Date:			5/6/2024		
Your Name: Manuscript Title:			Lianlian Du		
			Longitudinal plasma phosphorylated non-demented Alzheimer's risk-enha	tau217 and other related biomarkers in a nced sample	
Maı	nuscript Number (if	known):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned		ript. "Rela of the ma re in doub ps/activition ension, you nentioned	ort for the work reported in this manuscript without time limit. For all other items, the time		
			I 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.)	Nih	one	Granting agency pays institution, my salary comes from grants. (I am not the PI) Click the tab key to add additional rows.	
	No time limit for this item.				
2	Grants or contracts from any entity (if not indicated in item #1 above).		Time frame: past 36 month		
3	Royalties or licenses	No.	one		

			ications/Comments (e.g., if payments were 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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as neede	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:	5/8/2024
Your Name:	Rebecca Langhough
Manuscript Title:	Longitudinal plasma phosphorylated tau217 and other related biomarkers in a non-demented Alzheimer's risk-enhanced sample
Manuscript Number (if known):	ADJ-D-24-00474

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present	□ None	
	manuscript (e.g., funding, provision of study materials, medical writing,	R01 AG027161-11A1 , 2R01 AG021155-11	These grants fund the study activities and personnel time.
	article processing		Click the tab key to add additional rows.
	charges, etc.) No time limit for this item.		
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None R01AG054059-06 R01AG037639-06A1 R01AG070940 RF1AG053550-1	

		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 None	
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,		

			ecifications/Comments (e.g., if payments were de to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
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:	5/8/2024
Your Name:	Rachael E. Wilson
Manuscript Title:	Longitudinal plasma phosphorylated tau217 and other related biomarkers in a non-demented Alzheimer's risk-enhanced sample
Manuscript Number (if known):	Click or tap here to enter text.

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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.

		=	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 present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		Funding was given to the institution (I am not PI). My salary is paid by the University of Wisconsin- Madion through grants. Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None	

			ications/Comments (e.g., if payments were 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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as neede	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:	5/7/2023
Your Name:	Ramiro Eduardo Rea Reyes
Manuscript Title:	Longitudinal plasma phosphorylated tau217 and other related biomarkers in a non-demented Alzheimer's risk-enhanced sample
Manuscript Number (if known):	Click or tap here to enter text.
In the interest of transparency, w	a ask you to disclose all relationships (activities (interests listed below that are related to the

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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.

			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.	NIH	None	My salary comes from grants obtained by the PI 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	

			ications/Comments (e.g., if payments were 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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as neede	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:	5/8/2024
Your Name:	Bruce Hermann, PhD
Manuscript Title:	Longitudinal plasma phosphorylated tau217 and other related biomarkers in a non- demented Alzheimer's risk-enhanced sample
Manuscript Number (if known):	ADJ-D-24-00474

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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 particular part		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 2R01 AG021155-11		
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH/NINDS 1R01 NS-111022 NIH/NINDS R01 NS120976 NIH/NINDS: R01 NS117568	Unrelated (to manuscript) grants that support study activities and personnel time.	
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 International Neuropsychological Society (Finance Committee)	

		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:			5/7/2024		
You	r Name:		Erin Jonaitis		
Manuscript Title:			Longitudinal plasma phosphorylated tau217 and other related biomarkers in a non-demented Alzheimer's risk-enhanced sample		
Mai	nuscript Number (if k	(nown):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you		ipt. "Rela of the ma e in doub os/activitions, you	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 item #1 below, report all support frame for disclosure is the past 36		all suppo	rt for the work reported in this manuscript w	ithout time limit. For all other items, the time	
			ll 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	[□ No	one		
	manuscript (e.g., funding, provision	NIA		Granting agency pays institution, my salary comes from grants. (I am not the PI)	
	of study materials,				
	medical writing, article processing			Click the tab key to add additional rows.	
	charges, etc.) No time limit for this item.				
			Time frame: past 36 month	S	
2	Grants or contracts from		one		
	any entity (if not indicated in item				
	#1 above).				
2	Davelties - :				
3	Royalties or licenses	⊠ N∈	one		

			ications/Comments (e.g., if payments were 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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)		
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:			5/13/2024		
You	r Name:		Tobey Betthauser		
Manuscript Title:			Longitudinal plasma phosphorylated tau217 and other related biomarkers in a non-demented Alzheimer's risk-enhanced sample		
Mar	nuscript Number (if k	known):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the man		ript. "Rela of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be 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.		
		nsion, yo	· · · · · · · · · · · · · · · · · · ·	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
	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.	Nih/Ni	one A	R01AG080766 paid to institution 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).	NIH/NI	one A	R01AG080766 paid to institution	
3	Royalties or licenses	⊠ Ne	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payer 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	NIH Intermountain Healthcare	Honorarium paid to me Honorarium paid to me
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	University College London Alzheimer's Association NIH	Reimbursement for travel Hotel for hosting working Reimbursement for travel
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.		

