

# ICMJE DISCLOSURE FORM

**Date:** 12/8/2025

**Your Name:** Annika Spottke

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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:** 12/9/2025

**Your Name:** Alexander Maximilian Bernhardt

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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YAMSA foundation	<a href="https://yamsa.net/">https://yamsa.net/</a>							
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# ICMJE DISCLOSURE FORM

Date: 12/7/2025

Your Name: Stefan Bräuer

Manuscript Title: Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

Manuscript Number (if known): ADJ-D-25-02579

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# ICMJE DISCLOSURE FORM

**Date:** 12/10/2025

**Your Name:** Frederic Brosseron

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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**Date:** 12/8/2025

**Your Name:** Michael Wagner

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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# ICMJE DISCLOSURE FORM

10

12/11/2025

Your Name:

Josef Priller

Manuscript Title:

Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

Manuscript Number (if known):

ADJ-D-25-02579

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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:** 12/8/2025

**Your Name:** Tom Hähnel

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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:** 12/11/2025

**Your Name:** Luca Kleineidam

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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# ICMJE DISCLOSURE FORM

**Date:** 12/9/2025

**Your Name:** Elisabeth Dinter

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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# ICMJE DISCLOSURE FORM

**Date:** 1/6/2026

**Your Name:** Emrah Duzel

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579 [Click or tap here to enter text.](#)

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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<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></td></tr> </table> Click the tab key to add additional rows.						
<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></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
<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 type="checkbox"/> <b>None</b> <table border="1"> <tr><td>Advisor for Lilly, Roche, Eisai</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Advisor for Lilly, Roche, Eisai								
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> <table border="1"> <tr><td>Lectures for Lilly, Roche, Eisai</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Lectures for Lilly, Roche, Eisai								
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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)
11	Stock or stock options	<input type="checkbox"/> <b>None</b>	
		Co-founder and CEO and stock options for digital health company neotiv	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
13	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b>	
		Part-time salary from neotiv	

**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:** 12/8/2025

**Your Name:** Klaus Fliessbach

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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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" style="width: 100%; margin-top: 5px;"> <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:** 10.12.2025

**Your Name:** Anna Gamez

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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## ICMJE DISCLOSURE FORM

**Date:** Click or tap to enter a date.

**Your Name:** Julian Hellmann-Regen

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 1260 1516 1362"> <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:** 12/9/2025

**Your Name:** Christoph Laske

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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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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<b>11</b>	Stock or stock options	<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>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<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>							
<b>13</b>	Other financial or non-financial interests	<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>							

**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:** 12/8/2025

**Your Name:** Melina Stark

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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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<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></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>									
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## ICMJE DISCLOSURE FORM

**Date:** Click or tap to enter a date.

**Your Name:** Ayda Rostamzadeh

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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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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>									
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# ICMJE DISCLOSURE FORM

**Date:** 12/8/2025

**Your Name:** Björn Falkenburger

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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<b>Time frame: past 36 months</b>								
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# ICMJE DISCLOSURE FORM

**Date:** 12/8/2025

**Your Name:** Niels Hansen

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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# ICMJE DISCLOSURE FORM

**Date:** 12/9/2025

**Your Name:** Prof. Dr. Dr. Andreas Hermann

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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<b>2</b>	<div> <div>Grants or contracts from any entity (if not indicated in item #1 above).</div> <div> <input type="checkbox"/> <b>None</b> </div> <table border="1"> <tr> <td>DFG</td> <td></td> </tr> <tr> <td>BMBF/VDI</td> <td></td> </tr> <tr> <td>ESF</td> <td></td> </tr> </table> </div>	DFG		BMBF/VDI		ESF		
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ESF								
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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 type="checkbox"/> None <table border="1"> <tr><td>Biogen</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Biogen								
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr><td>Cognito</td><td></td></tr> <tr><td>Zambon</td><td></td></tr> <tr><td></td><td></td></tr> </table>	Cognito		Zambon						
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <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"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									



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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <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" style="width: 100%; margin-top: 5px;"> <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" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

**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:** 12/18/2025

**Your Name:** Jens Wiltfang

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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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4	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Immungenetics</td> <td>personal</td> </tr> <tr> <td>Noselab</td> <td>personal</td> </tr> <tr> <td>Roboscreen</td> <td>personal</td> </tr> <tr> <td></td> <td></td> </tr> </table>		Immungenetics	personal	Noselab	personal	Roboscreen	personal								
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# ICMJE DISCLOSURE FORM

**Date:** 6/25/2025

**Your Name:** Oliver Peters

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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>Time frame: Since the initial planning of the work</b>								
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4	Consulting fees	<input type="checkbox"/> <b>None</b>	
		Biogen, Eisai, Grifols, Noselab, NovoNordisk, Prinnovation, Roche	Payment to myself
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b>	
		Eisai, Lilly, Roche	Payment to myself
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b>	
		Eisai, Grifols, Neurimmune, Noselab, Roche, Novartis	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	
		Board Member: German Dementia Competence Network and Hirnliga	

		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)						
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# ICMJE DISCLOSURE FORM

**Date:** 12/9/2025

**Your Name:** Katharina Buerger

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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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:** 1/6/2026

**Your Name:** Dr. med. Wenzel Glanz

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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<b>13</b>	Other financial or non-financial interests	<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>							

**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:** 1/8/2026

**Your Name:** Eike Jakob Spruth

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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.

