

ICMJE DISCLOSURE FORM

Date: 2/29/2024

Your Name: RAVI S. PANDEY

Manuscript Title: Metabolomics profiling reveals distinct, sex-specific signatures in the serum and brain metabolomes in the mouse models of Alzheimer's disease

Manuscript Number (if known): ADJ-D-23-01652

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: 3/1/2024

Your Name: Matthias Arnold

Manuscript Title: Metabolomics profiling reveals distinct, sex-specific signatures in the serum and brain metabolomes in the mouse models of Alzheimer's disease

Manuscript Number (if known): ADJ-D-23-01652

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ICMJE DISCLOSURE FORM

Date: 2/28/2024

Your Name: Richa Batra

Manuscript Title: Metabolomics profiling reveals distinct, sex-specific signatures in the serum and brain metabolomes in the mouse models of Alzheimer's disease

Manuscript Number (if known): ADJ-D-23-01652

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ICMJE DISCLOSURE FORM

Date: 2/28/2024

Your Name: Jan Krumsiek

Manuscript Title: Metabolomics profiling reveals distinct, sex-specific signatures in the serum and brain metabolomes in the mouse models of Alzheimer's disease

Manuscript Number (if known): ADJ-D-23-01652

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Date: 2/28/2024

Your Name: Kevin P. Kotredes

Manuscript Title: Metabolomics profiling reveals distinct, sex-specific signatures in the serum and brain metabolomes in the mouse models of Alzheimer's disease

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ICMJE DISCLOSURE FORM

Date: 2/28/2024

Your Name: Dylan Garceau

Manuscript Title: Metabolomics profiling reveals distinct, sex-specific signatures in the serum and brain metabolomes in the mouse models of Alzheimer's disease

Manuscript Number (if known): ADJ-D-23-01652

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ICMJE DISCLOSURE FORM

Date: 2/28/2024

Your Name: Harriet Williams

Manuscript Title: Metabolomics profiling reveals distinct, sex-specific signatures in the serum and brain metabolomes in the mouse models of Alzheimer's disease

Manuscript Number (if known): ADJ-D-23-01652

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ICMJE DISCLOSURE FORM

Date: 2/28/2024

Your Name: Michael Sasner

Manuscript Title: Metabolomics profiling reveals distinct, sex-specific signatures in the serum and brain metabolomes in the mouse models of Alzheimer's disease

Manuscript Number (if known): ADJ-D-23-01652

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ICMJE DISCLOSURE FORM

Date: 2/28/2024

Your Name: Gareth Howell

Manuscript Title: Metabolomics profiling reveals distinct, sex-specific signatures in the serum and brain metabolomes in the mouse models of Alzheimer's disease

Manuscript Number (if known): ADJ-D-23-01652

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ICMJE DISCLOSURE FORM

Date: 2/28/2024

Your Name: Rima Kaddurah-Daouk

Manuscript Title: Metabolomics profiling reveals distinct, sex-specific signatures in the serum and brain metabolomes in the mouse models of Alzheimer's disease

Manuscript Number (if known): ADJ-D-23-01652

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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>							

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: 2/28/2024

Your Name: Gregory W. Carter

Manuscript Title: Metabolomics profiling reveals distinct, sex-specific signatures in the serum and brain metabolomes in the mouse models of Alzheimer's disease

Manuscript Number (if known): ADJ-D-23-01652

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)						
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 type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">National Institutes of Health</td> <td style="width: 50%;">Grants U54 AG054345, U19 AG074866, U19 AG074866, U54 AG065187, R21 AG083299, R01 AG060477, RF1 AG079125, RF1 AG059778, RF1 AG055104.</td> </tr> <tr> <td>The Jackson Laboratory</td> <td>Internal grants</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>		National Institutes of Health	Grants U54 AG054345, U19 AG074866, U19 AG074866, U54 AG065187, R21 AG083299, R01 AG060477, RF1 AG079125, RF1 AG059778, RF1 AG055104.	The Jackson Laboratory	Internal grants	Click the tab key to add additional rows.	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">National Institutes of Health</td> <td style="width: 50%;">Grants R56 AG067573, R01 AG054180, R01 AG057914, R01 GM115518-S4.</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		National Institutes of Health	Grants R56 AG067573, R01 AG054180, R01 AG057914, R01 GM115518-S4.				
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3	Royalties or licenses	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">The Jackson Laboratory</td> <td style="width: 50%;">Personal royalties</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		The Jackson Laboratory	Personal royalties				
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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Astrex Pharmaceuticals</td> <td>Personal consulting</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Astrex Pharmaceuticals	Personal consulting						
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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>National Institutes of Health</td> <td>Personal grant review and meeting speaker honoraria</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		National Institutes of Health	Personal grant review and meeting speaker honoraria						
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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 type="checkbox"/> None <table border="1"> <tr> <td>University of Chile</td> <td>Registration for conference attendance</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		University of Chile	Registration for conference attendance						
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8	Patents planned, issued or pending	<input type="checkbox"/> None <table border="1"> <tr> <td>The Jackson Laboratory</td> <td>Three preliminary filings for mouse models</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		The Jackson Laboratory	Three preliminary filings for mouse models						
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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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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <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>							
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