Date:		8/19/2024	8/19/2024		
Your Name: Manuscript Title:		Einar M. Sigurdsson	Einar M. Sigurdsson		
		· · · · · · · · · · · · · · · · · · ·			
Ma	nuscript Number (if kn	nown): ADJ-D-24-00954			
con affe	ntent of your manuscrip ected by the content of	rency, we ask you to disclose all relationships/activitipt. "Related" means any relation with for-profit or not fit the manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activity	ot-for-profit third parties whose interests may be ent to transparency and does not necessarily		
epi	demiology of hyperten	s/activities/interests should be defined broadly. For sion, you should declare all relationships with manustrioned in the manuscript.			
	tem #1 below, report a me for disclosure is the	all support for the work reported in this manuscript verpast 36 months.	vithout time limit. For all other items, the time		
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planning	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.	Research funding from the NIH and Alzheimer's Association as detailed in the manuscript.	Click the tab key to add additional rows.		
		Time frame: past 36 month	ns (		
2					
	Grants or contracts from any entity (if not indicated in item #1 above).	None			

inventor, to H. Lundbeck A/S. Those are not

directly related to this 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)
4	Consulting fees	None  2022 Ono Pharma, Osaka, Japan; Modalis Therapeutics. 2023 Guidepoint Insights. 2024 Gerson Lehrman Group, Biogen.	Payments to me. None of these consulting activities are related to the content of this manuscript.
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	NYU has filed a patent on the 8B2 antibody, on which EMS is an inventor.	
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:	8/21/2021
Your Name:	Alejandro Martín-Ávila
Manuscript Title:	[Neuronal hypofunction and network dysfunction in a mouse model at an early stage of tauopathy
Manuscript Number (if known):	ADJ-D-24-00954

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

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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	

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

Date:	8/21/2021
Your Name:	Amber Tetlow
Manuscript Title:	[Neuronal hypofunction and network dysfunction in a mouse model at an early stage of tauopathy
Manuscript Number (if known):	ADJ-D-24-00954

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3	Royalties or licenses	None	

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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	

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11	Stock or stock options	[⊠] None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	[⊠] None		
Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:			8/21/2021	
Your Name:			Changyi Ji	
Manuscript Title:			Neuronal hypofunction and network dysfunction in a mouse model at an early stage of tauopathy	
Mar	nuscript Number (if k	nown):	ADJ-D-24-00954	
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		ipt. "Rela of the man e in doubt os/activitionsion, you entioned all suppo	rt for the work reported in this manuscript without time limit. For all other items, the time	
		·		
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	of the work
	present manuscript (e.g.,		ner's Association Research Fellowship 2-926735	Click the tab key to add additional rows.
	No time limit for this item.			
			Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).		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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

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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:	8/21/2021
Your Name:	Mohamed Eleish
Manuscript Title:	[Neuronal hypofunction and network dysfunction in a mouse model at an early stage of tauopathy
Manuscript Number (if known):	ADJ-D-24-00954

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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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	

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11	Stock or stock options	[⊠] None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	[⊠] None		
Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	8/21/2021
Your Name:	Qian Wu
Manuscript Title:	Neuronal hypofunction and network dysfunction in a mouse model at an early stage of tauopathy
Manuscript Number (if known):	ADJ-D-24-00954

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		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None None	

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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	

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

Date:	8/21/2021
Your Name:	Soomin Song
Manuscript Title:	[Neuronal hypofunction and network dysfunction in a mouse model at an early stage of tauopathy
Manuscript Number (if known):	ADJ-D-24-00954

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

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

Date:	8/21/2021
Your Name:	Wenbiao Gan
Manuscript Title:	Neuronal hypofunction and network dysfunction in a mouse model at an early stage of tauopathy
Manuscript Number (if known):	ADJ-D-24-00954

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7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
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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:	8/21/2021
Your Name:	Xiaofeng Yang
Manuscript Title:	Neuronal hypofunction and network dysfunction in a mouse model at an early stage of tauopathy
Manuscript Number (if known):	ADJ-D-24-00954

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6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

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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:	8/21/2021
Your Name:	Yixiang Jiang
Manuscript Title:	Neuronal hypofunction and network dysfunction in a mouse model at an early stage of tauopathy
Manuscript Number (if known):	ADJ-D-24-00954

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	8/21/2021
Your Name:	Yan Lin
Manuscript Title:	Neuronal hypofunction and network dysfunction in a mouse model at an early stage of tauopathy
Manuscript Number (if known):	ADJ-D-24-00954

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Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	8/21/2021
Your Name:	Yanmei Zhou
Manuscript Title:	[Neuronal hypofunction and network dysfunction in a mouse model at an early stage of tauopathy
Manuscript Number (if known):	ADJ-D-24-00954

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