

ICMJE DISCLOSURE FORM

Date: 4/29/2023

Your Name: Aurore Delvenne

Manuscript Title: CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00517

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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	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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;">Alzheimer Nederland (grant number WE.15-2022-01)</td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Alzheimer Nederland (grant number WE.15-2022-01)					
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Alzheimer Nederland travel grant	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 347 1490 450"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 560 1490 663"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 768 1490 871"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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ICMJE DISCLOSURE FORM

Date: 4/29/2023

Your Name: Betty Tijms

Manuscript Title: CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00517

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Guidepoint network	Payments made to institution
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		Coinventor on a patent of CSF proteomic subtypes (published under patent no. US2022196683A1)	Owner is VUmc Foundation.
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> 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)						
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ICMJE DISCLOSURE FORM

Date: 4/29/2024

Your Name: Carlos Cruchaga

Manuscript Title: CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease

Manuscript Number (if known): ADJ-D-23-01297

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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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Circular Genomics</td> <td></td> </tr> <tr> <td>Alector</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Circular Genomics		Alector						
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
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11	Stock or stock options	<input type="checkbox"/> None	
		Circular Genomics	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 4/29/2023

Your Name: Charlotte E. Teunissen

Manuscript Title: CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00517

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 150px; margin-top: 10px;"> <tr> <td style="width: 60%; font-size: small;"> Research of CET is supported by the European Commission (Marie Curie International Training Network, grant agreement No 860197 (MIRIADE), Innovative Medicines Initiatives 3TR (Horizon 2020, grant no 831434) EPND (IMI 2 Joint Undertaking (JU), grant No. 101034344) and JPND (bPRIDE), National MS Society (Progressive MS alliance), Alzheimer Association, Health Holland, the Dutch Research Council (ZonMW), Alzheimer Drug Discovery Foundation, The Selfridges Group Foundation, Alzheimer Netherlands. CT is recipient of ABOARD, which is a public-private partnership receiving funding from ZonMW (#73305095007) and Health~Holland, Topsector </td> <td style="width: 40%; font-size: small; vertical-align: top;"> All payments made to the institution </td> </tr> </table>	Research of CET is supported by the European Commission (Marie Curie International Training Network, grant agreement No 860197 (MIRIADE), Innovative Medicines Initiatives 3TR (Horizon 2020, grant no 831434) EPND (IMI 2 Joint Undertaking (JU), grant No. 101034344) and JPND (bPRIDE), National MS Society (Progressive MS alliance), Alzheimer Association, Health Holland, the Dutch Research Council (ZonMW), Alzheimer Drug Discovery Foundation, The Selfridges Group Foundation, Alzheimer Netherlands. CT is recipient of ABOARD, which is a public-private partnership receiving funding from ZonMW (#73305095007) and Health~Holland, Topsector	All payments made to the institution				
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		<p>Life Sciences & Health (PPP-allowance; #LSHM20106).</p> <p>CET has a collaboration contract with ADx Neurosciences, Quanterix and Eli Lilly, performed contract research or received grants from AC-Immune, Axon Neurosciences, BioConnect, Bioorchestra, Brainstorm Therapeutics, Celgene, EIP Pharma, Eisai, Fujirebio, Grifols, Instant Nano Biosensors, Merck, Novo Nordisk, PeopleBio, Roche, Siemens, Toyama, Vivoryon.</p>							
3	Royalties or licenses	<input type="checkbox"/> None							
		<table border="1"> <tr> <td>ADx Neurosciences</td> <td>All payments are made to her institution</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	ADx Neurosciences	All payments are made to her institution					
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4	Consulting fees	<input type="checkbox"/> None							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		CET serves on editorial boards of Medidact Neurologie/Springer, Alzheimer Research and Therapy, Neurology: Neuroimmunology & Neuroinflammation.	
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Date: 4/29/2023

Your Name: ~~Click or tap here to enter text.~~ De Roach Ellen

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ICMJE DISCLOSURE FORM

Date: 4/29/2024

Your Name: Frederik Barkhof

Manuscript Title: CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease

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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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 70%; height: 20px;"></td><td style="width: 30%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> <div style="font-size: small; margin-top: 5px; text-align: right;">Click the tab key to add additional rows.</div>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%; padding: 2px;">EPSRC, EU-JU (IMI), NIHR-BRC, GEHC, ADDI</td> <td style="width: 40%; padding: 2px;">Payment to institution</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	EPSRC, EU-JU (IMI), NIHR-BRC, GEHC, ADDI	Payment to institution				
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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)
4	Consulting fees	<input type="checkbox"/> None	
		Combinostics, IXICO, Roche	Consultancy payments to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		EISAI, Biogen, Prothena, Merck	Payment to me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> None	
		Queen Square Analytics	Co-founder with stock options
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.

