.12, 23011, 0K 2KI, KISLI	
	advocacy group, paid or unpaid		

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

3

Date:	3/23/2024
Your Name:	Eike Jakob Spruth
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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

Date:	3/25/2024
Your Name:	Altenstein, Slawek
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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

Date:	3/22/2024
Your Name:	Andrea Lohse
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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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 Time frame, past 26 month	Click the tab key to add additional rows.
Time frame: past 36 months		5		
2	Grants or contracts from	\boxtimes	None	
	any entity (if not indicated in item			
	#1 above).			
3	Royalties or licenses	\boxtimes	None	
	ilicellaca			

			ifications/Comments (e.g., if payments were e to you or to your institution)
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 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: Certify that have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/22/2024
Your Name:	Anja schneider
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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			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., if payments were made to you or to your institution)
4	Consulting fees	□ None biogen	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None eisai	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None related to this manuscript	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None biogen	
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:	3/22/2024
Your Name:	Klaus Fließbach
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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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 of	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 months	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., 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	None	
6	Payment for expert testimony	□ □	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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	[⊠] 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:		

Z

Date:	3/22/2024
Your Name:	Ina R. Vogt
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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		Time frame: Since the initial planning	of the work
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		Time frame: past 36 month	ns .
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			ations/Comments (e.g., if payments were 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	
7	Support for attending meetings and/or travel	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 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	

			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:			

	ICMJE DISCLOSURE FORM					
Da	Date: 3/25/2024					
Yo	ur Name:		Claudia Bartels			
Ma	Manuscript Title: Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease					
Ma	nuscript Number (if k	(nown):	ADJ-D-24-00151			
cor affe ind The epi tha	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 o	of the work		
1	All support for the	⊠ No	one			

		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 mont	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not	☐ None German Alzheimer Association	Funding/grant (2021-2023)
	indicated in item #1 above).	German Azhemer Association	Turiding/grunt (2021 2023)
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 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	Roche Lilly	Honoraria for lectures (2021) Honoraria for lectures (2024)
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None Non	

			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:	3/26/2024
Your Name:	Frank Jessen
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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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	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	

			ifications/Comments (e.g., if payments were e to you or to your institution)
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 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: Certify that have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/22/2024
Your Name:	Ayda Rostamzadeh
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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		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	

			ifications/Comments (e.g., if payments were e to you or to your institution)
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 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: Certify that have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/26/2024
Your Name:	Emrah Duzel
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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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., if payments were made to you or to your institution)
4	Consulting fees	□ None Advisor for Lilly, Roche, Eisai	
0	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Lectures for Lilly, Roche, Eisai	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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	Co-founder and stock options for digital health company neotiv					
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ □					
13	Other financial or non-financial interests	None					
r 1	•	t to the following statement to indicate your agreeme					
	I certify that I have answered every question and have not altered the wording of any of the questions on this form.						

Date:	3/25/2024
Your Name:	Wenzel Glanz]
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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		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)
		Time frame: Since the initial planning	of the work
	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.
	ı	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., 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	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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

			all entities with whom you have this nship 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:							

Demenziorschung Andrew Glanz

Facharzt für Neurologie

Date:	3/22/2024
Your Name:	Enise I. Incesoy
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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	Time	e frame: Since the initial planning o	of the work	
1	All support for the present manuscript (e.g., funding, provision of study	⊠ None		
	materials, medical writing, article			
	processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.
		Time frame: past 36 months	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., if payme 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		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		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		None		
11	Stock or stock options		None		

			e all entities with whom ave this relationship or ate none (add rows as ed)	Specifications/Com made to you or to y	ments (e.g., if payments were your institution)		
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:	3/22/2024
Your Name:	Michaela Butryn
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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		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	

			ifications/Comments (e.g., if payments were e to you or to your institution)
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 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: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/30/2024
Your Name:	Katharina Buerger
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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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 months			ns .
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 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	□ None Payments for presentation by Eisai	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	☐ None Travel support by Eli Lilly	
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 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,		None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/22/2024	
Your Name:	Daniel Janowitz	
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease	
Manuscript Number (if known):	ADJ-D-24-00151	

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		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	

			ifications/Comments (e.g., if payments were e to you or to your institution)
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 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: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/22/2024	
Your Name:	Prof Michael Ewers	
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease	
Manuscript Number (if known):	ADJ-D-24-00151	

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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			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)
			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).	Eli L	None	
3	Royalties or licenses		None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (made to you or to your instance)	
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,		None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/22/2024	
Your Name:	Robert Perneczky	
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease	
Manuscript Number (if known):	ADJ-D-24-00151	

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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 were made to you or to your institution)
4	Consulting fees	Roche Biogen Eisai Eli Lilly Novo Nordisk	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Roche Biogen Eisai	Eli Lilly
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	Roche Eisai Eli Lilly	
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 ■	

