

## ICMJE DISCLOSURE FORM

**Date:** 12/13/2024

**Your Name:** Elisa Nicoloso Simoes-Pires

**Manuscript Title:** Synergistic effects of the A $\beta$ /fibrinogen complex on synaptotoxicity, neuroinflammation, and blood-brain barrier damage in Alzheimer's disease models

**Manuscript Number (if known):** ADJ-D-24-02161

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:** 12/13/2024

**Your Name:** Daniel Torrente

**Manuscript Title:** Synergistic effects of the A $\beta$ /fibrinogen complex on synaptotoxicity, neuroinflammation, and blood-brain barrier damage in Alzheimer's disease models

**Manuscript Number (if known):** ADJ-D-24-02161

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**Your Name:** Pradeep Singh

**Manuscript Title:** Synergistic effects of the A $\beta$ /fibrinogen complex on synaptotoxicity, neuroinflammation, and blood-brain barrier damage in Alzheimer's disease models

**Manuscript Number (if known):** ADJ-D-24-02161

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**Your Name:** Sidney Strickland

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**Date:** 12/13/2024

**Your Name:** Erin H. Norris

**Manuscript Title:** Synergistic effects of the A $\beta$ /fibrinogen complex on synaptotoxicity, neuroinflammation, and blood-brain barrier damage in Alzheimer's disease models

**Manuscript Number (if known):** ADJ-D-24-02161

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3	Royalties or licenses	<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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <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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