Date:		_	4/29/2023	
Your Name:		_	Aurore Delvenne	
Manuscript Title:		_	CSF proteomic profiles of neurodegenerati	on biomarkers in Alzheimer's disease
Mai	nuscript Number (if k	nown):	ADJ-D-24-00517	
content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt		ipt. "Relat of the man e in doubt	ted" means any relation with for-profit or n	
epic	The state of the s	nsion, you	should declare all relationships with manuf	acturers of antihypertensive medication, even if
	em #1 below, report ne for disclosure is th		·	vithout time limit. For all other items, the time
			entities with whom you have this hip 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.	No.	ne	Click the tab key to add additional rows.
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	⊠ No	ne Time frame: past 36 month	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	□ No	Time frame: past 36 month	

		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	Alzheimer Nederland travel grant	
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	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

4/29/2023

Date:

Your Name:			Betty Tijms		
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 content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity, es/interests should be defined broadly. For each should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning of	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.		VIDI #09150171910068	Payments made to institution  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).	No	one		
3	Royalties or licenses	No.	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Guidepoint network	Payments made to institution
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	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	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	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

4/29/2024

Date:

Your Name:		_	Carlos Cruchaga			
Manuscript Title:		_	CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease			
Manuscript Number (if known):			ADJ-D-23-01297			
con affe indi The epic tha	tent of your manusci ected by the content cate a bias. If you ar author's relationship demiology of hyperte t medication is not m	ript. "Relat of the man re in doubt ps/activities ension, you nentioned in	ed" means any relation with for-prouscript. Disclosure represents a conabout whether to list a relationship, s/interests should be defined broad should declare all relationships with the manuscript.	ofit or not nmitment 'activity/i ly. For ex n manufac	/interests listed below that are related to the -for-profit third parties whose interests may be to transparency and does not necessarily nterest, it is preferable that you do so.  ample, if your manuscript pertains to the cturers of antihypertensive medication, even if hout time limit. For all other items, the time	
			entities with whom you have this nip or indicate none (add rows as no		Specifications/Comments (e.g., if payments were made to you or to your institution)	re
			- 6 6 1 1 1 1 1 1			
			Time frame: Since the initial p	lanning of	the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	NIA Michael		, A	Alzheimer's Association  Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	NIA	ne	, A	Alzheimer's Association	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIA	ne		Alzheimer's Association	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIA	J Fox Foundation  Time frame: past 36		Alzheimer's Association	

		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	Circular Genomics Alector	
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 Somalogics- ASHG 2022	
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	Circular Genomics	

		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	Circular Genomics	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

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
In the interest of transparency, we	e ask you to disclose all relationships/activities/interests listed below that are related to the

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

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

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

		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)
		Life Sciences & Health (PPP-allowance; #LSHM20106).  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.	
3	Royalties or licenses	□ None  ADx Neurosciences	All payments are made to her institution
4	Consulting fees	Aribio, Eli Lilly, Merck, Novo Nordisk, Poxel, Roche	All payments are made to her institution
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None  Eli Lilly, Roche, Novo Nordisk, Grifols	All payments are made to her institution
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	None		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	CET serves on editorial boards of Medidact Neurologie/Springer, Alzheimer Research and Therapy, Neurology: Neuroimmunology & Neuroinflammation.		
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:	4/29/2023
Your Name:	Click or tap here to enter text. De Road Elley
Manuscript Title:	CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease
Manuscript Number (if known):	ADJ-D-24-00517

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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 plannin	g 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	rows
		Time frame: past 36 mon	ths
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea		t to the following statement to indicate your agreement to indicate your agreement and have not altered the wo	

4/29/2024

Date:

#1 above).

