

ICMJE DISCLOSURE FORM

Date: 8/23/2024

Your Name: Jonathan Rohrer

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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.

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Date: 8/20/2024

Your Name: David C. Butler

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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

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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>							
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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: 8/20/2024

Your Name: Rebecca M. Edelmayer

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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.

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ICMJE DISCLOSURE FORM

Date: 8/29/2024

Your Name: Ratnavalli Ellajosyula

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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

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ICMJE DISCLOSURE FORM

Date: 8/26/2024

Your Name: Fanny Elahi

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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

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ICMJE DISCLOSURE FORM

Date: 8/20/2024

Your Name: Jamie M. Walker

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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

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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: 8/21/2024

Your Name: Kanta Horie

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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.

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3	Royalties or licenses	<div style="display: flex; align-items: center; margin-bottom: 10px;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">K.H. may receive income based on technology (METHODS TO DETECT MTBR TAU ISOFORMS AND USE THEREOF) (PCT/US2020/046224) licensed by Washington University to C2N Diagnostics.</td> <td></td> </tr> <tr> <td>K.H. may receive income based on technology (ANTI-TAU MTBR ANTIBODIES AND METHODS TO</td> <td></td> </tr> </table>		K.H. may receive income based on technology (METHODS TO DETECT MTBR TAU ISOFORMS AND USE THEREOF) (PCT/US2020/046224) licensed by Washington University to C2N Diagnostics.		K.H. may receive income based on technology (ANTI-TAU MTBR ANTIBODIES AND METHODS TO			
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		DETECT ENDOGENOUSLY CLEAVED FRAGMENTS OF TAU AND USES THEREOF (PCT/US2023/072738) licensed by Washington University to C2N Diagnostics.	
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 type="checkbox"/> None	
		ANTI-TAU MTBR ANTIBODIES AND METHODS TO DETECT ENDOGENOUSLY CLEAVED FRAGMENTS OF TAU AND USES THEREOF (PCT/US2023/072738)	
		METHODS TO DETECT MTBR TAU ISOFORMS AND USE THEREOF (PCT/US2020/046224)	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	

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13	Other financial or non-financial interests	<input type="checkbox"/> None <table border="1"> <tr> <td>Eisai Co., Ltd.</td> <td>I am an Eisai-sponsored voluntary research associate professor at Washington University and has received salary from Eisai.</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Eisai Co., Ltd.	I am an Eisai-sponsored voluntary research associate professor at Washington University and has received salary from Eisai.				
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ICMJE DISCLOSURE FORM

Date: 8/26/2024

Your Name: Kristin R Wildsmith

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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

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ICMJE DISCLOSURE FORM

Date: 8/24/2024

Your Name: Laia Montoliu-Gaya

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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

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ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Matthias Brendel

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 12/20/2024

Your Name: Mahmoud Bukar Maina

Manuscript Title: Insights into Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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

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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	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 8/18/2024

Your Name: James B Rowe

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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

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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: 8/26/2021

Your Name: Sarah L DeVos

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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

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ICMJE DISCLOSURE FORM

Date: 8/21/2024

Your Name: Prof Tara Spires-Jones, FMedSci

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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Race Against Dementia, Charity Scientific Advisor													
Scottish Brain Sciences, Scientific Advisory Board													
Cognition Therapeutics, 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)						
11	Stock or stock options	<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>							
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>							
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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: 8/26/2024

Your Name: Boon Lead Tee

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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.

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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: 9/16/2021

Your Name: William A McEwan

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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.

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ICMJE DISCLOSURE FORM

Date: 8/20/2021

Your Name: Cath Mummery

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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

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		Novartis - Member of advisory board on AD drug programme steering committee	Fees paid for time on advisory board; less than \$5000						
		Roche/Genentech - Member of advisory board for trontinemab	Fees paid for time on advisory board; less than \$5000						
		Eisai - Member of advisory board on UK AUR for Leqembi							
		Chair data safety monitoring board Immunobrain							
		Biogen - advisor on programme steering committee EMBARK/ENVISION aducanumab	Fees paid for time on advisory board; less than \$5000						
		Biogen - advisor on programme steering committee and PI for phase II CELIA BIIB080	Fees paid for time on advisory board; less than \$5000						
		Eisai - Chair of AUR development UK committee for Leqembi	Fees paid for time on advisory board; less than \$5000						
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ICMJE DISCLOSURE FORM