		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	None ■	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None Roche	
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:	3/22/2024	
Your Name:	Rauchmann, Boris-Stephan	
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease	
Manuscript Number (if known):	ADJ-D-24-00151	

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3	Royalties or licenses	None	

			ifications/Comments (e.g., if payments were e to you or to your institution)
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 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	

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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{\$\te			

Date:	3/22/2024
Your Name:	Selim Üstün Gürsel
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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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	

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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:	3/22/2024
Your Name:	Stefan Teipel
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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3	Royalties or licenses	None	

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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	
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	Independent Data Monitoring Committee (Envision Biogen) Advisory Boards – Roche Pharma Advisory Boards – Biogen GmbH Advisory Board – Grifols GmbH Advisory Board - EISAI	Payment to myself Payment to the institution Payment to the institution Payment to the institution Payment to the institution
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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	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:	22.03.2024
Your Name:	Ingo Kilimann
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	x	None	Click the tab key to add additional rows.
	No time limit for this item.			
		Time frame: past 36 months		
2	Grants or contracts from any entity (if not	Х	None	
1 1	indicated in item #1 above).			
	#1 above).	-		
3	Royalties or licenses	х	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	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X 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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

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

Date:	3/25/2024
Your Name:	Doreen Goerss
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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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	

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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{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$			

Date:	3/22/2024
Your Name:	Christoph Laske
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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		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/Comm made to you or to you	nents (e.g., if payments were our 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	

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

Date:	3/26/2024
Your Name:	Matthias H. Munk
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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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	
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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:			

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 \boxtimes

Date:	3/25/2024
Your Name:	Sanzenbacher, Carolin
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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3	Royalties or licenses	None	

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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 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	

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

Date:	3/26/2024
Your Name:	Annika Spottke
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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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	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
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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:	3/26/2024
Your Name:	Nina Roy
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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			ations/Comments (e.g., if payments were 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	
7	Support for attending meetings and/or travel	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 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	

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

Date:	3/27/2024	
Your Name:	Michael Thomas Heneka	
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease	
Manuscript Number (if known):	ADJ-D-24-00151	

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)
		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	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	

			ifications/Comments (e.g., if payments were e to you or to your institution)
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 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: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/22/2023
Your Name:	Frederic Brosseron
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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3	Royalties or licenses	None	

			ifications/Comments (e.g., if payments were e to you or to your institution)
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 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: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/25/2024
Your Name:	Alfredo Ramirez
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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		Time frame: Since the initial planning	of the work
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		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	

			ifications/Comments (e.g., if payments were e to you or to your institution)
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 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: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/22/2024
Your Name:	Matthias Schmid
Manuscript Title:	Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00151

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	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 months		
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 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	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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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	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.		

			ICIVISE DISCLOSORE FOI	/IAI	
Date:			3/24/2024		
Your Name: Je			Jens Wiltfang		
Manuscript Title:			Plasma amyloid-beta X-42/X-40 ratio and cognitive decline in suspected early and preclinical Alzheimer's disease		
Mar	nuscript Number (if k	nown):	Click or tap here to enter text. ADJ-D-24-001	51	
cont affe indic	tent of your manuscricted by the content of cate a bias. If you are author's relationship	ipt. "Rela of the man e in doubt s/activitions	ated" means any relation with for-profit or not nuscript. Disclosure represents a commitmen t about whether to list a relationship/activity/ es/interests should be defined broadly. For ex u should declare all relationships with manufa	interest, it is preferable that you do so.	
	em #1 below, report and for disclosure is the		rt for the work reported in this manuscript win months.	thout time limit. For all other items, the time	
			Il 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	
	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.	⊠ N	lone		
			Time frame: past 36 month	ns	
2	Grants or contracts from any entity (if not indicated in item #1 above).		Grant No.: 13GW0479B	institutional	
3	Royalties or licenses	× N	lone		

		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	
		Immungenetics Noselab	personally personally
		Roboscreen	personally
5	Payment or honoraria for lectures,	□ None	
	presentations,	Beeijing Yibai Science and Technology Ltd.	personally
	speakers bureaus,	Gloryren	personally
	manuscript	Janssen Cilag	personally
	writing or	Pfizer	personally
	educational	Med Update GmbH Roche Pharma	personally personally
	events	Lilly	personally
		Liny	personally
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or		
	travel		
8	Patents planned, issued or pending	□ None	
		PCT/EP 2011 001724	personally
		PCT/EP 2015 052945	personally
9	Participation on a		
	Monitoring Board		
	or Advisory Board	Abbott	personally
		Biogen	personally
		Boehringer Ingelheim	personally
		Lilly MSD SHARP DOHME	personally
		Roche	personally personally
		Notife	personally
10	Leadership or fiduciary role in	□ 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	other board, society, committee or advocacy group, paid or unpaid	AGNP DGLN DGPPN Deutsche Hirnliga European CSF-society None	unpaid unpaid unpaid unpaid unpaid unpaid
	options		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None ■	

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

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