ICMJE DISCLOSURE FORM

Date: 4/29/2023

Your Name: Peyratout Gwendoline

Manuscript Title: CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00517

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 560 1490 663"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 768 1490 871"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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ICMJE DISCLOSURE FORM

Date: 2024-04-29

Your Name: Henrik Zetterberg

Manuscript title: CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease

Manuscript number (if known): ADJ-D-24-00517

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 following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

The author's relationships/activities/interests should be **defined broadly**. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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	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	<input type="checkbox"/> None	
All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	HZ is a Wallenberg Scholar and a Distinguished Professor at the Swedish Research Council supported by grants from the Swedish Research Council (#2023-00356; #2022-01018 and #2019-02397), the European Union's Horizon Europe research and innovation programme under grant agreement No 101053962, Swedish State Support for Clinical Research (#ALFGBG-71320), the Alzheimer Drug Discovery Foundation (ADDF), USA (#201809-2016862), the AD Strategic Fund and the Alzheimer's Association (#ADSF-21-831376-C, #ADSF-21-831381-C, #ADSF-21-831377-C, and #ADSF-24-1284328-C), the Bluefield Project, Cure Alzheimer's Fund, the Olav Thon Foundation, the Erling-Persson Family Foundation, Stiftelsen för Gamla Tjänarinnor, Hjärnfonden, Sweden (#FO2022-0270), the	Payments made to Institution.

	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)
<p>No time limit for this item.</p>	<p>European Union’s Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie grant agreement No 860197 (MIRIADE), the European Union Joint Programme – Neurodegenerative Disease Research (JPND2021-00694), the National Institute for Health and Care Research University College London Hospitals Biomedical Research Centre, and the UK Dementia Research Institute at UCL (UKDRI-1003).</p>	<p>Click the tab key to add additional rows.</p>
Time frame: past 36 months		
<p>2 Grants or contracts from any entity (if not indicated in item #1 above).</p>	<p><input type="checkbox"/> None</p> <p>HZ is a Wallenberg Scholar and a Distinguished Professor at the Swedish Research Council supported by grants from the Swedish Research Council (#2023-00356; #2022-01018 and #2019-02397), the European Union’s Horizon Europe research and innovation programme under grant agreement No 101053962, Swedish State Support for Clinical Research (#ALFGBG-71320), the Alzheimer Drug Discovery Foundation (ADDF), USA (#201809-2016862), the AD Strategic Fund and the Alzheimer’s Association (#ADSF-21-831376-C, #ADSF-21-831381-C, #ADSF-21-831377-C, and #ADSF-24-1284328-C), the Bluefield Project, Cure Alzheimer’s Fund, the Olav Thon Foundation, the Erling-Persson Family Foundation, Stiftelsen för Gamla Tjänarinnor, Hjärnfonden, Sweden (#FO2022-0270), the European Union’s Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie grant agreement No 860197</p>	<p>Payments made to Instit</p>

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		(MIRIADE), the European Union Joint Programme – Neurodegenerative Disease Research (JPND2021-00694), the National Institute for Health and Care Research University College London Hospitals Biomedical Research Centre, and the UK Dementia Research Institute at UCL (UKDRI-1003).	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		HZ has served at scientific advisory boards and/or as a consultant for Abbvie, Acumen, Alector, Alzinova, ALZPath, Amylyx, Annexon, Apellis, Artery Therapeutics, AZTherapies, Cognito Therapeutics, CogRx, Denali, Eisai, Merry Life, Nervgen, Novo Nordisk, Optoceutics, Passage Bio, Pinteon Therapeutics, Prothena, Red Abbey Labs, reMYND, Roche, Samumed, Siemens Healthineers, Triplet Therapeutics, and Wave.	Payments made to HZ.
5	Payment or honoraria for lectures,	<input type="checkbox"/> None	
		HZ has given lectures in symposia sponsored by Alzecure, Biogen,	Payments made to HZ.

