

ICMJE DISCLOSURE FORM

Date: November 2, 2021
 Your Name: Xiaonan Wang
 Manuscript Title: Immune Abnormalities and Differential Gene Expression in the Hippocampus and Peripheral Blood of Patients with Alzheimer’s Disease
 Manuscript number (if known): ATM-21-4974

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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		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			
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13	Other financial or non-financial interests	_____ None	

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