Royalties or

licenses

**⊠** None

3

Your Name:		_	Frederik Barkhof	
Manuscript Title:		_	CSF proteomic profiles of neurodegenerat	ion biomarkers in Alzheimer's disease
Manuscript Number (if known):		nown):	ADJ-D-24-00517	
content of your manuscript. "Rela affected by the content of the ma			ted" means any relation with for-profit or n	es/interests listed below that are related to the ot-for-profit third parties whose interests may be nt to transparency and does not necessarily //interest, it is preferable that you do so.
epi		nsion, you	·	example, if your manuscript pertains to the facturers of antihypertensive medication, even if
In item #1 below, report all suppo frame for disclosure is the past 36			·	vithout time limit. For all other items, the time
		Name all	entities with whom you have this	Specifications/Comments (e.g., if payments were
			hip or indicate none (add rows as needed)	made to you or to your institution)
			•	made to you or to your institution)
1	All support for the present		hip or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)
1	All support for the	relations	hip or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials,	relations	hip or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision	relations	hip or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution) of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	relations	hip or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution) 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	relations	hip or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution) of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	relations	Time frame: Since the initial planning	made to you or to your institution)  of the work  Click the tab key to add additional rows.
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.	relations	hip or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)  of the work  Click the tab key to add additional rows.
2	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.	relations	Time frame: Since the initial planning  ne  Time frame: Since the initial planning	made to you or to your institution)  of the work  Click the tab key to add additional rows.
	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.	No No No	Time frame: Since the initial planning  ne  Time frame: Since the initial planning	made to you or to your institution)  of the work  Click the tab key to add additional rows.

1 12/13/2021 ICMJE Disclosure Form

		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	Combinostics, IXICO, Roche	Consultancy payments 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  EISAI, Biogen, Prothena, Merck	Payment to me
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	Queen Square Analytics	Co-founder with stock options	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	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.			
	r certify that I have	answered every question and have not altered the wo	rung or any or the questions on this 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.

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

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

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

Date:	2024-04-29	
Your Name	e: Henrik Zetterberg	
Manuscrip	t title: CSF proteomic pro	ofiles of neurodegeneration biomarkers in Alzheimer's disease
Manuscrip	t number (if known): AD.	J-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 <u>current 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	ing of th	ne work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	HZ is a Wallenberg Scholar and a Distingui Professor at the Swedish Research Counci supported by grants from the Swedish Research (2001), the European Union's Horizon Euro	I search #2019- rope er grant Support e DF), Fund 1-	Payments made to Institution.
	processing charges, etc.)	831377-C, and #ADSF-24-1284328-C), the Bluefield Project, Cure Alzheimer's Fund, the Thon Foundation, the Erling-Persson Fami Foundation, Stiftelsen för Gamla Tjänarini Hjärnfonden, Sweden (#FO2022-0270), th	ly nor,	

		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)
	No time limit for this item.	European Union's Horizon 2020 research innovation programme under the Marie Skłodowska-Curie grant agreement No 86 (MIRIADE), the European Union Joint Pro – Neurodegenerative Disease Research (JPND2021-00694), the National Institute Health and Care Research University Colle London Hospitals Biomedical Research Ce and the UK Dementia Research Institute a (UKDRI-1003).	60197 gramme for ege entre,	Click the tab key to add additional rows.
		Time frame: past 36 m	onths	
2	Grants or contracts from any	□ <b>None</b> HZ is a Wallenberg Scholar and a		Payments made to Institu
	entity (if not indicated in item #1 above).	Distinguished Professor at the Sw Research Council supported by g from the Swedish Research Council (#2023-00356; #2022-01018 an #2019-02397), the European Un Horizon Europe research and innovation programme under gragreement No 101053962, Swed State Support for Clinical Research (#ALFGBG-71320), the Alzheimed Discovery Foundation (ADDF), U (#201809-2016862), the AD Strage Fund and the Alzheimer's Associ (#ADSF-21-831376-C, #ADSF-21-831377-C, #ADSF-24-1284328-C), the Blued Project, Cure Alzheimer's Fund, the Olav Thon Foundation, the Erling Persson Family Foundation, Stift för Gamla Tjänarinnor, Hjärnfond Sweden (#F02022-0270), the European Union's Horizon 2020 research and innovation programunder the Marie Skłodowska-Cungrant agreement No 860197	vedish rants acil d ion's ant ish ch er Drug SA ategic ation - and field he g-elsen den,	rayments made to institu