	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)						
	presentations, speakers bureaus, manuscript writing or educational events	<table border="1"> <tr> <td data-bbox="448 450 1027 533">Cellectricon, Fujirebio, Lilly, Novo Nordisk, and Roche.</td> <td data-bbox="1027 450 1370 533"></td> </tr> <tr> <td data-bbox="448 533 1027 607"></td> <td data-bbox="1027 533 1370 607"></td> </tr> <tr> <td data-bbox="448 607 1027 680"></td> <td data-bbox="1027 607 1370 680"></td> </tr> </table>	Cellectricon, Fujirebio, Lilly, Novo Nordisk, and Roche.					
Cellectricon, Fujirebio, Lilly, Novo Nordisk, and Roche.								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td data-bbox="448 891 1027 936"></td> <td data-bbox="1027 891 1370 936"></td> </tr> <tr> <td data-bbox="448 936 1027 981"></td> <td data-bbox="1027 936 1370 981"></td> </tr> <tr> <td data-bbox="448 981 1027 1016"></td> <td data-bbox="1027 981 1370 1016"></td> </tr> </table>						
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td data-bbox="448 1106 1027 1151"></td> <td data-bbox="1027 1106 1370 1151"></td> </tr> <tr> <td data-bbox="448 1151 1027 1196"></td> <td data-bbox="1027 1151 1370 1196"></td> </tr> <tr> <td data-bbox="448 1196 1027 1240"></td> <td data-bbox="1027 1196 1370 1240"></td> </tr> </table>						
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td data-bbox="448 1352 1027 1397"></td> <td data-bbox="1027 1352 1370 1397"></td> </tr> <tr> <td data-bbox="448 1397 1027 1442"></td> <td data-bbox="1027 1397 1370 1442"></td> </tr> <tr> <td data-bbox="448 1442 1027 1476"></td> <td data-bbox="1027 1442 1370 1476"></td> </tr> </table>						
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td data-bbox="448 1565 1027 1937"> HZ has served at scientific advisory boards and/or as a consultant for Abbvie, Acumen, Alector, Alzinova, ALZPath, Amylyx, Annexon, Apellis, Artery Therapeutics, AZTherapies, Cognito Therapeutics, CogRx, Denali, Eisai, Merry Life, Nervgen, Novo Nordisk, Optoceutics, Passage Bio, Pinteon Therapeutics, Prothena, Red Abbey Labs, reMYND, Roche, Samumed, </td> <td data-bbox="1027 1565 1370 1937"> Payments made to HZ. </td> </tr> </table>	HZ has served at scientific advisory boards and/or as a consultant for Abbvie, Acumen, Alector, Alzinova, ALZPath, Amylyx, Annexon, Apellis, Artery Therapeutics, AZTherapies, Cognito Therapeutics, CogRx, Denali, Eisai, Merry Life, Nervgen, Novo Nordisk, Optoceutics, Passage Bio, Pinteon Therapeutics, Prothena, Red Abbey Labs, reMYND, Roche, Samumed,	Payments made to HZ.				
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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)
		Siemens Healthineers, Triplet Therapeutics, and Wave.	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None HZ is chair of the Alzheimer's Association Global Biomarker Standardization Consortium.	No payments made.
11	Stock or stock options	<input type="checkbox"/> None HZ is a co-founder of Brain Biomarker Solutions in Gothenburg AB (BBS), which is a part of the GU Ventures Incubator Program.	Payments made to HZ.
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> 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)
1 3	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.

NFL (using NF-light® ELISA, UmanDiagnostics, Umeå, Sweden) ICMJE DISCLOSURE FORM

Date: 4/29/2023

Your Name: Inez Ramakers

Manuscript Title: CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer’s disease

Manuscript Number (if known): ADJ-D-24-00517

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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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 4/29/2023

Your Name: Johan Gobom

Manuscript Title: CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00517

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 347 1490 450"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 560 1490 663"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 768 1490 871"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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

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

ICMJE DISCLOSURE FORM

Date: 5/6/2024

Your Name: Johannes Streffer

Manuscript Title: CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer’s disease

Manuscript Number (if known): ADJ-D-24-00517

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
		None relevant to this paper	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.

