| Date: | 10/22/2024 |
|-------------------------------|---|
| Your Name: | Richard Isaacson MD |
| Manuscript Title: | Biomarker Discovery in Alzheimer's and Neurodegenerative Diseases using Nucleic Acid-Linked Immuno-Sandwich Assay |
| Manuscript Number (if known): | ADJ-D-24-01492 |

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.

| | | e all entities with whom you have this onship 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. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | 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) |
|----|--|--|---|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ⊠ None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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) |
|------|---|--|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | 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. | | |

| Date: | 10/22/2024 |
|-------------------------------|---|
| Your Name: | Gianluigi Zanusso |
| Manuscript Title: | Biomarker Discovery in Alzheimer's and Neurodegenerative Diseases using Nucleic Acid-Linked Immuno-Sandwich Assay |
| Manuscript Number (if known): | ADJ-D-24-01492 |

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.

| | | 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. | PNRR PE00000006 "MNESYS — A Multiscale integrated approach to the study of the nervous system in health and disease (DN. 1553 11.10.2022) | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | MJFF-021307. Multicentre assessment of nasal swabbing approach: α-syn RT-QuIC assay diagnostic performance in olfactory mucosa and cerebrospinal fluid in patients with prodromal PD, PD or PD with neurocognitive impairment Target ALS BM-2022-C3-L3. Ultrasensitive detection of TDP-43 pathology with RT-QuIC of nasal swabs | |

| | | 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) |
|----|---|--|---|
| 3 | Royalties or licenses | None □ | |
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, | ⊠ None | |

| | | | ns/Comments (e.g., if payments were u or to your institution) |
|------|---|------|---|
| | society, committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | 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. | | |

| Date: | 14/11/2024 |
|-------------------------------|---|
| Your Name: | Nicholas J. Ashton |
| Manuscript Title: | Clinical utility of plasma P-tau217 in identifying abnormal brain amyloid burden in an Asian cohort with high prevalence of concomitant cerebrovascular disease |
| Manuscript Number (if known): | ADJ-D-24-02013 |

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.

| | | e all entities with whom you have this onship 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. | None | Click the tab key to add additional rows. |
| | ı | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | 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) |
|----|---|--|---|
| 4 | Consulting fees | ☐ None Quanterix, TauRx, Neurogen Biomarking | Payments to NJA |
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Alamar Biosciences, Biogen, Eli-Lilly, Quanterix, VjDementia, | Payments to NJA |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | Application No.: PCT/US2024/037834 (WSGR Docket No. 58484-709.601). | Methods for Remote Blood Collection, Extraction and Analysis of Neuro Biomarkers |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | Advisory Board for Biogen, TargetALS, and TauRx | Payments to NJA |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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) |
|------|--|--|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | 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. | | |

| Date: | 10/22/2024 |
|-------------------------------|---|
| Your Name: | Andrea L. Benedet |
| Manuscript Title: | Biomarker Discovery in Alzheimer's and Neurodegenerative Diseases using Nucleic Acid-Linked Immuno-Sandwich Assay |
| Manuscript Number (if known): | ADJ-D-24-01492 |

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.

| | | 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 | 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. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 months | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Alzheimer's Association AARFD Demensförbundet (Swedish Dementia Foundation) Research Grant Åke Wiberg Foundation Research Grant | Paid to the institution Paid to the institution Paid to the institution |
| 3 | Royalties or licenses | None 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) |
|----|--|--|---|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | AAIC Travel award | Costs covered – no payment to me or the institution |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ⊠ None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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) |
|------|--|--|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | Please place an "X" next to the following statement to indicate your agreement: | | |

| Date: | 10/22/2024 |
|-------------------------------|---|
| Your Name: | Guglielmo di Molfetta |
| Manuscript Title: | Biomarker Discovery in Alzheimer's and Neurodegenerative Diseases using Nucleic Acid-Linked Immuno-Sandwich Assay |
| Manuscript Number (if known): | ADJ-D-24-01492 |

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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.

| | | e all entities with whom you have this onship 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. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | 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) |
|----|--|--|---|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ⊠ None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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) |
|------|---|--|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | 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. | | |

| Date: | 10/22/2024 |
|-------------------------------|---|
| Your Name: | Ilaria Pola |
| Manuscript Title: | Biomarker Discovery in Alzheimer's and Neurodegenerative Diseases using Nucleic Acid-Linked Immuno-Sandwich Assay |
| Manuscript Number (if known): | ADJ-D-24-01492 |

