

# ICMJE DISCLOSURE FORM

**Date:** 3/13/2025

**Your Name:** Shorena Janelidze

**Manuscript Title:** A comparison of p-tau assays for the specificity to detect tau changes in Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-00134

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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# ICMJE DISCLOSURE FORM

**Date:** 03/19/2025

**Your Name:** Nicholas J. Ashton

**Manuscript Title:** A comparison of p-tau assays for the specificity to detect tau changes in Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-00134

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☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

# ICMJE DISCLOSURE FORM

**Date:** 3/19/2025

**Your Name:** Anna Orduna Dolado

**Manuscript Title:** A comparison of p-tau assays for the specificity to detect tau changes in Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-00134

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**Date:** 3/18/2025

**Your Name:** Ulrika Nordström

**Manuscript Title:** A comparison of p-tau assays for the specificity to detect tau changes in Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-00134

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**Your Name:** Divya Bali

**Manuscript Title:** A comparison of p-tau assays for the specificity to detect tau changes in Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-00134

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# ICMJE DISCLOSURE FORM

**Date:** 250317

**Your Name:** Karin Forsberg

**Manuscript Title:** A comparison of p-tau assays for the specificity to detect tau changes in Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-00134

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

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

# ICMJE DISCLOSURE FORM

**Date:** 3/18/2025

**Your Name:** ISIL KESKIN

**Manuscript Title:** A comparison of p-tau assays for the specificity to detect tau changes in Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-00134

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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# ICMJE DISCLOSURE FORM

**Date:** 3/18/2025

**Your Name:** Andrea Mastrangelo

**Manuscript Title:** A comparison of p-tau assays for the specificity to detect tau changes in Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-00134

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# ICMJE DISCLOSURE FORM

**Date:** 3/18/2024

**Your Name:** Vacchiano Veria

**Manuscript Title:** A comparison of p-tau assays for the specificity to detect tau changes in Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-00134

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# ICMJE DISCLOSURE FORM

**Date:** 3/19/2025

**Your Name:** Rocco Liguori

**Manuscript Title:** A comparison of p-tau assays for the specificity to detect tau changes in Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-00134

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

# ICMJE DISCLOSURE FORM

**Date:** 3/20/2025

**Your Name:** Kaj Blennow

**Manuscript Title:** A comparison of p-tau assays for the specificity to detect tau changes in Alzheimer's disease

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☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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**Date:** 2025-03-20

**Your Name:** Henrik Zetterberg

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4	Consulting fees	<input type="checkbox"/> <b>None</b>	
		HZ has served at scientific advisory boards and/or as a consultant for Abbvie, Acumen, Alector, Alzinova, ALZPath, Amylyx, Annexon, Apellis, Artery Therapeutics, AZTherapies, Cognito Therapeutics, CogRx, Denali, Eisai, LabCorp, Merry Life, Nervgen, Novo Nordisk, Optoceutics, Passage Bio, Pinteon Therapeutics, Prothena, Quanterix, Red Abbey Labs, reMYND, Roche, Samumed, Siemens Healthineers, Triplet Therapeutics, and Wave.	Payments made to HZ.
5	Payment or honoraria	<input type="checkbox"/> <b>None</b>	

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	for lectures, presentations, speakers bureaus, manuscript writing or educational events	<div>HZ has given lectures in symposia sponsored by Alzecure, BioArctic, Biogen, Cellectricon, Fujirebio, Lilly, Novo Nordisk, Roche, and WebMD.</div>	Payments made to HZ.
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
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		<div>HZ has served at scientific advisory boards and/or as a consultant for Abbvie, Acumen, Alector, Alzinova, ALZPath, Amylyx, Annexon, Apellis, Artery Therapeutics, AZTherapies, Cognito Therapeutics, CogRx, Denali, Eisai, LabCorp, Merry Life, Nervgen, Novo Nordisk, Optoceutics, Passage Bio,</div>	Payments made to HZ.