ICMJE DISCLOSURE FORM

Date: 4/29/2023

Your Name: Jolien Schaefferbeke

Manuscript Title: CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00517

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 347 1490 450"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 562 1490 665"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 770 1490 873"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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

ICMJE DISCLOSURE FORM

Date: 4/29/2023

Your Name: Julius Popp

Manuscript Title: CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00517

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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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
		OM Pharma, Schwabe, Lilly, Roche, Eisai, Biogen	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		OM Pharma, Schwabe, Lilly, Roche, Eisai	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Swiss memory clinics	

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 347 1490 450"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 560 1490 663"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 768 1490 871"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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ICMJE DISCLOSURE FORM

Date: 4/29/2024

Your Name: Kaj Blennow

Manuscript Title: CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00517

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Time frame: past 36 months		
2 Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
	Swedish Research Council (#2017-00915 and #2022-00732)	To the Institute
	the Swedish state under the agreement between the Swedish government and the County Councils, the ALF-agreement (#ALFGBG-715986 and #ALFGBG-965240)	To the Institute
	the Swedish Alzheimer Foundation (#AF-930351, #AF-939721, #AF-968270, and #AF-994551)	To the Institute
	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, France	To the Institute
	the Kirsten and Freddy Johansen Foundation, Copenhagen, Denmark	To the Institute
	Familjen Rönströms Stiftelse, Stockholm, Sweden	To the Institute

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4	Consulting fees	<input type="checkbox"/> None <table border="1" data-bbox="376 584 1490 1151"> <tr><td>Abbvie</td><td>Consultant/Advisory Board with payment to me</td></tr> <tr><td>AriBio</td><td>Consultant/Advisory Board with payment to me</td></tr> <tr><td>ALZpath</td><td>Consultant/Advisory Board with payment to me</td></tr> <tr><td>BioArctic</td><td>Consultant/Advisory Board with payment to me</td></tr> <tr><td>AC Immune</td><td>Consultant/Advisory Board with payment to me</td></tr> <tr><td>Biogen</td><td>Consultant/Advisory Board with payment to me</td></tr> <tr><td>Eisai</td><td>Consultant/Advisory Board with payment to me</td></tr> <tr><td>Lilly</td><td>Consultant/Advisory Board with payment to me</td></tr> <tr><td>Ono Pharma</td><td>Consultant/Advisory Board with payment to me</td></tr> <tr><td>Prothena</td><td>Consultant/Advisory Board with payment to me</td></tr> <tr><td>Roche Diagnostics</td><td>Consultant/Advisory Board with payment to me</td></tr> <tr><td>Siemens Healthineers</td><td>Consultant/Advisory Board with payment to me</td></tr> <tr><td>Biogen</td><td>Produced/participated in educational programs with payment to me</td></tr> <tr><td>Eisai</td><td>Produced/participated in educational programs with payment to me</td></tr> <tr><td>Roche Diagnostics</td><td>Produced/participated in educational programs with payment to me</td></tr> </table>	Abbvie	Consultant/Advisory Board with payment to me	AriBio	Consultant/Advisory Board with payment to me	ALZpath	Consultant/Advisory Board with payment to me	BioArctic	Consultant/Advisory Board with payment to me	AC Immune	Consultant/Advisory Board with payment to me	Biogen	Consultant/Advisory Board with payment to me	Eisai	Consultant/Advisory Board with payment to me	Lilly	Consultant/Advisory Board with payment to me	Ono Pharma	Consultant/Advisory Board with payment to me	Prothena	Consultant/Advisory Board with payment to me	Roche Diagnostics	Consultant/Advisory Board with payment to me	Siemens Healthineers	Consultant/Advisory Board with payment to me	Biogen	Produced/participated in educational programs with payment to me	Eisai	Produced/participated in educational programs with payment to me	Roche Diagnostics	Produced/participated in educational programs with payment to me	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 1785 1490 1888"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>																															

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Julius Clinical	To me
		Novartis	To me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
		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	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.

ICMJE DISCLOSURE FORM

Date: 4/29/2023

Your Name: Lars Bertram, MD

Manuscript Title: CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00517

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.