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., if p	cations/Comments payments were made or to your institution)
		(MIRIADE), the European Union Programme – Neurodegenerative Disease Research (JPND2021-000 the National Institute for Health a Care Research University College London Hospitals Biomedical Research, and the UK Dementia Research UKDRI-1003).	694), and search	
3	Royalties or licenses	⊠ None		
4	Consulting fees	□ None		
		HZ has served at scientific advisor boards and/or as a consultant for Abbvie, Acumen, Alector, Alzinov ALZPath, Amylyx, Annexon, Apell Artery Therapeutics, AZTherapie Cognito Therapeutics, CogRx, Der Eisai, Merry Life, Nervgen, Novo Nordisk, Optoceutics, Passage Bio Pinteon Therapeutics, Prothena, Abbey Labs, reMYND, Roche, Sam Siemens Healthineers, Triplet Therapeutics, and Wave.	r va, lis, es, nali, o, Red	Payments made to HZ.
5	Payment or	□ None		
	honoraria for lectures,	HZ has given lectures in symposis 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	ications/Comments f payments were made or to your institution)	
6	presentati ons, speakers bureaus, manuscrip t writing or education al events	Cellectricon, Fujirebio, Lilly, Nov Nordisk, and Roche.	0		
0	Payment for expert testimony	Notice			
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, AZTherapic Cognito Therapeutics, CogRx, De Eisai, Merry Life, Nervgen, Novo Nordisk, Optoceutics, Passage Bi Pinteon Therapeutics, Prothena, Abbey Labs, reMYND, Roche, Sar	r va, lis, es, nali, o, Red	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)	
		Siemens Healthineers, Triplet Therapeutics, and Wave.			
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.		No payments made.	
1 1	Stock or stock options	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			

		you indi	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.

### 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

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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  None	Click the tab key to add additional rows.
	1	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 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 None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None None
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	None None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None

		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.				

4/29/2023

Date:

Your Name:			Johan Gobom				
Mai	nuscript 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 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			nted" means any relation with for nuscript. Disclosure represents at about whether to list a relation es/interests should be defined but should declare all relationships in the manuscript.	r-profit or no a commitme ship/activity roadly. For e s with manuf	es/interests listed below that are related of the for-profit third parties whose interests not to transparency and does not necessary interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, without time limit. For all other items, the	may be rily ne even if	
			l entities with whom you have t ship or indicate none (add rows		Specifications/Comments (e.g., if payn made to you or to your institution)	nents were	
			Time frame: Since the ini	tial 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.		nerfonden AF-980746		Click the tab key to add additional rows.		
			Time frame: pa	ast 36 month	s		
2	Grants or contracts from any entity (if not indicated in item #1 above).	No.	one				
3	Royalties or licenses	No.	one				

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

		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:	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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if provided in the provided in th	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None 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	

		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 relevant to this paper	
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.		

4/29/2023

None

**⊠** None

Grants or contracts from any entity (if not indicated in item #1 above).

Royalties or

licenses

3

Date:

