

ICMJE DISCLOSURE FORM

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Date: 31. januar 2023

Your name: Svend Ubbe Ebbesen

Manuscript title: Plasma A β - Biomarker for Early Diagnosis and Prognosis of Alzheimers Disease, a systematic review

Manuscript number (if known):

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 current manuscript only.

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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 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.	<input checked="" type="checkbox"/> None	

Click TAB in last row to add extra rows

Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: Click or tap to enter a date.

Your Name: Peter Høgh

Manuscript Title: Plasma A β - Biomarker for Early Diagnosis and Prognosis of Alzheimers Disease, a systematic review

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

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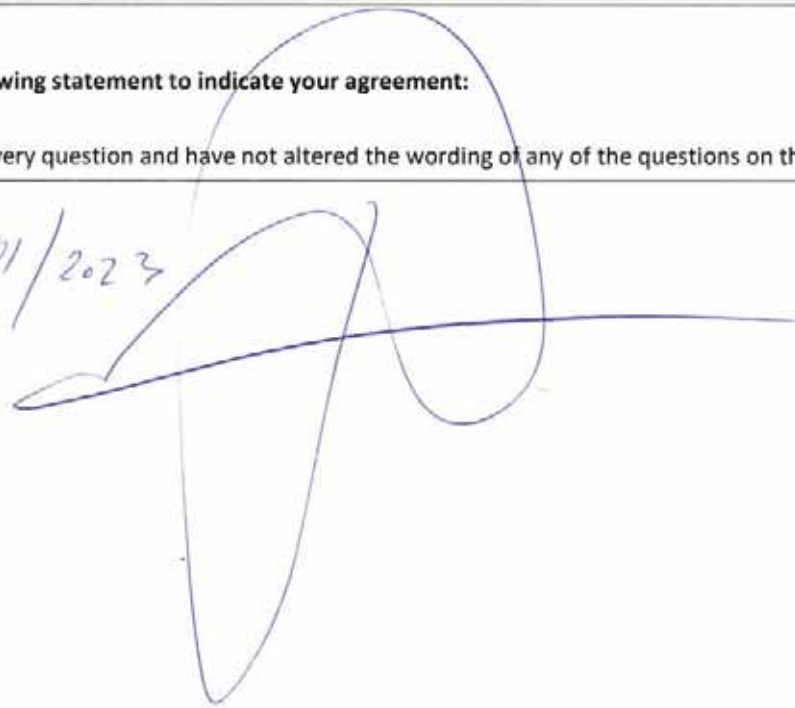
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Invited participant for CTAD meeting San Francisco, USA – November 2022 (Roche)	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Ad hoc member of "Regional Lægemiddelkomité", Region Zealand	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input type="checkbox"/> None	
		Novo Nordic, Genmab, Ambu, Gilead Sciences and Y-mAbs Therapeutics	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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26/01/2023



ICMJE DISCLOSURE FORM

Date: 1/30/2023

Your Name: Ivan Zibrandtsen

Manuscript Title: Plasma Aβ - Biomarker for Early Diagnosis and Prognosis of Alzheimers Disease, a systematic review

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

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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)						
4 Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="331 241 1528 398"> <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"/> None <table border="1" data-bbox="331 488 1528 600"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
6 Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="331 857 1528 969"> <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"/> None <table border="1" data-bbox="331 1088 1528 1200"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
8 Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="331 1319 1528 1431"> <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"/> None <table border="1" data-bbox="331 1550 1528 1662"> <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"/> None <table border="1" data-bbox="331 1744 1528 1856"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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30/1-2023

Ivan Zibrandtsen