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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| | | 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. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | 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) |
|----|--|--|---|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ⊠ None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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) |
|------|--|--|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | Please place an "X" next to the following statement to indicate your agreement: | | |

| Date: | 10/25/2024 |
|-------------------------------|---|
| Your Name: | Federica Anastasi |
| Manuscript Title: | Biomarker Discovery in Alzheimer's and Neurodegenerative Diseases using Nucleic Acid-Linked Immuno-Sandwich Assay |
| Manuscript Number (if known): | ADJ-D-24-01492 |

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.

| | | 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 | 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. | None Time frame: past 36 months | Click the tab key to add additional rows. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Postdoctoral fellowship JDC2022-049347-I grant, funded by the MCIU/AEI/10.13039/501100011033 and the European Union NextGenerationEU/PRTR. | |
| 3 | Royalties or licenses | None None | |

| | | | ions/Comments (e.g., if payments were you or to your institution) |
|----|--|-----------|---|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None None | |
| 8 | Patents planned, issued or pending | None None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ■ None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ■ 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) |
|----------|---|--|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea [⊠] | 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. | | |

| Date: | 10/22/2024 |
|-------------------------------|---|
| Your Name: | AIDA FERNÁNDEZ-LEBRERO |
| Manuscript Title: | Biomarker Discovery in Alzheimer's and Neurodegenerative Diseases using Nucleic Acid-Linked Immuno-Sandwich Assay |
| Manuscript Number (if known): | ADJ-D-24-01492 |

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.

| | | e all entities with whom you have this onship 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. | None | Click the tab key to add additional rows. |
| | ı | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | 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) |
|----|--|--|---|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ⊠ None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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) |
|------|---|--|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | 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. | | |

| Date: | 10/23/2024 |
|-------------------------------|---|
| Your Name: | Albert Puig Pijoan |
| Manuscript Title: | Biomarker Discovery in Alzheimer's and Neurodegenerative Diseases using Nucleic Acid-Linked Immuno-Sandwich Assay |
| Manuscript Number (if known): | ADJ-D-24-01492 |

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.

| | | e all entities with whom you have this onship 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. | None | Click the tab key to add additional rows. |
| | ı | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | 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) |
|----|--|--|---|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | Laboratoris Esteve, Nutricia ltd. | Attending meetings and travel. |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | Schwabe farma iberica. | Advisory board. |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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) |
|------|---|--|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | 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. | | |

| Da | te: | 10/22/2024 | | | |
|---|--|--|---|--|--|
| Your Name: | | Ashvini Keshavan | Ashvini Keshavan | | |
| Ma | inuscript Title: | Biomarker Discovery in Alzheimer's and Neurodegenerative Diseases u Immuno-Sandwich Assay | Biomarker Discovery in Alzheimer's and Neurodegenerative Diseases using Nucleic Acid-Linked Immuno-Sandwich Assay | | |
| Ma | nuscript Number (if kr | nown): _ADJ-D-24-01492 | | | |
| In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activitie epidemiology of hypertension, yo that medication is not mentioned. | | Il support for the work reported in this manuscript without time limit. For all ot | nose interests may be s not necessarily at you do so. pertains to the e medication, even if | | |
| | | | | | |
| | | Name all entities with whom you have this Specifications/Comments relationship or indicate none (add rows as needed) made to you or to your in | | | |
| | | | | | |
| 1 | | relationship or indicate none (add rows as needed) made to you or to your in | nstitution) | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for | Time frame: Since the initial planning of the work None | nstitution) | | |

1 12/13/2021 ICMJE Disclosure Form

Not related to this manuscript

Grant ARUK-BBC2023-002 for the ADAPT study

⊠ None

any entity (if not

indicated in item #1 above).

Royalties or

licenses

| | | 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 | None None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None |
| 6 | Payment for expert testimony | None |
| 7 | Support for attending meetings and/or travel | None None |
| 8 | Patents planned, issued or pending | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | Executive committee member of the BBB PIA of ISTAART; co-chair of the Real World Translation Work Group of the BBB PIA |

| | | | e all entities with whom you have this ionship 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 | | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | | None | |
| 13 | Other financial or non-financial interests | | None | |
| Plea | Please place an "X" next to the following statement to indicate your agreement: | | | |

| Date: | 10/22/2024 |
|-------------------------------|---|
| Your Name: | Prof Jonathan M Schott |
| Manuscript Title: | Biomarker Discovery in Alzheimer's and Neurodegenerative Diseases using Nucleic Acid-Linked Immuno-Sandwich Assay |
| Manuscript Number (if known): | ADJ-D-24-01492 |