Date:	5/8/2024
Your Name:	Nathaniel Chin
Manuscript Title:	Longitudinal plasma phosphorylated tau217 and other related biomarkers in a non-demented Alzheimer's risk-enhanced sample
Manuscript Number (if known):	ADJ-D-24-00xxx

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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	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	NewAmsterdam	Consultant with payment to me
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	Volunteer member of the Medical & Science Board for the WI Alzheimer's Association and the Alzheimer's Foundation of America	

		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:	5/9/2024
Your Name:	Bradley T Christian
Manuscript Title:	Longitudinal plasma phosphorylated tau217 and other related biomarkers in a non-demented Alzheimer's risk-enhanced sample
Manuscript Number (if known):	ADJ-D-24-00474

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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.

pr ma fu	Il support for the	Time frame: Since the initial planning	of the work
pr ma fu	II support for the		
ar ch	resent lanuscript (e.g., lunding, provision of study materials, ledical writing, rticle processing larges, etc.) o time limit for lis item.	National Institute on Aging and the National Institute for Child Health and Human Development (U01 AG051406, U01 AG051412, U19 AG068054) Alzheimer's Disease Research Centers Program (P50 AG008702, P30 AG062421, P50 AG16537, P50 AG005133, P50 AG005681, P30 AG062715, and P30 AG066519) Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program (U54 HD090256, U54 HD087011, and P50 HD105353) National Center for Advancing Translational Sciences (UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345) National Centralized Repository for Alzheimer Disease and Related Dementias (U24 AG21886) DS-Connect® (The Down Syndrome Registry) supported by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)	Click the tab key to add additional rows.
		NIHR Cambridge Biomedical Research Centre Windsor Research Unit, CPFT, Fulbourn Hospital Cambridge, UK	

		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)
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	
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	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety	⊠ None	

		Name all entities with whom you have this elationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments made to you or to your institution)	were
	Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None 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:	5/13/2024
Your Name:	Lauren Chaby
Manuscript Title:	Longitudinal plasma phosphorylated tau217 and other related biomarkers in a non-demented Alzheimer's risk-enhanced sample
Manuscript Number (if known):	Click or tap here to enter text.

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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.

		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	

			ications/Comments (e.g., if payments were 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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
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:	5/8/2024
Your Name:	Andreas Jeromin
Manuscript Title:	Longitudinal plasma phosphorylated tau217 and other related biomarkers in anon-demented Alzheimer's risk-enhanced sample
Manuscript Number (if known):	Click or tap here to enter text.

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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 the work		of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Mone Employee, ALZpath, Inc	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 None	

			ications/Comments (e.g., if payments were 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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
11	Stock or stock options	ALZpath, Inc	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	5/8/2024
Your Name:	Guglielmo di Molfetta
Manuscript Title:	Longitudinal plasma phosphorylated tau217 and other related biomarkers in a non- demented Alzheimer's risk-enhanced sample
Manuscript Number (if known):	Click or tap here to enter text.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 mor	ths
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

			ications/Comments (e.g., if payments were 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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
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	
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	e:		5/8/2024		
You	r Name:		Wagner S. Brum		
Maı	nuscript Title:		Longitudinal plasma phosphorylated tau217 and other related biomarkers in a non-demented Alzheimer's risk-enhanced sample		
Mai	nuscript Number (if k	(nown):	ADJ-D-24-00xxx		
con affe indi	tent of your manuscricted by the content of cate a bias. If you are	ipt. "Rela of the ma e in doubt		/interest, it is preferable that you do so.	
epic		nsion, yo	u should declare all relationships with manufa	acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		one		
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not		one		

indicated in item #1 above).

⊠ None

Royalties or

licenses

3

		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	

		e all entities with whom you have this conship 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 ered every question and have not altered the wo	

Date:	5/8/2024
Your Name:	Burak Arslan
Manuscript Title:	Longitudinal plasma phosphorylated tau217 and other related biomarkers in a non-demented Alzheimer's risk-enhanced sample
Manuscript Number (if known):	Click or tap here to enter text.