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		Pinteon Therapeutics, Prothena, Quanterix, Red Abbey Labs, reMYND, Roche, Samumed, Siemens Healthineers, Triplet Therapeutics, and Wave.	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	
		HZ is chair of the Alzheimer's Association Global Biomarker Standardization Consortium and chair of the IFCC WG-BND.	No payments made.
11	Stock or stock options	<input type="checkbox"/> <b>None</b>	
		HZ is a co-founder of Brain Biomarker Solutions in Gothenburg AB (BBS), which is a part of the GU Ventures Incubator Program.	Payments made to HZ.
12	Receipt of equipment , materials, drugs, medical writing, gifts or	<input checked="" type="checkbox"/> <b>None</b>	

		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	<input checked="" type="checkbox"/> None	
<p><b>Please place an “X” next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

# ICMJE DISCLOSURE FORM

**Date:** 3/20/2025

**Your Name:** Niklas Mattsson-Carlgrén

**Manuscript Title:** A comparison of p-tau assays for the specificity to detect tau changes in Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-00134

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td>Biogen</td><td></td></tr> <tr><td>Owkin</td><td></td></tr> <tr><td>Eli Lilly</td><td></td></tr> <tr><td>Merck</td><td></td></tr> </table>	Biogen		Owkin		Eli Lilly		Merck		
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 258 1518 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 476 1518 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 690 1518 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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# ICMJE DISCLOSURE FORM

**Date:** 3/18/2025

**Your Name:** Fernando Gonzalez Ortiz

**Manuscript Title:** A comparison of p-tau assays for the specificity to detect tau changes in Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-00134

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# ICMJE DISCLOSURE FORM

**Date:** 3/18/2025

**Your Name:** Piero Parchi

**Manuscript Title:** A comparison of p-tau assays for the specificity to detect tau changes in Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-00134

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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Grant #NextGenerationEU (NGEU), funded by the Ministry of University and Research (MUR), National Recovery and Resilience Plan (NRRP)-project MNESYS (PE0000006).</td> <td>Payment to the University of Bologna, Italy</td> </tr> <tr> <td>Ricerca Finalizzata-2021-project 12374386, funded by the Italian Ministero della Salute</td> <td>Payment to IRCCS Istituto delle Scienze Neurologiche di Bologna, Italy</td> </tr> <tr> <td>PNRR-MCNT2-2023-12378190</td> <td>Payment to IRCCS Istituto delle Scienze Neurologiche di Bologna, Italy</td> </tr> <tr> <td>JPND grant - PRIONOMICS</td> <td>Payment to IRCCS Istituto delle Scienze Neurologiche di Bologna, Italy</td> </tr> </table>	Grant #NextGenerationEU (NGEU), funded by the Ministry of University and Research (MUR), National Recovery and Resilience Plan (NRRP)-project MNESYS (PE0000006).	Payment to the University of Bologna, Italy	Ricerca Finalizzata-2021-project 12374386, funded by the Italian Ministero della Salute	Payment to IRCCS Istituto delle Scienze Neurologiche di Bologna, Italy	PNRR-MCNT2-2023-12378190	Payment to IRCCS Istituto delle Scienze Neurologiche di Bologna, Italy	JPND grant - PRIONOMICS	Payment to IRCCS Istituto delle Scienze Neurologiche di Bologna, Italy
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10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> </table>									

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# ICMJE DISCLOSURE FORM

**Date:** 3/18/2025

**Your Name:** Peter Munch Andersen

**Manuscript Title:** A comparison of p-tau assays for the specificity to detect tau changes in Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-00134

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 476 1518 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 690 1518 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>									

# ICMJE DISCLOSURE FORM

**Date:** 3/19/2025

**Your Name:** Oskar Hansson

**Manuscript Title:** A comparison of p-tau assays for the specificity to detect tau changes in Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-00134

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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

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<b>Time frame: Since the initial planning of the work</b>								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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<b>Time frame: past 36 months</b>								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Eli Lilly</td> <td>I am an employee of Eli Lilly</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Eli Lilly	I am an employee of Eli Lilly				
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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