	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)						
<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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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 type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Berliner Alzheimer Gesellschaft e.V.</td> <td>honorarium for an educational event (one-time)</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Berliner Alzheimer Gesellschaft e.V.	honorarium for an educational event (one-time)						
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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>									
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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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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# ICMJE DISCLOSURE FORM

**Date:** 12/16/2025

**Your Name:** Alexander Storch, MD

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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>Time frame: Since the initial planning of the work</b>								
<b>1</b>	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Helmholtz Association, Germany</td> <td>Public/federal funded research association, payment made to me as salary for group leader position at the German Centre for Neurodegenerative Diseases (DZNE), Germany</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table>	Helmholtz Association, Germany	Public/federal funded research association, payment made to me as salary for group leader position at the German Centre for Neurodegenerative Diseases (DZNE), Germany				Click the tab key to add additional rows.	
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<b>2</b>	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>University Medical Centre Rostock, University of Rostock, Rostock, Germany</td> <td>Public/state funded University Medical Center, payment made to me as salary for professor position and director position of the Department of Neurology</td> </tr> <tr> <td>Deutsche Forschungsgemeinschaft (DFG)</td> <td>Public/federal funded research agency, payment made to my institution (unrestricted grants) for basic science research projects</td> </tr> <tr> <td>Helmholtz Association</td> <td>Public/federal funding, unrestricted grants, payment made to my institution for research projects</td> </tr> </table>	University Medical Centre Rostock, University of Rostock, Rostock, Germany	Public/state funded University Medical Center, payment made to me as salary for professor position and director position of the Department of Neurology	Deutsche Forschungsgemeinschaft (DFG)	Public/federal funded research agency, payment made to my institution (unrestricted grants) for basic science research projects	Helmholtz Association	Public/federal funding, unrestricted grants, payment made to my institution for research projects	
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3	Royalties or licenses	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Kohlhammer Verlag, Stuttgart, Germany</td> <td>Money paid to me (royalties)</td> </tr> <tr> <td>Elsevier Press, München, Germany</td> <td>Money paid to me (royalties)</td> </tr> <tr> <td></td> <td></td> </tr> </table>		Kohlhammer Verlag, Stuttgart, Germany	Money paid to me (royalties)	Elsevier Press, München, Germany	Money paid to me (royalties)										
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	Board or Advisory Board	<div>Zambon Pharmaceuticals, Germany</div> <div>AbbVie Pharmaceuticals, Germany</div> <div>Desitin Arzneimittel, Hamburg, Germany</div> <div>STADA Pharma GbmH, Germany</div>	<div>Private pharmaceutical company, attendance of advisory board meeting, money paid to me</div> <div>Private pharmaceutical company, attendance of advisory board meeting, money paid to me</div> <div>Private pharmaceutical company, attendance of advisory board meeting, money paid to me</div> <div>Private pharmaceutical company, attendance of advisory board meeting, money paid to me</div>						
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# ICMJE DISCLOSURE FORM

**Date:** 12/9/2025

**Your Name:** Stefan Teipel

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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## ICMJE DISCLOSURE FORM

**Date:** 12/8/2025

**Your Name:** Iñaki Schniewind

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 347 1492 448"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 560 1492 660"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 772 1492 873"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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**Inaki Schniewind**

Digital signiert von Inaki Schniewind  
 DN: cn=Inaki Schniewind, c=DE,  
 o=Universitätsklinikum Carl Gustav  
 Carus Dresden,  
 email=inaki.schniewind@ukdd.de  
 Datum: 2025.12.08 16:36:55 +01'00'

## ICMJE DISCLOSURE FORM

**Date:** 12/8/2025

**Your Name:** Janowitz, Daniel

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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:** 12/11/2025

**Your Name:** Frank Jessen

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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# ICMJE DISCLOSURE FORM

**Date:** 12/9/2025

**Your Name:** Ingo Kilimann

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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# ICMJE DISCLOSURE FORM

**Date:** 12/9/2025

**Your Name:** Marie Kronmüller

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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# ICMJE DISCLOSURE FORM

**Date:** 12/9/2025

**Your Name:** Johannes Levin

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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:** 9/12/2025

**Your Name:** Gabor Petzold

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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# ICMJE DISCLOSURE FORM

**Date:** 12/8/2025

**Your Name:** Lukas Preis

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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## ICMJE DISCLOSURE FORM

**Date:** 12/9/2021

**Your Name:** Matthias Schmid

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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# ICMJE DISCLOSURE FORM

**Date:** 12/8/2026

**Your Name:** Anja schneider

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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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**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:** 12/9/2025

**Your Name:** Sebastian Sodenkamp

**Manuscript Title:** Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

**Manuscript Number (if known):** ADJ-D-25-02579

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: 8/12/2025

Your Name: Verena Sondermann

Manuscript Title: Alpha-Synuclein Quantitative Seed Amplification Assay Predicts Conversion to Dementia

Manuscript Number (if known): ADJ-D-25-02579

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