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.

| | | 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. | National Institute for Health Research UCL Hospitals Biomedical Research Centre Alzheimer's Association Alzheimer's Research UK Weston Brain Foundation Medical Research Council | Institution Institution Institution Institution Institution | |
| | | Time frame: past 36 month | ıs | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | National Institute for Health Research LifeArc Foundation British Heart Foundation Institution | | |
| 3 | Royalties or licenses | OUP Henry Stewart Talks | Self Self | |

| | | 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 | □ None | |
| | | JS has received tracer from Avid Radiopharmaceuticals (a wholly owned subsidiary of Eli Lilly) and Alliance Medical | The funding bodies did not have any role in the study design or in the collection, analysis, and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. |
| | | Eli Lilly | Consulting – to self |
| | | Roche Pharmaceuticals Biogen | Consulting – to self Consulting – to self |
| 5 | Payment or | | consulting to sen |
| | honoraria for | | |
| | lectures, presentations, | | |
| | speakers | | |
| | bureaus, | | |
| | manuscript | | |
| | writing or educational | | |
| | events | | |
| 6 | Payment for expert testimony | [⊠] None | |
| | , | | |
| | | | |
| | | | |
| 7 | Support for attending | □ None | |
| | meetings and/or | Alzheimer's Association | Travel to present at meetings |
| | travel | American Academy of Neurology | Travel to present at meetings |
| | | Alzheimer's Research UK | Travel to present at meetings |
| 8 | Patents planned, issued or | None | |
| | pending | | |
| | | | |
| | | | |
| | | | |
| 9 | Participation on a Data Safety | ⊠ None | |
| | Monitoring | | |
| | Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role in | □ None | |
| | other board, | Alzheimer's Research UK | Chief Medical Officer |
| | society, | UK Dementia Research Institute | Clinical Advisor |
| | committee or | | |

| | | 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) |
|-------------|--|--|---|
| | advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea [⊠] | 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. | | |

3 12/13/2021 ICMJE Disclosure Form

| Date: | 10/23/2024 |
|-------------------------------|---|
| Your Name: | Kübra TAN |
| Manuscript Title: | Biomarker Discovery in Alzheimer's and Neurodegenerative Diseases using Nucleic Acid-Linked Immuno-Sandwich Assay |
| Manuscript Number (if known): | ADJ-D-24-01492 |

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.

| | | e all entities with whom you have this onship 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. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | 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) |
|----|--|--|---|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ⊠ None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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) | |
|--------|---|--|---|--|
| 11 | Stock or stock options | None | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | | |
| 13 | Other financial or non-financial interests | None | | |
| Plea 🖂 | 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. | | | |

| Date: | 11/12/2024 |
|-------------------------------|---|
| Your Name: | Joel Simren |
| Manuscript Title: | Biomarker Discovery in Alzheimer's and Neurodegenerative Diseases using Nucleic Acid-Linked Immuno-Sandwich Assay |
| Manuscript Number (if known): | ADJ-D-24-01492 |

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|---|--|--|---|
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| 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. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | 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) |
|----|--|--|---|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ⊠ None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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) |
|------|--|--|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | Please place an "X" next to the following statement to indicate your agreement: | | |

| Date: | 10/22/2024 |
|-------------------------------|---|
| Your Name: | Bárbara Fernandes Gomes |
| Manuscript Title: | Biomarker Discovery in Alzheimer's and Neurodegenerative Diseases using Nucleic Acid-Linked Immuno-Sandwich Assay |
| Manuscript Number (if known): | ADJ-D-24-01492 |

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| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | 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) |
|----|--|--|---|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ⊠ None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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) |
|------|--|--|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | Please place an "X" next to the following statement to indicate your agreement: | | |

| Date: | 10/22/2024 |
|-------------------------------|---|
| Your Name: | Laia Montoliu-Gaya |
| Manuscript Title: | Biomarker Discovery in Alzheimer's and Neurodegenerative Diseases using Nucleic Acid-Linked Immuno-Sandwich Assay |
| Manuscript Number (if known): | ADJ-D-24-01492 |

