

# ICMJE DISCLOSURE FORM

**Date:** 12/6/2022

**Your Name:** Julie Wisch

**Manuscript Title:** Predicting continuous amyloid PET values with CSF and plasma Aβ42/Aβ40

**Manuscript Number (if known):** DADM-D-22-00155

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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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>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:** 12/6/2022

**Your Name:** Brian Gordon

**Manuscript Title:** Predicting continuous amyloid PET values with CSF and plasma Aβ42/Aβ40

**Manuscript Number (if known):** DADM-D-22-00155

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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:** 12/6/2022

**Your Name:** Anna Boerwinkle

**Manuscript Title:** Predicting continuous amyloid PET values with CSF and plasma Aβ42/Aβ40

**Manuscript Number (if known):** DADM-D-22-00155

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# ICMJE DISCLOSURE FORM

**Date:** 12/6/2022

**Your Name:** Patrick Lockett

**Manuscript Title:** Predicting continuous amyloid PET values with CSF and plasma Aβ42/Aβ40

**Manuscript Number (if known):** DADM-D-22-00155

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# ICMJE DISCLOSURE FORM

**Date:** 12/14/2022

**Your Name:** James G. Bollinger

**Manuscript Title:** Predicting continuous amyloid PET values with CSF and plasma Aβ42/Aβ40

**Manuscript Number (if known):** DADM-D-22-00155

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<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:** 12/6/2022

**Your Name:** Vitaliy Ovod

**Manuscript Title:** Predicting continuous amyloid PET values with CSF and plasma Aβ42/Aβ40

**Manuscript Number (if known):** DADM-D-22-00155

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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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:** 12/6/2022

**Your Name:** Yan Li

**Manuscript Title:** Predicting continuous amyloid PET values with CSF and plasma Aβ42/Aβ40

**Manuscript Number (if known):** DADM-D-22-00155

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

**Date:** 12/7/2022

**Your Name:** Rachel L. Henson

**Manuscript Title:** Predicting continuous amyloid PET values with CSF and plasma Aβ42/Aβ40

**Manuscript Number (if known):** DADM-D-22-00155

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# ICMJE DISCLOSURE FORM

**Date:** 12/6/2022

**Your Name:** Tim West

**Manuscript Title:** Predicting continuous amyloid PET values with CSF and plasma Aβ42/Aβ40

**Manuscript Number (if known):** DADM-D-22-00155

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<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:** 12/7/2022

**Your Name:** Matthew R. Meyer

**Manuscript Title:** Predicting continuous amyloid PET values with CSF and plasma Aβ42/Aβ40

**Manuscript Number (if known):** DADM-D-22-00155

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:** 12/7/2022

**Your Name:** Kris Kirmess

**Manuscript Title:** Predicting continuous amyloid PET values with CSF and plasma Aβ42/Aβ40

**Manuscript Number (if known):** DADM-D-22-00155

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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:** 12/8/2022

**Your Name:** Tammie Benzinger

**Manuscript Title:** Predicting continuous amyloid PET values with CSF and plasma AB42/AB40

**Manuscript Number (if known):** DADM-D-22-00155

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

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4	Consulting fees	<input type="checkbox"/> None	
		Biogen	Payments to me
		Eli Lilly	Payments to me and also unpaid
		Eisai	Payments to me and also unpaid
		Siemens	Unpaid
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Biogen	Payments to me
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Biogen	Payments to me
		Siemens	No payments made
		NIH sponsored/ External advisor on several grants	No payments other than travel reimbursement
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		ASNR ARIA Working Group	Unpaid
		QIBA Amyloid PET Working Group	Unpaid
		Alzheimer's Assoc. Clinical Tau PET Work Group	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)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		Avid Radiopharmaceuticals/Eli Lilly	Technology transfer and precursors for radiopharmaceuticals
		LMI	Technology transfer and precursors for radiopharmaceuticals
		Cerveau	Technology transfer and precursors for radiopharmaceuticals
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:** 12/7/2022