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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.

		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	

			ications/Comments (e.g., if payments were 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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as neede	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	•	to the following statement to indicate your agree answered every question and have not altered the	

Date:	5/8/2024
Your Name:	Nicholas Ashton
Manuscript Title:	Longitudinal plasma phosphorylated tau217 and other related biomarkers in a non-demented Alzheimer's risk-enhanced sample
Manuscript Number (if known):	Click or tap here to enter text.

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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)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	None	of the work Click the tab key to add additio
	this item.	Time frame: past 36 month	c
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			ications/Comments (e.g., if payments were 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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as neede	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	•	to the following statement to indicate your agree answered every question and have not altered the	

Date:	5/8/2024
our Name:	Kaj Blennow
Manuscript Title:	Longitudinal plasma phosphorylated tau217 and other related biomarkers in a non-demented Alzheimer's risk-enhanced sample
Manuscript Number (if known):	ADJ-D-24-00xxx

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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	
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 months	5	
2 Grants or contracts from			
any entity (if not	Swedish Research Council (#2017-00915 and #2022-	00732) To the Institute	
indicated in item #1 above).	the Swedish state under the agreement between the Swedish government and the County Councils, the ALF-agreement (#ALFGBG-715986 and #ALFGBG-965240)		
	the Swedish Alzheimer Foundation (#AF-930351, #AF-939721, #AF- 968270, and #AF-994551)		
	Hjärnfonden, Sweden (#FO2017-0243 and #ALZ2022-0006) To the Institute		
	the Alzheimer's Association 2021 Zenith Award (ZEN-21-848495) To the Institute		
	the Alzheimer's Association 2022-2025 Grant (SG-23-1038904 QC) To the Institute		
	La Fondation Recherche Alzheimer (FRA), Paris, Fran		
	the Kirsten and Freddy Johansen Foundation, Copeni Denmark	hagen, To the Institute	
	Familjen Rönströms Stiftelse, Stockholm, Sweden	To the Institute	

		Name all entities with whom you have the relationship or indicate none (add rows as		Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None Non		
4	Consulting fees	Abbvie AriBio ALZpath BioArctic AC Immune Biogen Eisai Lilly Ono Pharma Prothena Roche Diagnostics Siemens Healthineers Biogen Eisai Roche Diagnostics	Consulta Consulta Consulta Consulta Consulta Consulta Consulta Consulta Consulta Consulta Produce payment	d/participated in educational programs with to me d/participated in educational programs with
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		

		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)		
8	Patents planned, issued or pending	None			
9	Participation on a Data Safety Monitoring Board or Advisory Board	Julius Clinical Novartis	To me To me		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None			
11	Stock or stock options	co-founder of Brain Biomarker Solutions in Gothenburg AB (BBS), which is a part of the GU Ventures Incubator Program			
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.				
1-1	——————————————————————————————————————				

3 12/13/2021 ICMJE Disclosure Form

Date:	2024-05-07			
Your Name:	: Henrik Zetterberg			
Manuscript	title: Longitudinal plasr	na phosphorylated tau217 an	nd other related biomarkers in	ı a non-demented
Alzheimer's	risk-enhanced sample			
Manuscript	number (if known):			

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)	(e.g., if	cations/Comments payments were made or to your institution)
		Time frame: Since the initial plann	ning of th	ne work
1	All support for the present	None HZ is a Wallenberg Scholar and a Distingu Professor at the Swedish Research Council		Payments made to Institution.
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	supported by grants from the Swedish Recouncil (#2023-00356; #2022-01018 and a 02397), the European Union's Horizon Europearch and innovation programme under agreement No 101053962, Swedish State for Clinical Research (#ALFGBG-71320), the Alzheimer Drug Discovery Foundation (ACUSA (#201809-2016862), the AD Strategic and the Alzheimer's Association (#ADSF-2831376-C, #ADSF-21-831381-C, #ADSF-21-831377-C, and #ADSF-24-1284328-C), the Bluefield Project, Cure Alzheimer's Fund, Thon Foundation, the Erling-Persson Familian Foundation, Stiftelsen för Gamla Tjänaring	search #2019- rope er grant Support ne DDF), Fund 1 the Olav ily	