Your Name:		Jolien Schaeverbeke	_		
Manuscript Title:		CSF proteomic profiles of neurodegenerati	CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease		
Ma	nuscript Number (if k	nown): ADJ-D-24-00517			
cor aff inc	ntent of your manuscri ected by the content o licate a bias. If you are e author's relationship	ipt. "Related" means any relation with for-profit or not the manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activity.	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 about whether to list a relationship/activity/interest, it is preferable that you do so.		
		nsion, you should declare all relationships with manuf entioned in the manuscript.	racturers of antihypertensive medication, even if		
In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.					
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		•	made to you or to your institution)		
1		relationship or indicate none (add rows as needed)	made to you or to your institution)		
1	All support for the present manuscript (e.g.,	relationship or indicate none (add rows as needed)  Time frame: Since the initial planning  None  Fonds Wetenschappelijk Onderzoek	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision of study materials,	relationship or indicate none (add rows as needed)  Time frame: Since the initial planning  None  Fonds Wetenschappelijk Onderzoek (FWO/Belgium) #12Y1620N (JS); Stichting Alzheimer onderzoek #SAO-FRA	made to you or to your institution) of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	relationship or indicate none (add rows as needed)  Time frame: Since the initial planning  None  Fonds Wetenschappelijk Onderzoek (FWO/Belgium) #12Y1620N (JS);	of the work  Salary and Bench fee payment to institution		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	relationship or indicate none (add rows as needed)  Time frame: Since the initial planning  None  Fonds Wetenschappelijk Onderzoek (FWO/Belgium) #12Y1620N (JS); Stichting Alzheimer onderzoek #SAO-FRA	made to you or to your institution)  of the work  Salary and Bench fee payment to institution  Payment 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)
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None None
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	None None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None

		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	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

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

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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	of the work
2	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.  Grants or contracts from any entity (if not indicated in item #1 above).	Swiss national research foundation grant Swiss foundation for dementia research grant  Time frame: past 36 months  None	To my institution To my institution Click the tab key to add additional rows.
3	Royalties or	⊠ None	
	licenses		

		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	Mone  OM Pharma, Schwabe, Lilly, Roche, Eisai, Biogen	
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	OM Pharma, Schwabe, Lilly, Roche, Eisai	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Swiss memory clinics	

		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	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	4/29/2024
Your Name:	Kaj Blennow
Manuscript Title:	CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease
Manuscript Number (if k	nown): ADJ-D-24-00517
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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)
	The Course Circuit had a trivial advantage of the course

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	-	Comments (e.g., if payments were 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  None		
		Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None  Swedish Research Council (#2017-00915 and #2022- the Swedish state under the agreement between the government and the County Councils, the ALF-agree	00732) 2 Swedish	To the Institute To the Institute
		(#ALFGBG-715986 and #ALFGBG-965240) the Swedish Alzheimer Foundation (#AF-930351, #Al 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		To the Institute
		the Alzheimer's Association 2022-2025 Grant (SG-23	· · · · · · · · · · · · · · · · · · ·	To the Institute
		La Fondation Recherche Alzheimer (FRA), Paris, Fran the Kirsten and Freddy Johansen Foundation, Copen Denmark		To the Institute  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		
AriBio Consultant/Advisory  BioArctic Consultant/Advisory  AC Immune Consultant/Advisory  Biogen Consultant/Advisory  Eisai Consultant/Advisory  Lilly Consultant/Advisory  Ono Pharma Consultant/Advisory  Prothena Consultant/Advisory  Roche Diagnostics Consultant/Advisory  Siemens Healthineers Consultant/Advisory  Biogen Produced/participate payment to me  Eisai Produced/participate payment to me		d/participated in educational programs with to me d/participated in educational programs with		
6	speakers bureaus, manuscript writing or educational events 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 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		t to the following statement to indicate your agreement to answered every question and have not altered the wor	

3 12/13/2021 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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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 hav relationship or indicate none (add rov		cations/Comments (e.g., if payments were o you or to your institution)
		Time frame: Since the	nitial planning of the wo	rk
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 t	ab key to add additional rows.
		Time frame:	past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	None 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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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

		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  None	Click the tab key to add additional rows.
	1	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 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 None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None None
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	None None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None

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

		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	Novo Nordisc	To me
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None Horizon Project	To me
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	Alzheimer Hellas Greek Federation of Alzheimer's Disease	

		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.			