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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| | | Time frame: Since the initial planning | of the work |
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| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | 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) |
|----|--|--|---|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ⊠ None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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) |
|------|--|--|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | Please place an "X" next to the following statement to indicate your agreement: | | |

| Dat | te: | 10/28/2024 | |
|---|--|---|---|
| Your Name: | | [Matilde Bongianni] | |
| Manuscript Title: | | Biomarker Discovery in Alzheimer's and Ne Immuno-Sandwich Assay] | urodegenerative Diseases using Nucleic Acid-Linked |
| Ma | nuscript Number (if kr | nown): ADJ-D-24-01492 | |
| cor aff | ntent of your manuscripected by the content o | rency, we ask you to disclose all relationships/activitipt. "Related" means any relation with for-profit or nf the manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activity | ot-for-profit third parties whose interests may be ent to transparency and does not necessarily |
| epi | demiology of hyperten | s/activities/interests should be defined broadly. For a sion, you should declare all relationships with manuscript. | |
| In item #1 below, report all suppo frame for disclosure is the past 36 | | all support for the work reported in this manuscript ve past 36 months. | vithout time limit. For all other items, the time |
| | | | |
| | | 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) |
| | | | made to you or to your institution) |
| 1 | All support for the present | relationship or indicate none (add rows as needed) Time frame: Since the initial planning D None | made to you or to your institution) |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, | relationship or indicate none (add rows as needed) Time frame: Since the initial planning □ None PNRR PE00000006 "MNESYS — A Multiscale integrated approach to the study of the nervous system in health and disease (DN. 1553 | made to you or to your institution) |
| 1 | All support for the present manuscript (e.g., funding, provision | relationship or indicate none (add rows as needed) Time frame: Since the initial planning None PNRR PE00000006 "MNESYS — A Multiscale integrated approach to the study of the nervous | made to you or to your institution) |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | relationship or indicate none (add rows as needed) Time frame: Since the initial planning □ None PNRR PE00000006 "MNESYS — A Multiscale integrated approach to the study of the nervous system in health and disease (DN. 1553 | made to you or to your institution) |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing | relationship or indicate none (add rows as needed) Time frame: Since the initial planning □ None PNRR PE00000006 "MNESYS — A Multiscale integrated approach to the study of the nervous system in health and disease (DN. 1553 | made to you or to your institution) 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 | relationship or indicate none (add rows as needed) Time frame: Since the initial planning □ None PNRR PE00000006 "MNESYS — A Multiscale integrated approach to the study of the nervous system in health and disease (DN. 1553 | of the work Click the tab key to add additional rows. |
| 2 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for | Time frame: Since the initial planning None None PNRR PE00000006 "MNESYS — A Multiscale integrated approach to the study of the nervous system in health and disease (DN. 1553 11.10.2022) | of the work Click the tab key to add additional rows. |

system in health and disease (DN. 1553

MJFF-021307. Multicentre assessment of nasal swabbing approach: α -syn RT-QuIC assay diagnostic performance in olfactory mucosa and cerebrospinal fluid in patients with prodromal PD, PD or PD with neurocognitive impairment

11.10.2022)

#1 above).

| | | 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) |
|----|---|--|---|
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None None □ | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | [⊠] None | |
| 7 | Support for attending meetings and/or travel | [⊠] None | |
| 8 | Patents planned, issued or pending | [⊠] None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, | [⊠] 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) |
|------|---|--|---|
| | society, committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | nse place an "X" nex | t to the following statement to indicate your agreeme | ent: |
| | I certify that I have | answered every question and have not altered the wo | ording of any of the questions on this form. |

| Date: | 10/22/2024 |
|-------------------------------|---|
| Your Name: | [Chiara Tolassi] |
| Manuscript Title: | Biomarker Discovery in Alzheimer's and Neurodegenerative Diseases using Nucleic Acid-Linked Immuno-Sandwich Assay |
| Manuscript Number (if known): | ADJ-D-24-01492 |

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| | | e all entities with whom you have this onship 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 |
| | 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. | None Time frame: past 36 month | Click the tab key to add additional rows. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | 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) |
|----|--|--|
| 4 | Consulting fees | None None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony | [⊠] None |
| 7 | Support for attending meetings and/or travel | None |
| 8 | Patents planned, issued or pending | [⊠] None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None Output Outp |

| | | 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 | [⊠] None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None | |
| 13 | Other financial or non-financial interests | [⊠] None | |
| Plea | · | t to the following statement to indicate your agreement your agreemen | |

| Date: | 10/22/2024 |
|-------------------------------|---|
| Your Name: | Valentina Cantoni |
| Manuscript Title: | Biomarker Discovery in Alzheimer's and Neurodegenerative Diseases using Nucleic Acid-Linked Immuno-Sandwich Assay |
| Manuscript Number (if known): | ADJ-D-24-01492 |