ICMJE DISCLOSURE FORM

Date: 4/29/2023

Your Name: Lianne M. Reus

Manuscript Title: CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00517

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 4/29/2023

Your Name: Tsolaki Magda

Manuscript Title: CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00517

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Novo Nordisc	To me
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Horizon Project	To me
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Alzheimer Hellas	
		Greek Federation of Alzheimer's Disease	

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ICMJE DISCLOSURE FORM

Date: 4/29/2023

Your Name: Mara ten Kate

Manuscript Title: CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00517

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ICMJE DISCLOSURE FORM

Date: 4/29/2023

Your Name: MIKEL TAINTA

Manuscript Title: CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00517

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ICMJE DISCLOSURE FORM

Date: 4/29/2023

Your Name: Pablo Martinez-Lage

Manuscript Title: CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00517

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 20px;"> </td><td style="width: 40%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 20px;"> </td><td style="width: 40%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input type="checkbox"/> None	
		Lilly	Me
		Roche	Me
		Eisai	Me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Lilly	Me
		Roche	Me
		Eisai	Me
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Lilly	Me
		Roche	Me
		Eisai	Me
		Nutricia	Me
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.

ICMJE DISCLOSURE FORM

Date: 4/29/2024

Your Name: Pieter Jelle Visser

Manuscript Title: CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00517

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 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.	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="width: 50px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="width: 50px;"> </td></tr> </table> <p style="font-size: small; text-align: right;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
2 Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">European Commission, IMI, AMYPAD, grant n° 115952 workpackage lead, 2016-2022</td> <td>Payment to university</td> </tr> <tr> <td>European Commission, IMI, RADAR-AD, grant n°806999, workpackage lead, 2019-present</td> <td>Payment to university</td> </tr> <tr> <td>Zon-MW, n° Redefining Alzheimer's disease, grant . 733050824736, PI, 2018-present</td> <td>Payment to university</td> </tr> </table>	European Commission, IMI, AMYPAD, grant n° 115952 workpackage lead, 2016-2022	Payment to university	European Commission, IMI, RADAR-AD, grant n°806999, workpackage lead, 2019-present	Payment to university	Zon-MW, n° Redefining Alzheimer's disease, grant . 733050824736, PI, 2018-present	Payment to university
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European Commission, IMI, RADAR-AD, grant n°806999, workpackage lead, 2019-present	Payment to university							
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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)
		European Commission, IMI, EPND, grant n°101034344, PI, 2021-present	Payment to university
		Biogen, Amyloid biomarker study group 2019-present	Payment to university
		NCDC Grant 73305095005	Payment to university
		Modem Grant 10510032120006	Payment to university
		PMI 733051111	Payment to university
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
		Workshop grant writing organized byStiftung Synapsis, Alzheimer Forschung Schweiz AFS	To university
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> None <table border="1"> <tr> <td>Patent: PCT/NL2020/050216 on AD subtypes</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Patent: PCT/NL2020/050216 on AD subtypes					
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Member Executive board EADC</td> <td>No funding</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Member Executive board EADC	No funding				
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						

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

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

ICMJE DISCLOSURE FORM

Date: 4/29/2024

Your Name: Rik Vandenberghe

Manuscript Title: CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00517

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="height: 20px;"> </td><td style="width: 50px;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>														
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="width: 60%;">Clinical trial agreement with Lilly/Prevail</td><td>Contract with institution</td></tr> <tr><td>Clinical trial agreement with Alector</td><td>Contract with institution</td></tr> <tr><td>Clinical trial agreement with Denali</td><td>Contract with institution</td></tr> <tr><td>Clinical trial agreement with UCB</td><td>Contract with institution</td></tr> <tr><td>Clinical trial agreement with J&J</td><td>Contract with institution</td></tr> <tr><td>Clinical trial agreement with Biogen</td><td>Contract with institution</td></tr> <tr><td>Material Transfer agreement with ADx</td><td>Contract with institution</td></tr> </table>	Clinical trial agreement with Lilly/Prevail	Contract with institution	Clinical trial agreement with Alector	Contract with institution	Clinical trial agreement with Denali	Contract with institution	Clinical trial agreement with UCB	Contract with institution	Clinical trial agreement with J&J	Contract with institution	Clinical trial agreement with Biogen	Contract with institution	Material Transfer agreement with ADx	Contract with institution
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="height: 20px;"> </td><td style="width: 50px;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>														

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		DSMB chair with AC Immune	Contract with institution
		DSMB membership with Novartis	Contract with institution
		Consultancy agreement with Roche	Contract with institution
		Consultancy agreement with Prevail	Contract with institution
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 347 1490 450"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 560 1490 663"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 768 1490 871"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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

