

## ICMJE DISCLOSURE FORM

**Date:** 6/2/2015

**Your Name:** Jetske van der Schaar

**Manuscript Title:** Deciding on Genetic Testing for Familial Dementia: Perspectives of Patients and Families

**Manuscript Number (if known):** ADJ-D-25-00071

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:** 11-february 2025

**Your Name:** Sven van der Lee

**Manuscript Title:** Deciding on Genetic Testing for Familial Dementia: Perspectives of Patients and Families

**Manuscript Number (if known):** ADJ-D-25-00071

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## ICMJE DISCLOSURE FORM

**Date:** 2/19/2025

**Your Name:** Eva C.A. Asscher

**Manuscript Title:** Deciding on Genetic Testing for Familial Dementia: Perspectives of Patients and Families

**Manuscript Number (if known):** ADJ-D-25-00071

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**Date:** 2/19/2025

**Your Name:** Yolande A.L. Pijnenburg

**Manuscript Title:** Deciding on Genetic Testing for Familial Dementia: Perspectives of Patients and Families

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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:** 2/19/2025

**Your Name:** Christa M. de Geus

**Manuscript Title:** Deciding on Genetic Testing for Familial Dementia: Perspectives of Patients and Families

**Manuscript Number (if known):** ADJ-D-25-00071

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>	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></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="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
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## ICMJE DISCLOSURE FORM

**Date:** 2/4/2025

**Your Name:** Annelien L. Bredenoord

**Manuscript Title:** Deciding on Genetic Testing for Familial Dementia: Perspectives of Patients and Families

**Manuscript Number (if known):** ADJ-D-25-00071

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:** 6/2/2025

**Your Name:** Wiesje M. van der Flier

**Manuscript Title:** Deciding on Genetic Testing for Familial Dementia: Perspectives of Patients and Families

**Manuscript Number (if known):** ADJ-D-25-00071

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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		Life Sciences & Health (PPP-allowance; #LSHM20106). WF is recipient of TAP-dementia, ZonMw #10510032120003.	
		WF is recipient of the Horizon 2022 project PROMINENT (IHI project number 101112145) and the Innovative Health Initiative Joint Undertaking (IHI JU) project AD-RIDDLE (grant agreement No. 101132933).	All funding is paid to her institution.
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	
4	Consulting fees	<input type="checkbox"/> <b>None</b>	
		WF is consultant to Oxford Health Policy Forum CIC, Roche, Eisai, and Biogen MA Inc.	All funding is paid to her institution.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b>	
		WF has been an invited speaker at Boehringer Ingelheim, Biogen MA Inc, Danone, Eisai, WebMD Neurology (Medscape), NovoNordisk, Springer Healthcare, European Brain Council.	All funding is paid to her institution.
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>	

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## ICMJE DISCLOSURE FORM

**Date:** 2/19/2025

**Your Name:** Mariette A. van den Hoven

**Manuscript Title:** Deciding on Genetic Testing for Familial Dementia: Perspectives of Patients and Families

**Manuscript Number (if known):** ADJ-D-25-00071

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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:** 2/5/2025

**Your Name:** Ellen Smets

**Manuscript Title:** Deciding on Genetic Testing for Familial Dementia: Perspectives of Patients and Families

**Manuscript Number (if known):** ADJ-D-25-00071

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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## ICMJE DISCLOSURE FORM

**Date:** 2/11/2025

**Your Name:** Leonie N.C. Visser

**Manuscript Title:** Deciding on Genetic Testing for Familial Dementia: Perspectives of Patients and Families

**Manuscript Number (if known):** ADJ-D-25-00071

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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