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| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

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|----|--|--|---|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ⊠ None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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) |
|------|--|--|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | • | t to the following statement to indicate your agreeme answered every question and have not altered the wo | |

| Date: | 10/23/2024 |
|-------------------------------|---|
| Your Name: | Antonella Alberici |
| Manuscript Title: | Biomarker Discovery in Alzheimer's and Neurodegenerative Diseases using Nucleic Acid-Linked Immuno-Sandwich Assay |
| Manuscript Number (if known): | ADJ-D-24-01492 |

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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| | | Name all entities with whom you have this relationship or indicate none (add rows as nee | Specifications/Comments (e.g., if payments were ded) made to you or to your institution) |
|---|---|--|--|
| 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. | Time frame: Since the initial pla | Click the tab key to add additional rows. |
| | | Time frame: past 36 r | nonths |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | 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) |
|----|--|--|---|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ⊠ None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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) |
|---|--|--|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | 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. | | | |

| Date: | 10/22/2024 |
|-------------------------------|---|
| Your Name: | Alessandro Padovani |
| Manuscript Title: | Biomarker Discovery in Alzheimer's and Neurodegenerative Diseases using Nucleic Acid-Linked Immuno-Sandwich Assay |
| Manuscript Number (if known): | ADJ-D-24-01492 |

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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) |
|---|---|--|---|
| | | 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. | [⊠] None | Click the tab key to add additional rows. |
| | | Time frame: past 36 months | s |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Italian Ministry of University and Research PRIN COCOON (2017MYJ5TH) Italian Ministry of University and Research PRIN 2021 RePlast (20202THZAW) PNRR-Health PNRR-MAD-2022-12376110 | H2020 IMI IDEA-FAST (ID853981) Italian Ministry of Health, Grant/Award Number: RF-2018-12366209 Italian Ministry of Health, Grant/Award RF- 2019-12369272 |
| 3 | Royalties or licenses | 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) |
|----|---|--|---|
| 4 | Consulting fees | □ None Biogen pharmaceuticals Lilli pharmaceuticals | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Lilli pharmaceuticals Biogen Pharmaceuticals Lundbeck pharmaceuticals Nutricia | Zambon Pharmaceuticals Roche pharmaceuticals General Electrics |
| 6 | Payment for expert testimony | [⊠] None | |
| 7 | Support for attending meetings and/or travel | Zambon, Roche and Ludbeck pharmaceuticals | |
| 8 | Patents planned, issued or pending | [⊠] None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | [⊠] None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | [⊠] 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) |
|------|--|--|---|
| 11 | Stock or stock options | [⊠] None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None | |
| 13 | Other financial or non-financial interests | [⊠] None | |
| Plea | Please place an "X" next to the following statement to indicate your agreement: | | |

| Date: | 10/22/2024 |
|-------------------------------|---|
| Your Name: | [Andrea Pilotto] |
| Manuscript Title: | Biomarker Discovery in Alzheimer's and Neurodegenerative Diseases using Nucleic Acid-Linked Immuno-Sandwich Assay |
| Manuscript Number (if known): | ADJ-D-24-01492 |

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.

| | | 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 | 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. | [⊠] None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month: | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Airalzh Foundation AGYR2021 Italian Ministry of University and Research PRIN COCOON (2017MYJ5TH) Italian Ministry of University and Research PRIN 2021 RePlast (20202THZAW) PNRR-Health PNRR-MAD-2022-12376110 | LIMPE-DISMOV Foundation Segala Grant 2021 H2020 IMI IDEA-FAST (ID853981) Italian Ministry of Health, Grant/Award Number: RF-2018-12366209 |
| 3 | Royalties or licenses | None 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) |
|----|--|--|---|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Abbvie pharmaceuticals Bial Pharmaceuticals Lundbeck pharmaceuticals | Zambon Pharmaceuticals Roche pharmaceuticals Angelini pharmaceuticals |
| 6 | Payment for expert testimony | [⊠] None | |
| 7 | Support for attending meetings and/or travel | Zambon, Roche and Ludbeck pharmaceuticals | |
| 8 | Patents planned, issued or pending | [⊠] None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | [⊠] None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | [⊠] 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) |
|------|--|--|---|
| 11 | Stock or stock options | [⊠] None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None | |
| 13 | Other financial or non-financial interests | [⊠] None | |
| Plea | Please place an "X" next to the following statement to indicate your agreement: | | |

| Date: | 10/22/2024 |
|-------------------------------|---|
| Your Name: | Barbara Borroni |
| Manuscript Title: | Biomarker Discovery in Alzheimer's and Neurodegenerative Diseases using Nucleic Acid-Linked Immuno-Sandwich Assay |
| Manuscript Number (if known): | ADJ-D-24-01492 |