	you have this relationship or	Specifications/Comments (e.g., if payments were made to you or to your institution)
No time limit for this item.	Hjärnfonden, Sweden (#FO2022-0270), the European Union's Horizon 2020 research a innovation programme under the Marie Skłodowska-Curie grant agreement No 860 (MIRIADE), the European Union Joint Programe Neurodegenerative Disease Research (JPND2021-00694), the National Institute for Health and Care Research University College London Hospitals Biomedical Research Cerand the UK Dementia Research Institute at (UKDRI-1003).	ond 0197 ramme for ge ottre,
		Click the tab key to add additional row
	Time frame: past 36 mo	nths
contracts from any entity (if not indicated in item #1 above).	HZ is a Wallenberg Scholar and a Distinguished Professor at the Sw Research Council supported by gr from the Swedish Research Council (#2023-00356; #2022-01018 and #2019-02397), the European Unit Horizon Europe research and innovation programme under graagreement No 101053962, Swedis State Support for Clinical Research (#ALFGBG-71320), the Alzheimer Discovery Foundation (ADDF), US (#201809-2016862), the AD Strate Fund and the Alzheimer's Associa (#ADSF-21-831376-C, #ADSF-21-831381-C, #ADSF-21-831377-C, a #ADSF-24-1284328-C), the Bluefi Project, Cure Alzheimer's Fund, the Olav Thon Foundation, the Erling-Persson Family Foundation, Stifte för Gamla Tjänarinnor, Hjärnfond Sweden (#F02022-0270), the	ants cil d on's on's ont sh h Drug A tegic tion eld eld ee

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., if	cations/Comments payments were made or to your institution)	
		grant agreement No 860197 (MIRIADE), the European Union Programme – Neurodegenerative Disease Research (JPND2021-00 the National Institute for Health Care Research University College London Hospitals Biomedical Research, and the UK Dementia Research Unstitute at UCL (UKDRI-1003).	e 694), and search		
3	Royalties or licenses	None ■			
4	Consulting fees	HZ has served at scientific advisor boards and/or as a consultant for Abbvie, Acumen, Alector, Alzinov ALZPath, Amylyx, Annexon, Apel Artery Therapeutics, AZTherapie Cognito Therapeutics, CogRx, Decisai, Merry Life, Nervgen, Novo Nordisk, Optoceutics, Passage Bio Pinteon Therapeutics, Prothena, Abbey Labs, reMYND, Roche, San Siemens Healthineers, Triplet Therapeutics, and Wave.	ra, lis, es, nali, O, Red	Payments made to HZ.	
5	Payment	□ None			
	or honoraria for	HZ has given lectures in symposi sponsored by Alzecure, Biogen,	a	Payments made to HZ.	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., if	cations/Comments payments were made or to your institution)	
	lectures, presentati ons, speakers bureaus, manuscrip t writing or education al events	Cellectricon, Fujirebio, Lilly, Nov Nordisk, and Roche.	0		
6	Payment for expert testimony	None ■			
7	Support for attending meetings and/or travel	None ■			
8	Patents planned, issued or pending	None ■			
9	Participati on on a Data Safety Monitorin g Board or Advisory Board	HZ has served at scientific advisor boards and/or as a consultant for Abbvie, Acumen, Alector, Alzinov ALZPath, Amylyx, Annexon, Apel Artery Therapeutics, AZTherapie Cognito Therapeutics, CogRx, De Eisai, Merry Life, Nervgen, Novo Nordisk, Optoceutics, Passage Bi Pinteon Therapeutics, Prothena,	r /a, lis, es, nali,	Payments made to HZ.	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., if	cations/Comments payments were made or to your institution)
		Abbey Labs, reMYND, Roche, Sam Siemens Healthineers, Triplet Therapeutics, and Wave.	iumed,	
1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	HZ is chair of the Alzheimer's Association Global Biomarker Standardization Consortium.	IZ is chair of the Alzheimer's Association Global Biomarker	
1 1	Stock or stock options	□ None HZ is a co-founder of Brain Bioma Solutions in Gothenburg AB (BBS which is a part of the GU Venture Incubator Program.),	Payments made to HZ.
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None		

		you	ne all entities with whom have this relationship or cate none (add rows as ded)	(e.g., if	cations/Comments payments were made or to your institution)
1 3	Other financial		None		
	or non-				
	financial				
	interests				

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 \boxtimes of any of the questions on this form.

Date:	5/8/2024
Your Name:	Sterling C. Johnson
Manuscript Title:	Click or tap here to enter text.
Manuscript Number (if known):	Click or tap here to enter text.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning o	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	3
2	Grants or contracts from any entity (if not indicated in item #1 above).		Grant to institution Grant to institution
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	Alzpath Enigma Biomedical	To individual To individual
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		
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.				