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

ICMJE DISCLOSURE FORM

Date: 4/29/2023

Your Name: Sebastiaan Engelborghs

Manuscript Title: CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00517

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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	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).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; padding: 2px;">EU IHI</td><td style="padding: 2px;">Research Foundation Flanders</td></tr> <tr><td style="padding: 2px;">EU IMI</td><td style="padding: 2px;">Innoviris</td></tr> <tr><td style="padding: 2px;">Interreg Vlaanderen- Nederland</td><td style="padding: 2px;">VLAIO</td></tr> </table>	EU IHI	Research Foundation Flanders	EU IMI	Innoviris	Interreg Vlaanderen- Nederland	VLAIO
EU IHI	Research Foundation Flanders							
EU IMI	Innoviris							
Interreg Vlaanderen- Nederland	VLAIO							
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 15px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>						

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>icometrix</td> <td>Paymade made to institution</td> </tr> <tr> <td>Eisai</td> <td>Paymade made to institution</td> </tr> <tr> <td>Novartis</td> <td>Paymade made to institution</td> </tr> <tr> <td>Roche</td> <td>Paymade made to myself</td> </tr> <tr> <td>Biogen</td> <td>Paymade made to myself</td> </tr> </table>	icometrix	Paymade made to institution	Eisai	Paymade made to institution	Novartis	Paymade made to institution	Roche	Paymade made to myself	Biogen	Paymade made to myself	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr> <td>iCANN</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	iCANN										
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>											
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr> <td>Biogen</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Biogen										
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8	Patents planned, issued or pending	<input type="checkbox"/> None <table border="1"> <tr> <td>EP3452830B1</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	EP3452830B1										
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td>EU-H2020 project RECAGE</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	EU-H2020 project RECAGE										
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Co-chair EAN SP Dementia and cognitive disorders</td> <td></td> </tr> <tr> <td>Co-chair EADC</td> <td></td> </tr> <tr> <td>VP Belgian Dementia Council</td> <td></td> </tr> </table>	Co-chair EAN SP Dementia and cognitive disorders		Co-chair EADC		VP Belgian Dementia Council						
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 347 1490 450"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 560 1490 663"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 4/29/2023

Your Name: Simon Lovestone

Manuscript Title: CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00517

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 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.	<input type="checkbox"/> IMI <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">IMI funded programme (IMI-EMIF)</td> <td>Grant funding to the University of Oxford from EU and from partner EFPIA companies</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	IMI funded programme (IMI-EMIF)	Grant funding to the University of Oxford from EU and from partner EFPIA companies			Click the tab key to add additional rows.	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input type="checkbox"/> None	
		Johnson and Johnson	Stock held and awarded as remuneration
		Akrivia Health	Stock held
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Johnson and Johnson	Current employee

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ICMJE DISCLOSURE FORM

Date: 4/29/2023

Your Name: Stephanie J.B. Vos

Manuscript Title: CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00517

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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.	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td>Anonymous foundation</td><td>Payment to institution</td></tr> <tr><td>ZonMw Memorabel</td><td>Payment to institution</td></tr> <tr><td>ZonMw VIMP</td><td>Payment to institution</td></tr> <tr><td>IMI EMIF-AD</td><td>Payment to institution</td></tr> <tr><td>Alzheimer Nederland</td><td>Payment to institution</td></tr> <tr><td>IMI EPND</td><td>Payment to institution</td></tr> <tr><td>Stichting Adriana van Rinsum Ponsen</td><td>Payment to institution</td></tr> </table>	Anonymous foundation	Payment to institution	ZonMw Memorabel	Payment to institution	ZonMw VIMP	Payment to institution	IMI EMIF-AD	Payment to institution	Alzheimer Nederland	Payment to institution	IMI EPND	Payment to institution	Stichting Adriana van Rinsum Ponsen	Payment to institution	
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 560 1490 663"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 768 1490 871"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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