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.

| | | e all entities with whom you have this onship 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. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | 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) |
|----|---|--|---|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None □ | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | Pending patent on GRN mutations treatment | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | UCB, AviadoBio, Alexion, Lilly | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | 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) |
|------|---|--|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea | 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. | | |

| Date: | 10/22/2024 |
|-------------------------------|---|
| Your Name: | Marc Suárez-Calvet |
| Manuscript Title: | Biomarker Discovery in Alzheimer's and Neurodegenerative Diseases using Nucleic Acid- Linked Immuno-Sandwich Assay |
| Manuscript Number (if known): | ADJ-D-24-01492 |

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.

| | | 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 | 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. | None | Click the tab key to add additional rows. |
| | | Time frame: past 36 months | s |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Roche Diagnostics International Ltd | Project grants; Payment were made to the institution (BBRC) |
| 3 | Royalties or licenses | None 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) |
|----|--|--|---|
| 4 | Consulting fees | □ None | |
| | | Roche Diagnostics | Consultant; Payment were made to the institution (BBRC) |
| | | | |
| 5 | Payment or honoraria for | None | |
| | lectures, presentations, | Roche Diagnostics | Given lectures in symposia; Payment were made to the institution (BBRC) |
| | speakers bureaus, | Almirall | Given lectures in symposia; Payment were made to the institution (BBRC) |
| | manuscript writing or educational | Eli Lilly | Given lectures in symposia; Payment were made to the institution (BBRC) |
| | events | Novo Nordisk | Given lectures in symposia; Payment were made to the institution (BBRC) |
| 6 | Payment for expert testimony | [⊠] None | |
| | , | | |
| | | | |
| 7 | Support for attending meetings and/or travel | ⊠ None | |
| | | | |
| | 0.076. | | |
| 8 | Patents planned, | [⊠] None | |
| | issued or pending | | |
| | | | |
| 9 | Participation on | □ None | |
| | a Data Safety Monitoring | Roche Diagnostics | Attended advisory boards; Payment were made |
| | Board or Advisory Board | Grifols, SL | to me and to the institution (BBRC) Attended advisory boards; Payment were made |
| | | Eli Lilly | to the institution (BBRC) Attended advisory boards; Payment were made |
| | | | to the institution (BBRC) |
| 10 | Leadership or | None | |
| | fiduciary role in other board, | | |
| | society, committee or | | |

| | | 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) |
|----|---|--|---|
| | advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | [⊠] None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | □ None | |
| | materials, drugs, medical writing, gifts or other services | Roche Diagnostics International Ltd | Provided in-kind biomarker measurements to the institution (BBRC). No gifts/financial incentives of any kind have been provided to MSC. |
| | | Avid Radiopharmaceuticals, Inc. (Eli Lilly and company) | Provided in-kind biomarker measurements to the institution (BBRC). No gifts/financial incentives of any kind have been provided to MSC. |
| | | Janssen Research & Development | Provided in-kind biomarker measurements to the institution (BBRC). No gifts/financial incentives of any kind have been provided to MSC. |
| | | ADX Neurosciences | Provided in-kind antibodies to the institution (BBRC). No gifts/financial incentives of any kind have been provided to MSC. |
| | | Alamar Biosciences | Provided in-kind biomarker measurements to the institution (BBRC). No gifts/financial incentives of any kind have been provided to MSC. |
| | | Fujirebio | Provided in-kind biomarker measurements to the institution (BBRC). No gifts/financial incentives of any kind have been provided to MSC. |
| | | Meso Scale Discovery | Provided in-kind biomarker measurements to the institution (BBRC). No gifts/financial incentives of any kind have been provided to MSC. |
| | | ALZPath | Provided in-kind biomarker measurements to the institution (BBRC). No gifts/financial incentives of any kind have been provided to MSC. |
| 13 | Other financial or non-financial | □ None | |
| | interests | Roche Diagnostics International Ltd | Site Investigator at my institution (BBRC) of the study "A multicenter, prospective, no-interventional study to determine the cutoff and clinical performance of the Elecsys® Amyloid Plasma Panel and its component assays; RD006263". Time: March 2023-March 2024. No gifts/financial incentives of any kind have been provided to MSC. |
| | | | |

| | | 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) |
|---|--|--|---|
| | | | |
| | | | |
| | | | |
| | | | |
| 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. | | |

| Date: | 10/22/2024 |
|-------------------------------|---|
| Your Name: | Kaj Blennow |
| Manuscript Title: | Biomarker Discovery in Alzheimer's and Neurodegenerative Diseases using Nucleic Acid- Linked Immuno-Sandwich Assay |
| Manuscript Number (if known): | ADJ-D-24-01492 |

