

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Clayton	2. Surname (Last Name) Brady	3. Date 25-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Mark D. Parker
5. Manuscript Title Veverimer: an advance in base therapy for metabolic acidosis		
6. Manuscript Identifying Number (if you know it) ATM-20-2827(E2020030250-31248662-YC)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Brady has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

ELIE

2. Surname (Last Name)

CHEMALY

3. Date

25-March-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Mark D. Parker, PhD

5. Manuscript Title

Veverimer: an advance in base therapy for metabolic acidosis

6. Manuscript Identifying Number (if you know it)

ATM-20-2827(E2020030250-31248662-YC)

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Dr. CHEMALY has nothing to disclose.

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1. Given Name (First Name) James	2. Surname (Last Name) Lohr	3. Date 27-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Mark Parker
5. Manuscript Title Veverimer: an advance in base therapy for metabolic acidosis		
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Mark

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Parker

3. Date
27-March-2020

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