4/29/2023

Date:

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		
In the interest of transparency, we 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		ript. "Rela of the man re in doub ps/activition ension, you	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment to about whether to list a relationship/activity es/interests should be defined broadly. For each should declare all relationships with manuf	/interest, it is preferable that you do so.	
	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	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.	Innovat under E of whic from th Prograr	cive Medicines Initiative Joint Undertaking EMIF grant agreement n° 115372, resources h are composed of financial contribution e European Union's Seventh Framework mme (FP7/2007-2013) and EFPIA nies' in kind contribution	To the 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).	No.	one		
3	Royalties or licenses	No.	one		

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

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

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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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	

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

		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:	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

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of 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. Department of 695 Economic Promotion, Rural Areas and Territorial Balance of the 696 Provincial Government of Gipuzkoa (124/16)  Funding. Department of Health of the Basque Government (2016111096; S-PR12CH001 and S-PR13ZH001)  Funding. Carlos III Institute Ministry of Health Government of Spain (P112/02262 and P115/00919)	Institution Institution Institution lick the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

li.		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	Lilly Roche Eisai	Me Me Me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Lilly Roche Eisai	Me Me Me
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	Lilly Roche Eisai Nutricia	Me Me Me Me
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:	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.

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

		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	None None	
4	Consulting fees	None	
5	Payment or	⊠ None	
	honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Workshop grant writing organized byStiftung Synapsis, Alzheimer Forschung Schweiz AFS	To university
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	Patent: PCT/NL2020/050216 on AD subtypes	
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	Member Executive board EADC	No funding
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:	4/29/2024	4/29/2024		
Your Name:	Rik Vandenberghe	Rik Vandenberghe		
Manuscript Title:	CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease	_		
Manuscript Number (if	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.				
	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)			

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

		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	DSMB chair with AC Immune DSMB membership with Novartis Consultancy agreement with Roche Consultancy agreement with Prevail	Contract with institution Contract with institution Contract with institution Contract with institution
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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

Date:	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

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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	Specifications/Comments (e.g., if payments were
		relationship or indicate none (add rows as needed)	made to you or to your institution)
		Time frame: Since the initial planning of	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not	□ None	Research Foundation Flanders
	indicated in item	EU IMI	Innoviris
	#1 above).	Interreg Vlaanderen- Nederland	VLAIO
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	
		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
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational	□ None  iCANN	ayındacı made to mysen
	events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None   Biogen	
8	Patents planned,	□ None	
	issued or	[	
	pending	EP3452830B1	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None  EU-H2020 project RECAGE	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Co-chair EAN SP Dementia and cognitive disorders Co-chair EADC VP Belgian Dementia Council	

		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.		

4/29/2023

Date:

Your Name:		Simon Lovestone		
Manuscript Title:		CSF proteomic profiles of neurodegeneration biomarkers in Alzheimer's disease		
Ma	nuscript Number (if k	own): ADJ-D-24-00517		
con affe indi The epic tha	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.  In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.			
		Jame all entities with whom you have this elationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)		
	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.	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.		
		Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	None     Non		

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments w made to you or to your institution)				
11	Stock or stock options	None				
		Johnson and Johnson	Stock held and awarded as renumeration			
		Akrivia Health	Stock held			
12	Receipt of equipment,	<b>⊠</b> None				
	materials, drugs,					
	medical writing,					
	gifts or other services					
13	Other financial or non-financial	None				
	interests	Johnson and Johnson	Current employee			
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:	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

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

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planning of the work			
1	All support for the present	None			
	manuscript (e.g.,	Anonymous foundation	Payment to institution		
	funding, provision	ZonMw Memorabel	Payment to institution		
	of study materials,	ZonMw VIMP	Payment to institution		
	medical writing,	IMI EMIF-AD	Payment to institution		
	article processing	Alzheimer Nederland	Payment to institution		
	charges, etc.)	IMI EPND	Payment to institution		
	No time limit for	Stichting Adriana van Rinsum Ponssen	Payment to institution		
	this item.				
		Time frame: past 36 months			
2	Grants or contracts from	□ None			
	any entity (if not indicated in item #1 above).	ZonMw VIMP	Payment to institution		
		Alzheimer Nederland	Payment to institution		
		Stichting Adriana van Rinsum Ponssen	Payment to institution		
		IMI EPND	Payment to institution		
3	Royalties or licenses	None None			