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.

| | | 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 | 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. | None None | |
| | | Time frame: past 36 months | |
| 2 | Grants or contracts from any entity (if not | □ None | |
| | indicated in item #1 above). | Swedish Research Council (#2017-00915 and #2022-the Swedish state under the agreement between the government and the County Councils, the ALF-agree (#ALFGBG-715986 and #ALFGBG-965240) | Swedish To the Institute |
| | | the Swedish Alzheimer Foundation (#AF-930351, #AI 968270, and #AF-994551) | F-939721, #AF- To the Institute |
| | | Hjärnfonden, Sweden (#FO2017-0243 and #ALZ2022 | -0006) To the Institute |
| | | the Alzheimer's Association 2021 Zenith Award (ZEN | -21-848495) To the Institute |
| | | the Alzheimer's Association 2022-2025 Grant (SG-23 | -1038904 QC) To the Institute |
| | | La Fondation Recherche Alzheimer (FRA), Paris, Fran | |
| | | the Kirsten and Freddy Johansen Foundation, Copen Denmark | hagen, To the Institute |
| | | Familjen Rönströms Stiftelse, Stockholm, Sweden | To the Institute |

| | | Name all entities with whom you have the relationship or indicate none (add rows as | | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|--|---|
| 3 | Royalties or licenses | None None □ | | |
| 4 | Consulting fees | □ None | | |
| | | Abbvie AriBio ALZpath Aribio BioArctic AC Immune Biogen Eisai Lilly Neurimmune Ono Pharma Prothena Roche Diagnostics Siemens Healthineers Biogen Eisai | Consulta Produce payment | d/participated in educational programs with to me d/participated in educational programs with |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None | | |
| 6 | Payment for expert testimony | None | | |
| 7 | Support for attending meetings and/or travel | 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) | |
|-----|--|--|---|--|
| 8 | Patents planned, issued or pending | None | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | Julius Clinical Novartis | To me To me | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | | |
| 11 | Stock or stock options | co-founder of Brain Biomarker Solutions in Gothenburg AB (BBS), which is a part of the GU Ventures Incubator Program | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | | |
| 13 | Other financial or non-financial interests | None | | |
| r 1 | 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. | | | |

| Date: | 2024-10-22 | | | |
|---|--------------------|----------------|--|--|
| Your Name: | Henrik Zetterberg | | | |
| Manuscript title: Biomarker Discovery in Alzheimer's and Neurodegenerative Diseases using Nucleic Acid-Linked | | | | |
| Immuno-Sar | ndwich Assay | | | |
| Manuscript | number (if known): | ADJ-D-24-01492 | | |

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | (e.g., if | cations/Comments payments were made or to your institution) |
|---|---|--|--|---|
| | Time frame: Since the initial planning of the work | | | |
| 1 | All support for the present | ☐ NoneHZ is a Wallenberg Scholar and a Distingui | ished | Payments made to Institution. |
| | manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Professor at the Swedish Research Council supported by grants from the Swedish Research (Council (#2023-00356; #2022-01018 and #02397), the European Union's Horizon Europear Union's Horizon Europearch and innovation programme under agreement No 101053962, Swedish State for Clinical Research (#ALFGBG-71320), the Alzheimer Drug Discovery Foundation (ADUSA (#201809-2016862), the AD Strategic and the Alzheimer's Association (#ADSF-2831376-C, #ADSF-21-831381-C, #ADSF-21-831377-C, and #ADSF-24-1284328-C), the Bluefield Project, Cure Alzheimer's Fund, Thon Foundation, the Erling-Persson Famili Foundation, Stiftelsen för Gamla Tjänaring | search #2019- rope er grant Support se DDF), Fund 1 the Olav | rayments made to institution. |

