

ICMJE Disclosures Forms

Titel: Frontotemporal dementia associated with intrathecal antibodies against axon initial segments

Authors: Dominique Endres, Andrea Schlump, Kathrin Nickel, Benjamin Berger, Kimon Runge, Thomas Lange, Katharina Domschke, Horst Urbach, Nils Venhoff, Philipp T. Meyer, Joachim Brumberg, Harald Prüss, Ludger Tebartz van Elst

ICMJE DISCLOSURE FORM

Date: 7/23/2022

Your Name: Prof. Dr. Dominique Endres

Manuscript Title: Frontotemporal dementia associated with intrathecal antibodies against axon initial segments

Manuscript Number (if known): ADJ-D-22-00440

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	
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ICMJE DISCLOSURE FORM

Date: 7/23/2022

Your Name: [Andrea Schlump]

Manuscript Title: [Frontotemporal dementia associated with intrathecal antibodies against axon initial segments]

Manuscript Number (if known): ADJ-D-22-00440

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ICMJE DISCLOSURE FORM

Date: 7/12/2022

Your Name: PD Dr. Kathrin Nickel

Manuscript Title: Frontotemporal dementia associated with intrathecal antibodies against axon initial segments

Manuscript Number (if known): ADJ-D-22-00440

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Date: 7/12/2022

Your Name: Benjamin Berger

Manuscript Title: Frontotemporal dementia associated with intrathecal antibodies against axon initial segments

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Date: 7/12/2022

Your Name: Kimon Runge

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Date: 7/23/2022

Your Name: Thomas Lange

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Date: 7/23/2022

Your Name: Prof. Dr. Dr. Katharina Domschke

Manuscript Title: Frontotemporal dementia associated with intrathecal antibodies against axon initial segments

Manuscript Number (if known): ADJ-D-22-00440

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Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> <div style="font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</div>						
Time frame: past 36 months								
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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Steering Committee Neurosciences, Janssen Inc.</td> <td>Payment made to me personally</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Steering Committee Neurosciences, Janssen Inc.	Payment made to me personally							
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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>Janssen Inc. (lecture)</td> <td>Payment made to me personally</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Janssen Inc. (lecture)	Payment made to me personally							
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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>									
7	Support for attending meetings and/or travel	<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>									
8	Patents planned, issued or pending	<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>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td>Steering Committee Neurosciences, Janssen</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Steering Committee Neurosciences, Janssen								
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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>							
13	Other financial or non-financial interests	<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>							
<p>Please place an “X” next to the following statement to indicate your agreement:</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: 7/22/2021

Your Name: Horst Urbach

Manuscript Title: Frontotemporal dementia associated with intrathecal antibodies against axon initial segments

Manuscript Number (if known): ADJ-D-22-00440

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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3	Royalties or licenses	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	
4	Consulting fees	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div> <div></div>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <div>Honoraria for lectures from Biogen, Eisai, Mbits</div> <div></div> <div></div>	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <div>Avisory Board Biogen</div> <div></div> <div></div>	

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ICMJE DISCLOSURE FORM

Date: 7/23/2022

Your Name: Nils Venhoff

Manuscript Title: Frontotemporal dementia associated with intrathecal antibodies against axon initial segments

Manuscript Number (if known): ADJ-D-22-00440

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: 7/23/2022

Your Name: Philipp T. Meyer, MD, PhD

Manuscript Title: Frontotemporal dementia associated with intrathecal antibodies against axon initial segments

Manuscript Number (if known): ADJ-D-22-00440

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4	Consulting fees	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div> <div></div>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	
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ICMJE DISCLOSURE FORM

Date: 7/12/2022

Your Name: Joachim Brumberg

Manuscript Title: Frontotemporal dementia associated with intrathecal antibodies against axon initial segments

Manuscript Number (if known): ADJ-D-22-00440

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ICMJE DISCLOSURE FORM

Date: 7/23/2022

Your Name: Prof. Dr. Harald Prüss

Manuscript Title: Frontotemporal dementia associated with intrathecal antibodies against axon initial segments

Manuscript Number (if known): ADJ-D-22-00440

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ICMJE DISCLOSURE FORM

Date: 7/23/2022

Your Name: Prof. Dr. Ludger Tebartz van Elst

Manuscript Title: Frontotemporal dementia associated with intrathecal antibodies against axon initial segments

Manuscript Number (if known): ADJ-D-22-00440

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