| Date:  |   | <del>-</del>   | 4/1/2025   |   |  |  |
|--|---|--|--|---|--|--|
| Your Name:   |   | -  | Konstantin Yenkoyan  |   |  |  |
| Manuscript Title:  |   | -  | Experimental modeling of Alzheimer's disea   | se: translational lessons from cross-taxon analyses                                 |  |  |
| Mar  | nuscript Number (if k   | nown):   | ADJ-D-24-02459R1   |   |  |  |
| In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub  The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned |   | ipt. "Rela<br>of the mar<br>e in doubt<br>os/activitie<br>nsion, you<br>entioned i<br>all suppor | ted" means any relation with for-profit or no<br>nuscript. Disclosure represents a commitment<br>about whether to list a relationship/activity,<br>es/interests should be defined broadly. For each should declare all relationships with manufain the manuscript. | /interest, it is preferable that you do so.   |  |  |
|  |   |  | entities with whom you have this hip 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. | Higher I   | Education and Science Committee of the c of Armenia 21T-3A327 and 25YSMU-CON-I-3A)   |   |  |  |
|  |   |  | Time frame: past 36 months   | 5   |  |  |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above).  |  | one  |   |  |  |
| 3  | Royalties or  | ⊠ No   | one  |   |  |  |

|    |   | 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<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for expert testimony  | None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | Higher Education and Science Committee of the Republic of Armenia (Grant 25YSMU-CON-I-3A)    |   |
| 8  | Patents planned,<br>issued or<br>pending  | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>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<br>options  | None   |   |  |  |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None   |   |  |  |
| 13   | Other financial or<br>non-financial<br>interests                                 | None   |   |  |  |
| Plea | Please place an "X" next to the following statement to indicate your agreement:  |  |   |  |  |

| Date:  |   | <u>-</u>   | 4/1/2025  |  |  |
|--|---|--|---|--|--|
| Your Name:   |   | _  | Maria Kotova  |  |  |
| Manuscript Title:  |   | _  | Experimental m  | odeling of Alzheimer's disea   | ase: translational lessons from cross-taxon analyses   |
| Mar  | nuscript Number (if k   | nown):   | ADJ-D-24-02459  | PR1  |  |
| 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, you that medication is not mentioned. |   | ipt. "Rela<br>of the mar<br>e in doubt<br>os/activitie<br>nsion, you<br>entioned i<br>all suppor | ted" means any in<br>nuscript. Disclost<br>about whether the<br>es/interests should<br>should declare and the manuscript<br>the tor the work re | relation with for-profit or no<br>ure represents a commitme<br>to list a relationship/activity<br>Id be defined broadly. For eall relationships with manuf<br>t. | es/interests listed below that are related to the ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so.  example, if your manuscript pertains to the facturers of antihypertensive medication, even if without time limit. For all other items, the time |
|  |   |  |   | nom you have this<br>one (add rows as needed)  | Specifications/Comments (e.g., if payments were made to you or to your institution)  |
|  |   |  | Time fram   | e: 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. | Support<br>Education   |   | ry of Science and Higher<br>Federation, (Agreement   | 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).  | [⊠] <b>N</b> c   | one   |  |  |
| 3  | Royalties or licenses   | ⊠ No   | one   |  |  |

|    |  | 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<br>attending<br>meetings and/or<br>travel  | None   |   |
| 8  | Patents planned,<br>issued or<br>pending   | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>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<br>options  | None   |   |  |  |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services   | None   |   |  |  |
| 13   | Other financial or<br>non-financial<br>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:   |   |                | 4/1/2025  |   |  |  |
|---|---|----------------|---|---|--|--|
| You   | r Name:   |                | Kirill Apukhtin   |   |  |  |
| Manuscript Title:   |   |                | Experimental modeling of Alzheimer's disease: translational lessonsfrom cross-taxon analyses  |   |  |  |
| Mar   | nuscript Number (if k   | nown):         | ADJ-D-24-02459R1  |   |  |  |
| 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/activitic epidemiology of hypertension, you that medication is not mentioned |   |                | nted" means any relation with for-profit or no<br>nuscript. Disclosure represents a commitme<br>t about whether to list a relationship/activity<br>es/interests should be defined broadly. For e<br>u should declare all relationships with manuf<br>in the manuscript. | /interest, it is preferable that you do so.   |  |  |
|   |   |                | l entities with whom you have this<br>ship 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. |                | niversity of Science and Technology NRB-<br>16  | 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).  | [⊠] <b>N</b> o | one   |   |  |  |
| 3   | Royalties or<br>licenses  | ⊠ No           | one   |   |  |  |

|    |  | 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<br>attending<br>meetings and/or<br>travel  | [⊠] None   |   |
| 8  | Patents planned,<br>issued or<br>pending   | [⊠] None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>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<br>options  | None   |   |  |  |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None   |   |  |  |
| 13   | Other financial or<br>non-financial<br>interests                                 | [⊠] None   |   |  |  |
| Plea | Please place an "X" next to the following statement to indicate your agreement:  |  |   |  |  |

| Date:                         | 4/1/2025  |
|-------------------------------|---|
| Your Name:                    | David Galstyan  |
| Manuscript Title:             | ${\color{red} \left[\text{Experimental modeling of Alzheimer's disease: translational lessons from cross-taxon analyses}\ \right]}$ |
| Manuscript Number (if known): | ADJ-D-24-02459R1  |

