

ICMJE DISCLOSURE FORM

Date: 8/16/2022

Your Name: Corinne Pettigrew

Manuscript Title: Longitudinal CSF Alzheimer’s biomarker changes from middle age to late adulthood

Manuscript Number (if known): DADM-D-22-00118

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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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: 8/16/2022

Your Name: Anja Soldan

Manuscript Title: Longitudinal CSF Alzheimer's biomarker changes from middle age to late adulthood

Manuscript Number (if known): DADM-D-22-00118

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ICMJE DISCLOSURE FORM

Date: 8/17/2022

Your Name: Jiangxia Wang

Manuscript Title: Longitudinal CSF Alzheimer's biomarker changes from middle age to late adulthood

Manuscript Number (if known): DADM-D-22-00118

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Date: 8/17/2022

Your Name: Mei-Cheng Wang

Manuscript Title: Longitudinal CSF Alzheimer's biomarker changes from middle age to late adulthood

Manuscript Number (if known): DADM-D-22-00118

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Date: 8/16/2021

Your Name: Barry Greenberg

Manuscript Title: Longitudinal CSF Alzheimer's biomarker changes from middle age to late adulthood

Manuscript Number (if known): DADM-D-22-00118

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

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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: 8/17/2021

Your Name: Marilyn Albert

Manuscript Title: Longitudinal CSF Alzheimer's biomarker changes from middle age to late adulthood

Manuscript Number (if known): DADM-D-22-00118

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)						
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%; padding: 2px;">U19-AG033655</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 2px;">P30-AG005146</td> <td></td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: right;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	U19-AG033655		P30-AG005146		<small>Click the tab key to add additional rows.</small>	
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4	Consulting fees	<input type="checkbox"/> None	
		Eli Lilly (honoraria payments to the individual)	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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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: 8/16/2022

Your Name: Abhay Moghekar

Manuscript Title: Longitudinal CSF Alzheimer's biomarker changes from middle age to late adulthood

Manuscript Number (if known): DADM-D-22-00118

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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