Date: 8/21/2021

Your Name: Carlos Sastré

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Ferrer Employee</td> <td>Pharmaceutical drug development and marketing company</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Ferrer Employee	Pharmaceutical drug development and marketing company						
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr> <td>Ferrer Employee</td> <td>Pharmaceutical drug development and marketing company</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Ferrer Employee	Pharmaceutical drug development and marketing company						
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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 type="checkbox"/> None <table border="1"> <tr> <td>Ferrer Employee</td> <td>Pharmaceutical drug development and marketing company</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Ferrer Employee	Pharmaceutical drug development and marketing company						
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Ferrer Employee</td> <td>Pharmaceutical drug development and marketing company</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Ferrer Employee	Pharmaceutical drug development and marketing company						
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11	Stock or stock options	<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>							
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>							
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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: 8/20/2021

Your Name: Kristophe Diaz, PhD

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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.

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <table border="1"> <tr> <td>Executive Director and CSO of CurePSP, Inc.</td> <td></td> <td></td> </tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>	Executive Director and CSO of CurePSP, Inc.									
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ICMJE DISCLOSURE FORM

Date: 8/20/2024

Your Name: Nicholas J. Ashton

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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.

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Quanterix</td> <td>Payments to NJA</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Quanterix	Payments to NJA						
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr> <td>Alamar Biosciences, Biogen, Eli-Lilly, Quanterix,</td> <td>Payments to NJA</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Alamar Biosciences, Biogen, Eli-Lilly, Quanterix,	Payments to NJA						
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8	Patents planned, issued or pending	<input type="checkbox"/> None <table border="1"> <tr> <td>Application No.: PCT/US2024/037834 (WSGR Docket No. 58484-709.601).</td> <td>Methods for Remote Blood Collection, Extraction and Analysis of Neuro Biomarkers</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Application No.: PCT/US2024/037834 (WSGR Docket No. 58484-709.601).	Methods for Remote Blood Collection, Extraction and Analysis of Neuro Biomarkers						
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ICMJE DISCLOSURE FORM

Date: 8/20/2024

Your Name: Agustin Ibanez

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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

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		<div>Consortium, the Bluefield Project to Cure Frontotemporal Dementia, and Global Brain Health Institute)].</div> <div></div> <div></div>	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety	<input checked="" type="checkbox"/> None	

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	Monitoring Board or Advisory Board	<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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ICMJE DISCLOSURE FORM

Date: 9/27/2024

Your Name: Igor C. Fontana

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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

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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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		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 <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>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<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>							
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: 8/20/2024

Your Name: Linde Jacobs

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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								
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><input checked="" type="checkbox"/> None</div> <table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td>Click the tab key to add additional rows.</td></tr></table>						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><input checked="" type="checkbox"/> None</div> <table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
3	Royalties or licenses	<div><input checked="" type="checkbox"/> None</div> <table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></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)						
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <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>							
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr> <td>Travel and lodging covered for being the invited keynote speaker by Alzheimer's Association</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Travel and lodging covered for being the invited keynote speaker by Alzheimer's Association						
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td>me</td></tr> </table>		me					
	me								
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr><td>Cure MAPT FTD</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Cure MAPT FTD						
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11	Stock or stock options	<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>							
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>							
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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: 8/27/2024

Your Name: Simin Mahinrad

Manuscript Title: Insights into Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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.

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ICMJE DISCLOSURE FORM

Date: 8/27/2024

Your Name: Maria C Carrillo

Manuscript Title: Insights into Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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.

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CONFLICT OF INTEREST DISCLOSURE FORM

Date: 8/27/2024

Your Name: Eric McDade

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference)

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 imaging studies performed in collaboration **with Tammie L. S. Benzinger, M.D., Ph.D.** under **FDA INDs 146548, 143983, 123119, 142900, 151598** held by Washington University in St. Louis. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the research projects. 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 investigator's relationships/activities/interests should be defined broadly. For example, if your research 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 IND.

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

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Time frame: Since the initial planning of the work																	
1	All support for the present imaging research (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<div><input type="checkbox"/> None</div> <table><tr><td>NIA</td><td>Grants to Institution</td></tr><tr><td>GHR</td><td></td></tr><tr><td>Alzheimer Association</td><td>Click the tab key to add additional rows.</td></tr></table>	NIA	Grants to Institution	GHR		Alzheimer Association	Click the tab key to add additional rows.									
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8	Patents planned, issued or pending	<input type="checkbox"/> None <table border="1"> <tr> <td>T-018562- methods of treating based on Site-specific tau phosphorylation</td> <td>Royalties paid to me</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		T-018562- methods of treating based on Site-specific tau phosphorylation	Royalties paid to me						
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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 type="checkbox"/> None	
		Avid Radiopharmaceuticals	Radiopharmaceuticals and technology transfer
		Cerveau	Radiopharmaceuticals and technology transfer
		LMI	Radiopharmaceuticals and technology transfer
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