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. | [⊠] None   | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 month  | S   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | [⊠] None   |   |
| 3 | Royalties or<br>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<br>attending<br>meetings and/or<br>travel  | [⊠] None   |   |
| 8  | Patents planned,<br>issued or<br>pending   | [⊠] None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>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<br>options   | [⊠] None   |   |
| 12     | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services   | [⊠] None   |   |
| 13     | Other financial or<br>non-financial<br>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:                         | 4/1/2025  |
|-------------------------------|---|
| Your Name:                    | [Tamara Amstislavskaya ]  |
| Manuscript Title:             | Experimental modeling of Alzheimer's disease: translational lessons from cross-taxon analyses |
| Manuscript Number (if known): | ADJ-D-24-02459R1  |

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   |
|   | 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<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or<br>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<br>attending<br>meetings and/or<br>travel  | [⊠] None   |   |
| 8  | Patents planned,<br>issued or<br>pending   | [⊠] None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>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<br>options   | [⊠] None   |   |
| 12     | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services   | [⊠] None   |   |
| 13     | Other financial or<br>non-financial<br>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:                         | 4/1/2025  |
|-------------------------------|---|
| Your Name:                    | [Tatyana Strekalova ]   |
| Manuscript Title:             | Experimental modeling of Alzheimer's disease: translational lessons from cross-taxon analyses |
| Manuscript Number (if known): | ADJ-D-24-02459R1  |

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. | [⊠] None   | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 month  | S   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | [⊠] None   |   |
| 3 | Royalties or<br>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 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<br>attending<br>meetings and/or<br>travel  | [⊠] None   |   |
| 8  | Patents planned,<br>issued or<br>pending   | [⊠] None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>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<br>options   | [⊠] None   |   |
| 12     | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services   | [⊠] None   |   |
| 13     | Other financial or<br>non-financial<br>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:                         | 4/1/2025  |
|-------------------------------|---|
| Your Name:                    | Murilo Abreu ]  |
| Manuscript Title:             | Experimental modeling of Alzheimer's disease: translational lessons from cross-taxon analyses |
| Manuscript Number (if known): | ADJ-D-24-02459R1  |

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<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | [⊠] None   |   |
| 3 | Royalties or<br>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 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<br>attending<br>meetings and/or<br>travel  | [⊠] None   |   |
| 8  | Patents planned,<br>issued or<br>pending   | [⊠] None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>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<br>options   | [⊠] None   |   |
| 12     | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services   | [⊠] None   |   |
| 13     | Other financial or<br>non-financial<br>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:   |   |   | 4/1/2025  |   |
|---|---|---|---|---|
| Your Name:  |   |   | Vergine Chavushyan  |   |
| Manuscript Title:   |   |   | Experimental modeling of Alzheimer's disea  | ase: translational lessons from cross-taxon analyses                                |
| Manuscript Number (if known):   |   |   | ADJ-D-24-02459R1  |   |
| In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt."  The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned. |   | ipt. "Rela<br>of the male<br>in doub<br>os/activitionsion, you<br>entioned<br>all suppo | nted" means any relation with for-profit or no<br>nuscript. Disclosure represents a commitment<br>t about whether to list a relationship/activity<br>es/interests should be defined broadly. For each<br>u should declare all relationships with manufain the manuscript. | /interest, it is preferable that you do so.   |
|   |   |   | l entities with whom you have this ship 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. | Higher  | Education and Science Committee of public of Armenia  | Click the tab key to add additional rows.   |
|   |   |   | Time frame: past 36 month   | s   |
| 2   | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | [⊠] <b>N</b>  | one   |   |
| 3   | Royalties or licenses   | × N   | one   |   |

|    |  | 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<br>attending<br>meetings and/or<br>travel  | [⊠] None   |   |
| 8  | Patents planned,<br>issued or<br>pending   | [⊠] None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>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<br>options   | [⊠] None   |   |
| 12     | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services   | [⊠] None   |   |
| 13     | Other financial or<br>non-financial<br>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:                         | 4/1/2025  |
|-------------------------------|---|
| Your Name:                    | Lee Wei Lim   |
| Manuscript Title:             | ${\color{red} \left[\text{Experimental modeling of Alzheimer's disease: translational lessons from cross-taxon analyses}\ \right]}$ |
| Manuscript Number (if known): | ADJ-D-24-02459R1  |

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  | 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   | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 months   | S   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
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| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | [⊠] None   |   |
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| Date:                         | 4/1/2025  |
|-------------------------------|---|
| Your Name:                    | Longen Yang ]   |
| Manuscript Title:             | ${\color{red} \left[\text{Experimental modeling of Alzheimer's disease: translational lessons from cross-taxon analyses}\ \right]}$ |
| Manuscript Number (if known): | ADJ-D-24-02459R1  |

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|   |   |   | Time frame: Since the initial planning of   | of the work   |
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| Date:                         | 4/1/2025  |
|-------------------------------|---|
| Your Name:                    | Denis Rosemberg   |
| Manuscript Title:             | Experimental modeling of Alzheimer's disease: translational lessons from cross-taxon analysis |
| Manuscript Number (if known): | ADJ -D-24-02459R1   |

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| Dat               | e:   | 4/1/2025  |   |  |
|-------------------|--|---|---|--|
| Your Name:        |  | Alan Kaluev   | Alan Kaluev ]   |  |
| Manuscript Title: |  | Experimental modeling of Alzheimer's dise   | Experimental modeling of Alzheimer's disease: translational lessons from cross-taxon analyses |  |
| Mar               | nuscript Number (if k  | known): ADJ-D-24-02459R1  |   |  |
| con<br>affe       | 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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|                   | 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 we made to you or to your institution)  |   |   |  |
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| 1                 | All support for the  |   | made to you or to your institution)   |  |
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