**Your Name:** Anne M. Fagan

**Manuscript Title:** Predicting continuous amyloid PET values with CSF and plasma Aβ42/Aβ40

**Manuscript Number (if known):** DADM-D-22-00155

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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<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: 60%; padding: 2px;">Several NIH grants</td> <td style="padding: 2px;">Washington University</td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: center; color: #ccc;">Click the tab key to add additional rows.</td> </tr> </table>	Several NIH grants	Washington University			Click the tab key to add additional rows.	
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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%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> </table>						

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<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>									
<b>4</b>	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Scientific advisory boards for Roche Diagnostics, Genentech and DiademRes</td> <td style="width: 50%;">personal</td> </tr> <tr> <td>Consults for DiamiR and Siemens Healthcare Diagnostics Inc.</td> <td>personal</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>		Scientific advisory boards for Roche Diagnostics, Genentech and DiademRes	personal	Consults for DiamiR and Siemens Healthcare Diagnostics Inc.	personal				
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<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 722 1516 823"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 938 1516 1039"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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## ICMJE DISCLOSURE FORM

**Date:** 12/6/2022

**Your Name:** John C Morris

**Manuscript Title:** Predicting continuous amyloid PET values with CSF and plasma Aβ42/Aβ40

**Manuscript Number (if known):** DADM-D-22-00155

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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>	
		Montefiore Grand Rounds, NY	
		Tetra-Inst ADRC seminar series, Grand Rds, NY	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
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	
		Diverse VCID Observational Study Monitoring Board	
		LEADS Advisory Board, Indiana University	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b>	

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## ICMJE DISCLOSURE FORM

**Date:** 12/6/2022

**Your Name:** Randall Bateman

**Manuscript Title:** Predicting continuous amyloid PET values with CSF and plasma Aβ42/Aβ40

**Manuscript Number (if known):** DADM-D-22-00155

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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
		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		
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>	
		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
		NAPA Advisory Council on Alzheimer's Research	Reimbursed for lodging & ground transportation
8	Patents planned, issued or pending	<input type="checkbox"/> <b>None</b>	
		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 Treating Based on site-specific tau phosphorylation	US nonprovisional patent application 17/015,985
		Washington University w/RJB as coinventor – Tau Kinetic Measurements	US nonprovisional patent application 15/515,909
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b>	
		Hoffman La-Roche/Genentech	Unpaid - Gantenerumab Advisory Board
		Biogen – Combination therapy for Alzheimer's disease	Unpaid Scientific Advisory Board
		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
10	Leadership or fiduciary role in other board,	<input type="checkbox"/> <b>None</b>	

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	society, committee or advocacy group, paid or unpaid	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>	

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# ICMJE DISCLOSURE FORM

**Date:** 12/6/2022

**Your Name:** Beau Ances

**Manuscript Title:** Predicting continuous amyloid PET values with CSF and plasma Aβ42/Aβ40

**Manuscript Number (if known):** DADM-D-22-00155

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<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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<b>8</b>	Patents planned, issued or pending	<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>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">DSMB for VCID</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>	DSMB for VCID								
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<b>10</b>	Leadership or fiduciary role in other board,	<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> </table>									



		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	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:** 12/6/2022

**Your Name:** Suzanne E. Schindler

**Manuscript Title:** Predicting continuous amyloid PET values with CSF and plasma Aβ42/Aβ40

**Manuscript Number (if known):** DADM-D-22-00155

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 type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;">National Institute on Aging grant R01AG070941 (SE Schindler)</td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	National Institute on Aging grant R01AG070941 (SE Schindler)				Click the tab key to add additional rows.		
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Click the tab key to add additional rows.									
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%; margin-top: 5px;"> <tr> <td style="width: 60%;">Barnes-Jewish Hospital Foundation (SE Schindler)</td> <td>Funding to evaluate the clinical utility of Alzheimer disease blood tests.</td> </tr> <tr> <td> </td> <td></td> </tr> </table>	Barnes-Jewish Hospital Foundation (SE Schindler)	Funding to evaluate the clinical utility of Alzheimer disease blood tests.					
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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b>	
		University of Wisconsin, St. Luke's Hospital, Houston Methodist Medical Center	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"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
		National Institute on Aging grant R01AG070941 (SE Schindler)	Travel support is included in NIH grant
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 checked="" type="checkbox"/> <b>None</b>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	
		Greater Missouri Alzheimer's Association	Board Member, 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)
<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>	

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