| | you have this relationship or | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|--|--|---|
| No time limit for this item. | Hjärnfonden, Sweden (#FO2022-0270), the European Union's Horizon 2020 research a innovation programme under the Marie Skłodowska-Curie grant agreement No 860 (MIRIADE), the European Union Joint Programe Neurodegenerative Disease Research (JPND2021-00694), the National Institute for Health and Care Research University College London Hospitals Biomedical Research Certain the UK Dementia Research Institute at (UKDRI-1003). | ond 0197 ramme for ge ottre, |
| | | Click the tab key to add additional row |
| 2 Grants or | Time frame: past 36 mo ☐ None | nths |
| contracts from any entity (if not indicated in item #1 above). | HZ is a Wallenberg Scholar and a Distinguished Professor at the Sw Research Council supported by gr from the Swedish Research Council (#2023-00356; #2022-01018 and #2019-02397), the European Union Horizon Europe research and innovation programme under graagreement No 101053962, Swedis State Support for Clinical Research (#ALFGBG-71320), the Alzheimer Discovery Foundation (ADDF), US (#201809-2016862), the AD Strate Fund and the Alzheimer's Associa (#ADSF-21-831376-C, #ADSF-21-831381-C, #ADSF-21-831377-C, a #ADSF-24-1284328-C), the Bluefi Project, Cure Alzheimer's Fund, the Olav Thon Foundation, the Erling-Persson Family Foundation, Stifter för Gamla Tjänarinnor, Hjärnfond Sweden (#F02022-0270), the | ants cil l on's nt sh h Drug A tegic tion eld eld le . |

| | | 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) | |
|---|--------------------------|--|---|--|
| | | grant agreement No 860197 (MIRIADE), the European Union Programme – Neurodegenerative Disease Research (JPND2021-000 the National Institute for Health a Care Research University College London Hospitals Biomedical Research and the UK Dementia Research University College Centre, and the UK Dementia Research UKDRI-1003). | e 694), and search | |
| 3 | Royalties or licenses | None ■ | | |
| 4 | Consulting fees | HZ has served at scientific advisor boards and/or as a consultant for Abbvie, Acumen, Alector, Alzinov ALZPath, Amylyx, Annexon, Apell Artery Therapeutics, AZTherapie Cognito Therapeutics, CogRx, Der Eisai, LabCorp, Merry Life, Nervg Novo Nordisk, Optoceutics, Passa Pinteon Therapeutics, Prothena, Quanterix, Red Abbey Labs, reMY Roche, Samumed, Siemens Healthineers, Triplet Therapeutic Wave. | a, lis, s, nali, en, age Bio, | |
| 5 | Payment | □ None | | |
| | or honoraria | | | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | (e.g., if | cations/Comments payments were made or to your institution) | |
|---|--|---|--|---|--|
| | for lectures, presentati ons, speakers bureaus, manuscrip t writing or education al events | HZ has given lectures in symposi sponsored by Alzecure, BioArctic Biogen, Cellectricon, Fujirebio, Li Novo Nordisk, Roche, and WebM | c, illy, | Payments made to HZ. | |
| 6 | Payment for expert testimony | None Non | | | |
| 7 | Support for attending meetings and/or travel | None Non | | | |
| 8 | Patents planned, issued or pending | None ■ | | | |
| 9 | Participati on on a Data Safety Monitorin g Board or Advisory Board | HZ has served at scientific advisor boards and/or as a consultant for Abbvie, Acumen, Alector, Alzinov ALZPath, Amylyx, Annexon, Apel Artery Therapeutics, AZTherapie Cognito Therapeutics, CogRx, Des Eisai, LabCorp, Merry Life, Nerveg Novo Nordisk, Optoceutics, Passa | r va, lis, es, nali, gen, | Payments made to HZ. | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | (e.g., if | ications/Comments f payments were made or to your institution) | |
|-----|---|--|-----------|--|--|
| | | Pinteon Therapeutics, Prothena, Quanterix, Red Abbey Labs, reMY Roche, Samumed, Siemens Healthineers, Triplet Therapeutic Wave. | | | |
| 1 0 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | HZ is chair of the Alzheimer's Association Global Biomarker Standardization Consortium and of the IFCC WG-BND. | chair | No payments made. | |
| 1 1 | Stock or stock options | HZ is a co-founder of Brain Biom Solutions in Gothenburg AB (BBS which is a part of the GU Venture Incubator Program. | 5), | Payments made to HZ. | |
| 1 2 | Receipt of equipment, materials, drugs, medical writing, gifts or | 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) |
|-----|--|--|---|
| | other services | | |
| 1 3 | Other financial or non-financial interests | 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 \boxtimes of any of the questions on this form.