

## ICMJE DISCLOSURE FORM

**Date:** 6/4/2024

**Your Name:** John C Morris

**Manuscript Title:** **A genetic and proteomic comparison of key AD biomarkers across tissues.**

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;"><a href="#">Click the tab key to add additional rows.</a></p>						
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;">NIH support: P30 AG066444; P01AG003991;</td><td style="width: 40%;"></td></tr> <tr><td>P01AG026276</td><td></td></tr> <tr><td></td><td></td></tr> </table>	NIH support: P30 AG066444; P01AG003991;		P01AG026276			
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input type="checkbox"/> <b>None</b>	
		Barcelona Brain Research Center BBRC)	
		Native Alzheimer Disease-Related Resource Center in Minority Aging Research, Ext Adv Board	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b>	
		AAIM meeting Longer Life Foundation (October 2022);	
		Int'l Brain Health Symposium (January 2024)	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b>	
		AAIM meeting, Longer Life Foundation; AD/PD meeting, Sweden 2023; ATRI/ADNI Investigators meeting (March 2023); ADRC spring meeting 2023; DIAN symposium 2023; ADC meeting 2023; Int'l conference on Health Aging & Biomarkers, Taiwan 2023; Int'l Brain Health Symposium	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b>	
		Cure Alzheimer's Fund, Research Strategy Council	
		LEADS Advisory Board, Indiana University	
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b>	

		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)
	society, committee or advocacy group, paid or unpaid		
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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

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

## ICMJE DISCLOSURE FORM

**Date:** 6/4/2024

**Your Name:** Thomas Marsh

**Manuscript Title:** A genetic and proteomic comparison of key AD biomarkers across tissues

**Manuscript Number (if known):** ADJ-D-24-00516

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

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

## ICMJE DISCLOSURE FORM

**Date:** 6/4/2024

**Your Name:** Chengran Yang

**Manuscript Title:** A genetic and proteomic comparison of key AD biomarkers across tissues

**Manuscript Number (if known):** ADJ-D-24-00516

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

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## ICMJE DISCLOSURE FORM

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**Your Name:** Priyanka Gorijala

**Manuscript Title:** A genetic and proteomic comparison of key AD biomarkers across tissues

**Manuscript Number (if known):** ADJ-D-24-00516

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

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

## ICMJE DISCLOSURE FORM

**Date:** 6/4/2024

**Your Name:** Jigyasha Timsina

**Manuscript Title:** A genetic and proteomic comparison of key AD biomarkers across tissues

**Manuscript Number (if known):** ADJ-D-24-00516

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

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

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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p>						
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 6/4/2024

**Your Name:** Pau Pastor

**Manuscript Title:** A genetic and proteomic comparison of key AD biomarkers across tissues

**Manuscript Number (if known):** ADJ-D-24-00516

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

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Time frame: Since the initial planning of the work								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		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)
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
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## ICMJE DISCLOSURE FORM

**Date:** 6/4/2024

**Your Name:** Yun Ju Sung

**Manuscript Title:** A genetic and proteomic comparison of key AD biomarkers across tissues

**Manuscript Number (if known):** ADJ-D-24-00516

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## ICMJE DISCLOSURE FORM

**Date:** 6/4/2024

**Your Name:** Daniel Western

**Manuscript Title:** A genetic and proteomic comparison of key AD biomarkers across tissues

**Manuscript Number (if known):** ADJ-D-24-00516

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									

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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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

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



## ICMJE DISCLOSURE FORM

**Date:** 6/4/2024

**Your Name:** Menghan Liu

**Manuscript Title:** A genetic and proteomic comparison of key AD biomarkers across tissues

**Manuscript Number (if known):** ADJ-D-24-00516

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

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

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

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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table> <p style="font-size: small; color: gray; text-align: right;">Click the tab key to add additional rows.</p>						
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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 5/25/2024

