

ICMJE DISCLOSURE FORM

Date: 11/20/2024

Your Name: Huriye Ercan

Manuscript Title: Platelets reflect changes in the frontal lobe antioxidant system in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-01789

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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Date: 11/20/2024

Your Name: Christina Reumiller

Manuscript Title: Platelets reflect changes in the frontal lobe antioxidant system in Alzheimer's disease

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Date: 11/20/2024

Your Name: Jacqueline Mühlberger

Manuscript Title: Platelets reflect changes in the frontal lobe antioxidant system in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-01789

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Date: 11/20/2024

Your Name: Felicia Hsu

Manuscript Title: Platelets reflect changes in the frontal lobe antioxidant system in Alzheimer's disease

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Date: 11/21/2024

Your Name: Georg Schmidt

Manuscript Title: Platelets reflect changes in the frontal lobe antioxidant system in Alzheimer's disease

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Date: 11/21/2024

Your Name: Ellen Umlauf

Manuscript Title: Platelets reflect changes in the frontal lobe antioxidant system in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-01789

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

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ICMJE DISCLOSURE FORM

Date: 11/19/2024

Your Name: Ingrid Miller

Manuscript Title: Platelets reflect changes in the frontal lobe antioxidant system in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-01789

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ICMJE DISCLOSURE FORM

Date: 11/20/2024

Your Name: Eduard Rappold

Manuscript Title: Platelets reflect changes in the frontal lobe antioxidant system in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-01789

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Date: 11/19/2024

Your Name: Johannes Attems

Manuscript Title: Platelets reflect changes in the frontal lobe antioxidant system in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-01789

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Your Name: Rudolf Oehler

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Manuscript Number (if known): ADJ-D-24-01789

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <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: 11/19/2024

Your Name: Maria Zellner

Manuscript Title: Platelets reflect changes in the frontal lobe antioxidant system in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-01789

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									
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.	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">Radox Laboratories</td> <td style="width: 50%;">United Kingdom</td> </tr> <tr> <td>Cooperation partner</td> <td>Grant FP7-PEOPLE-2011-IAPP-286337</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>		Radox Laboratories	United Kingdom	Cooperation partner	Grant FP7-PEOPLE-2011-IAPP-286337	Click the tab key to add additional rows.	
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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> None </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%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
3	Royalties or licenses	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> None </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%;"></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 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> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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>									
6	Payment for expert testimony	<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>									
7	Support for attending meetings and/or travel	<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>									
8	Patents planned, issued or pending	<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>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<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>									
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