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

ICMJE DISCLOSURE FORM

Date: 4/29/2024

Your Name: Suzanne E. Schindler

Manuscript Title: CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00517

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input type="checkbox"/> None	
		Eisai	Advisory Boards on Blood-based biomarkers and biomarker education for providers, consulting on biomarker education
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		University of Wisconsin, St. Luke's Hospital, Houston Methodist Medical Center, Weill Cornell, University of Massachusetts, Zucker School of Medicine, Medscape, (ATRI)/University of Southern California	Personal Honoraria for presenting lectures
		University of Washington	Personal Honoraria for serving on the Alzheimer Disease Center Clinical Task Force
		University of Indiana	Personal Honoraria for serving on the National Centralized Repository for Alzheimer's Disease biospecimen review committee
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		National Institute on Aging grant R01AG070941 (SE Schindler)	Travel support is included in NIH grant
		Alzheimer's Association	Travel support for 2023 AAIC and 2023 Research Roundtable
		US Against Alzheimer's	Travel support for Lausanne X
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
		World Health Organization	Participating in a committee advising the WHO on preferred product characteristics for fluid biomarkers of Alzheimer disease.
		University of Washington	Served on the Alzheimer Disease Center Clinical Task Force that is revising the data collection set used by all ADRCs; attended meetings every 2 weeks and did additional research and writing.

		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)
		University of Indiana	Reviewing sample requests for the National Centralized Repository for Alzheimer's Disease biospecimen review committee.
		University of Michigan	Member of the External Advisory Committee reviewing the Michigan ADRC and providing recommendations.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Greater Missouri Chapter of the Alzheimer's Association	Board member working to support local efforts to raise funds for the Alzheimer's Association and advise them on research and support.
		Global CEO initiative workgroup on Blood-Based Biomarkers	Co-leader of workgroup tasked with developing performance standards for blood-based biomarkers; attended weekly meetings for ~6 months and worked on writing paper.
		Advisory Group on Risk Evaluation Education for Dementia	Participated in monthly calls discussing the ethical and legal implications of research on dementia that could allow for prediction of individual risk.
		Foundation for the National Institutes of Health Biomarkers Consortium	Project team member participating in planning head-to-head studies of blood-based biomarker assays.
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		C2N Diagnostics	Plasma Ab42/Ab40 data was provided to Washington University by C2N Diagnostics at no cost. No payments/research funding was provided by C2N Diagnostics. No gifts/financial incentives of any kind have been provided to Dr. Schindler by C2N Diagnostics.
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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ICMJE DISCLOSURE FORM

Date: 4/30/2023

Your Name: Tammie L. S. Benzinger, M.D., Ph.D.

Manuscript Title: CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00517

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4	Consulting fees	<input type="checkbox"/> None	
		Biogen	Payments to me
		Eli Lilly	Payments to me
		Eisai	Payments to me
		Bristol, Myers, Squibb	Payments to me
		J&J	Payments to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Medscape	Payments to me
		Peer View	Payments to me
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		US Patent 16/097,457	DIFFUSION BASIS SPECTRUM IMAGING (DBSI), A NOVEL DIFFUSION MRI METHOD USED TO QUANTIFY NEUROINFLAMMATION AND PREDICT ALZHEIMER'S DISEASE (AD) PROGRESSION
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Eisai	Payments to me
		Siemens	No payments made
		NIH sponsored/ External advisor on several grants	No payments other than travel reimbursement
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		ASNR Alzheimer's and ARIA Study Group, Co Leader	Unpaid
		QIBA Amyloid PET Working Group, Co Leader	Unpaid

		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)
		Alzheimer's Assoc. Clinical Tau PET Work Group (member)	Unpaid
		American College of Radiology/AlzNet Work Group (member)	Unpaid
		RSNA QUIC Co Chair	Unpaid
		NIH CNN Study Section, Chair	Unpaid
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		Avid Radiopharmaceuticals/Eli Lilly	Technology transfer and precursors for radiopharmaceuticals
		LMI	Technology transfer and precursors for radiopharmaceuticals
		Cerveau	Technology transfer and precursors for radiopharmaceuticals
		Hyperfine	Technology loan
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 4/29/2023

Your Name: Valerija Dobricic

Manuscript Title: CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00517

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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 560 1490 663"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 768 1490 871"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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ICMJE DISCLOSURE FORM

Date: 4/29/2023

Your Name: Yvonne Freund-Levi

Manuscript Title: CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00517

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 658 1492 790"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 875 1492 976"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 1214 1492 1314"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 1426 1492 1527"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 1639 1492 1740"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 264 1497 365"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 483 1497 584"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 1048 1497 1149"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 1261 1497 1361"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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