Signature and date:

Wet signature or Part 11 Compliant electronic signature (Acrobat Certification or DocuSign are acceptable alternatives)

ICMJE DISCLOSURE FORM

Date: 8/20/2024

Your Name: Oskar Hansson

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

Manuscript Number (if known): NA

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: 8/27/2024

Your Name: Claire Sexton

Manuscript Title: Insights into Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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

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ICMJE DISCLOSURE FORM

Date: 12/21/2024

Your Name: Susanne Wegmann

Manuscript Title: Insights into Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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

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ICMJE DISCLOSURE FORM

Date: 8/25/2024

Your Name: Marie-Christine Galas

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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

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ICMJE DISCLOSURE FORM

Date: 9/11/2024

Your Name: Miranda Orr

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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

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		<div>NIH 5R25ActfAG073119-03 FTE University of Connecticut</div> <div>MJFF ASAP-020566 FTE University of California San Diego</div> <div>VA 1I01BX005717-01A1</div> <div>NIH 1R21NS125171-01</div> <div>NEW VISION RESEARCH - CCAD2020-001</div> <div>Rainwater Charitable Foundation</div>	<div>Awarded to WFUHS with Dr. Miranda Orr as subaward PI.</div> <div>Awarded to WFUHS with Dr. Miranda Orr as subaward PI.</div> <div>Awarded to WFUHS with Dr. Miranda Orr as PI.</div> <div>Awarded to WFUHS with Dr. Miranda Orr as MPI.</div> <div>Awarded to WFUHS with Dr. Miranda Orr as PI.</div> <div>Awarded to WFUHS with Dr. Miranda Orr as PI.</div>														
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		SfN 2023	Conference supported travel costs
		Multidisciplinary Research in Gerontology Colloquium Series at USC	USC supported travel costs
		Progress in Neuroscience Seminar Series (PINS)	Cornell University supported travel costs
		AGBT 2024	VA grant supported travel costs
		ADPD 2024	ADDF grant supported travel costs
		ICM Seminar	ICM institute supported travel costs
		Tau 2024	Conference supported travel costs
		Palm Beach Science Series 2024	ADDF supported travel costs
		Japan spatial summit	Nanostring Technology supported travel costs
		ISMND 2024	Conference supported travel costs
		Spatial Biology East Coast Summit	Nanostring Technology supported travel costs
		FrA2RE Meet and Greet Event	NIH supported travel costs
		IMPACT-AD Alumni Scholar Meeting	Alzheimer's Therapeutic Research Institute supported travel
		IRCND 2024	Conference supported part of travel costs
		ADDF Pre-AAIC Gathering	ADDF supported travel costs
		2024 Neurobiology of Brain Disorders Gordon Research Conference	Conference supported travel costs
		Case Western annual Neurodegeneration Retreat	Travel paid by Case Western Reserve University
		Goodes Prize Anniversary	Travel paid by ADDF
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	
		Nanostring Technology	Unpaid advisor
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs,	<input 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)
	medical writing, gifts or other services	Nanostring Technology	Received free lab service for providing feedback on custom assay.
		Canopy Bio	Received free lab service for providing feedback on custom assay.
		Averill Foundation	WFUHS received gift to support Dr. Orr's research for her community outreach efforts.
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 08/26/2024

Your Name: Amy Rommel

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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.

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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: August 8th, 2024

Your Name: Peter J. Chung

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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.

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ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Jose Francisco Abisambra

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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

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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: 8/26/2021

Your Name: Günter Höglinger

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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.

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ICMJE DISCLOSURE FORM

Date: 8/21/2024

Your Name: Maura Malpetti

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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.

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ICMJE DISCLOSURE FORM

Date: 8/21/2024

Your Name: Ravi Yadav

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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

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ICMJE DISCLOSURE FORM

Date: 8/21/2024

Your Name: Tim James Viney

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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

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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: 8/22/2024

Your Name: Rufus O. Akinyemi

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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.

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ICMJE DISCLOSURE FORM

Date: 8/21/2024

Your Name: Bess Frost

Manuscript Title: Insights into the Pathophysiology, Biomarkers, and Therapeutics in Tauopathies: Proceedings of the Tau2024 Global Conference

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

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	committee or advocacy group, paid or unpaid	<div>Scientific Advisory Board, CurePSP</div> <div>Associate Editor, Progress in Neurobiology</div>	
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