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)				
	Time frame: Since the initial planning of the work					
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	Click the tab key to add additional rows.			
		Time frame: past 36 months	s			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Barnes-Jewish Hospital Foundation National Institute on Aging grant R01AG070941 (SE Schindler)				
3	Royalties or licenses	None     Non				

		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	
		Eisai	Advisory Boards on Blood-based biomarkers and biomarker education for providers, consulting on biomarker education
5	Payment or honoraria for	□ None	
	lectures, presentations, speakers bureaus, manuscript	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
	writing or educational	University of Washington	Personal Honoraria for serving on the Alzheimer Disease Center Clinical Task Force
	events	University of Indiana	Personal Honoraria for serving on the National Centralized Repository for Alzheimer's Disease biospecimen review committee
6	Payment for expert testimony	⊠ None	
7 Support for attending None			
	meetings and/or travel	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
8	Patents planned,	US Against Alzheimer's  None	Travel support for Lausanne X
	issued or pending		
9	Participation on a Data Safety	⊠  None	
	Monitoring Board or Advisory Board	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.
			weeks and aid 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	□ None			
	other board, society, committee or	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.		
	advocacy group, paid or unpaid	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	None			
12	Receipt of equipment,				
	materials, drugs, medical writing, gifts or other services	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	None			
	non-financial interests				
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.				

4/30/2023

Date:

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		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned.			rt for the work reported in this manuscript without 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			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	one	Payments to institution  Click the tab key to add additional rows.	
			Time frame: past 36 months	5	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Siemer	one ns	Payments to institution	
3	Royalties or licenses	⊠ N	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	□ None	
		Biogen	Payments to me
		Eli Lilly	Payments to me
		Eisai	Payments to me
		Bristol, Myers, Squibb	Payments to me
		181	Payments to me
5	Payment or honoraria for	□ None	
	lectures,	Medscape	Payments to me
	presentations,	Peer View	Payments to me
	speakers		
	bureaus, manuscript writing or educational events		
6	Payment for	⊠ None	
	expert testimony		
7	Support for		
,	attending		
	meetings and/or		
	travel		
8	Patents planned,	□ None	
	pending	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	□ None	
	Monitoring	Eisai	Payments to me
	Board or	Siemens	No payments made
	Advisory Board	NIH sponsored/ External advisor on several	No payments other than travel reimbursement
		grants	
10	Leadership or	□ None	
	fiduciary role in	· · ·	
	other board,	ASNR Alzheimer's and ARIA Study Group, Co	Unpaid
	society,	Leader	
	committee or advocacy group,	QIBA Amyloid PET Working Group, Co Leader	Unpaid
	paid or 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)  American College of Radiology/AlzNet Work	Unpaid Unpaid
		Group (member)	
		RSNA QUIC Co Chair NIH CNN Study Section, Chair	Unpaid Unpaid
11	Stock or stock options	None	
12	Receipt of equipment,	□ None	
	materials, drugs, medical writing,	Avid Radiopharmaceuticals/Eli Lilly	Technology transfer and precursors for radiopharmaceuticals
	gifts or other services	LMI	Technology transfer and precursors for radiopharmaceuticals
		Cerveau	Technology transfer and precursors for radiopharmaceuticals
		Hyperfine	Technology loan
13	Other financial or non-financial	⊠  None	
	interests		
Please place an "X" next to the following statement to indicate your agreement:			
[oxtimes]	□ I certify that I have answered every question and have not altered the wording of any of the questions on this 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

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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.

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of	of the work
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