**Your Name:** Randall Bateman

**Manuscript Title:** A genetic and proteomic comparison of key AD biomarkers across tissues

**Manuscript Number (if known):** ADJ-D-24-00516

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

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		National Institute on Aging RF1AG061900, R56AG061900	PI: Randall Bateman, Blood AB - grant
		National Institute on Aging R21AG067559	PI: Randall Bateman, NFL - grant
		NINDS/NIA R01NS095773	PI: Randall Bateman, CNS Tau - grant
		Centene Corporation	Investigator Initiated Research - grant
		Rainwater Foundation	Investigator Initiated Research - grants
		Assn for Frontotemporal Degeneration FTD Biomarkers Initiative	Investigator Initiated Research - grant
		Biogen	Investigator Initiated Research – grant
		BrightFocus Foundation	Investigator Initiated Research – grant
		Cure Alzheimer’s Fund	Investigator Initiated Research – grant
		Coins for Alzheimer's Research Trust Fund	Investigator Initiated Research – grant
		Eisai	Investigator Initiated Research – grants
		The Foundation for Barnes-Jewish Hospital	Investigator Initiated Research – grant
		TargetALS	Investigator Initiated Research – grant
		Good Ventures Foundation	Investigator Initiated Research – grant
		National Institute on Aging R01AG53627/R56AG53627	PI: Randall Bateman DIAN-TU Next Generation Prevention Trial - Research Grant
		DIAN-TU Pharma Consortium	Active: Eli Lilly and Company/Avid Radiopharmaceuticals, Hoffman-La Roche/Genentech, Biogen, Eisai, Janssen. Previous: Abbvie, Amgen, AstraZeneca, Forum, Mithridion, Novartis, Pfizer, United Neuroscience, Sanofi).
		Eli Lilly and Company	Tau SILK Consortium Member.
		Hoffman-La Roche	Receipt of drugs and services. NFL Consortium Member.
		CogState	In-kind support
		Signant	In-kind support
<b>3</b>	Royalties or licenses	<input type="checkbox"/> <b>None</b>	
		C2N Diagnostics	Equity ownership interest in C2N Diagnostics and receive royalty income based on technology (methods of diagnosing AD with phosphorylation changes, stable isotope labeling kinetics, and blood plasma assay) licensed by Washington University to C2N Diagnostics
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus,	<input type="checkbox"/> <b>None</b>	
		Korean Dementia Association	International Conference Lecture Honoraria
		American Neurological Association	Fall Conference honoraria
		Fondazione Prada	Conference honoraria
		Weill Cornell Medical College	Conference honoraria

		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)
	manuscript writing or educational events	Harvard University	Conference honoraria
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Hoffman La-Roche	Reimbursed for travel expenses
		Alzheimer's Association Roundtable	Reimbursed for travel expenses
		Duke Margolis Alzheimer's Roundtable	Reimbursed for travel expenses
		BrightFocus Foundation	Reimbursed for travel expenses
		Tau Consortium Investigator's Meeting	Reimbursed for travel expenses
		Fondazione Prada	Reimbursed for travel expenses
		NAPA Advisory Council on Alzheimer's Research	Reimbursed for travel expenses
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		Washington University w/ RJB as coinventor - Methods for Measuring the Metabolism of CNS Derived Biomolecules In Vivo	US nonprovisional patent application 12/267,974
		Washington University w/ RJB as coinventor - Methods for Measuring the Metabolism of neurally Derived Biomolecules in vivo	US nonprovisional patent application 13/005,233
		Washington University w/ RJB as coinventor - Plasma based methods for detecting CNS Amyloid Disposition	US nonprovisional patent application 62/492,718
		Washington University w/ RJB as coinventor - Plasma based methods for determining A-Beta Amyloidosis	US nonprovisional patent application 16/610,428
		Washington University w/RJB as coinventor - Methods of diagnosing and treating based on site-specific tau phosphorylation	PCT/US2019/030725
		Washington University w/RJB as coinventor - Tau Kinetic Measurements	US nonprovisional patent application 15/515,909
		Washington University w/ RJB as coinventor - Methods to detect novel tau species in CSF and use thereof to track tau neuropathology in Alzheimer's disease and other tauopathies	PCT/US2020/046224
		Washington University w/ RJB as coinventor - CSF phosphorylated tau and amyloid beta profiles as biomarkers of tauopathies	PCT/US2022/022906
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Hoffman La-Roche/Genentech	Unpaid - Gantenerumab Advisory Board
		Biogen - Combination therapy for Alzheimer's disease	Unpaid Scientific Advisory Board

		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)
		UK Dementia Research Institute at University College London	Unpaid Scientific Advisory Board
		Stanford University, Next Generation Translational Proteomics for Alzheimer's and Related Dementias	Unpaid Scientific Advisory Board
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	
		C2N Diagnostics	Receives income from C2N Diagnostics for serving on the scientific advisory board
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <b>None</b>	
		Eisai	Receipt of drugs and services, DIAN-TU Next Generation Trial
		Janssen	Receipt of drugs and services, DIAN-TU Next Generation Trial
		Hoffman La Roche	Receipt of drugs and services, DIAN-TU Open Label Extension - Gantenerumab
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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

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

## ICMJE DISCLOSURE FORM

**Date:** 6/5/2024

**Your Name:** Suzanne E. Schindler

**Manuscript Title:** A genetic and proteomic comparison of key AD biomarkers across tissues

**Manuscript Number (if known):** ADJ-D-24-00516

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		University of Indiana	Reviewing sample requests for the National Centralized Repository for Alzheimer's Disease biospecimen review committee.
		University of Michigan	Member of the External Advisory Committee reviewing the Michigan ADRC and providing recommendations.
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	
		Greater Missouri Chapter of the Alzheimer's Association	Board member working to support local efforts to raise funds for the Alzheimer's Association and advise them on research and support.
		Global CEO initiative workgroup on Blood-Based Biomarkers	Co-leader of workgroup tasked with developing performance standards for blood-based biomarkers; attended weekly meetings for ~6 months and worked on writing paper.
		Advisory Group on Risk Evaluation Education for Dementia	Participated in monthly calls discussing the ethical and legal implications of research on dementia that could allow for prediction of individual risk.
		Foundation for the National Institutes of Health Biomarkers Consortium	Project team member participating in planning head-to-head studies of blood-based biomarker assays.
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <b>None</b>	
		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.
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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

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

## ICMJE DISCLOSURE FORM

**Date:** 6/4/2024

**Your Name:** Carlos Cruchaga

**Manuscript Title:** A genetic and proteomic comparison of key AD biomarkers across tissues

**Manuscript Number (if known):** \_\_\_\_\_

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<b>Time frame: Since the initial planning of the work</b>									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">NIA</td> <td style="width: 50%; padding: 2px;">Alzheimer's Association</td> </tr> <tr> <td style="padding: 2px;">Michael J Fox Foundation</td> <td style="padding: 2px;"></td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: center; color: gray;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	NIA	Alzheimer's Association	Michael J Fox Foundation		<small>Click the tab key to add additional rows.</small>	
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<b>Time frame: past 36 months</b>									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

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4	Consulting fees	<input type="checkbox"/> None	
		Circular Genomics	
		Alector	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Somalogics- ASHG 2022	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Circular Genomics	

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11	Stock or stock options	<input type="checkbox"/> None	
		Circular Genomics	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

## ICMJE DISCLOSURE FORM

**Date:** 06Jun2024

**Your Name:** Dominantly Inherited Alzheimer Network

**Manuscript Title:** A genetic and proteomic comparison of key AD biomarkers across tissues

**Manuscript Number (if known):** ADJ-D-24-00516

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

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

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

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