

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.

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4. Intellectual Property.

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Section 1. Identifying Inform	nation						
1. Given Name (First Name) Andreas	2. Surname (Last Name) Chiabi	3. Date 10-October-2016					
4. Are you the corresponding author?	✓ Yes No						
5. Manuscript Title Post malaria neurological syndrome in a Cameroonian child after a Plasmodium falciparum malaria infection							
6. Manuscript Identifying Number (if you k	now it)						
Section 2. The Work Under C	onsideration for Publication						
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?							
Are there any relevant conflicts of inter	est? Yes 🖌 No						
Section 3. Relevant financial	activities outside the submitted wo	rk.					
of compensation) with entities as descu	ibed in the instructions. Use one line for ea port relationships that were present durin	financial relationships (regardless of amount ach entity; add as many lines as you need by ng the 36 months prior to publication .					

Do you have any patents, whether planned, pending or issued, broadly relevant to	the work?	Yes	V No	0
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Dr. Chiabi has nothing to disclose.

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1. Given Name (First Name) Jean Baptiste	2. Surname (Last Name) Bogne		3. Date 10-October-2016
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Na Andreas Chiabi	me
5. Manuscript Title Post malaria neurological syndrome in	a Cameroonian child after	a Plasmodium falciparum r	nalaria infection
6. Manuscript Identifying Number (if you ki	now it)		
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Section 2. The Work Under C	onsideration for Public	cation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, da		
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of inter	ibed in the instructions. Us port relationships that we	se one line for each entity; a	add as many lines as you need by

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	\checkmark	No	
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1. Given Name (First Name) Seraphin	2. Surname (Last Name) Nguefack	3. Date 10-October-2016
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Andreas Chiabi
5. Manuscript Title Post malaria neurological syndrome in a	a Cameroonian child after	a Plasmodium falciparum malaria infection
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Section 2. The Work Under Co		
The Work Under Co	onsideration for Public	cation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	√ No	
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1. Given Name (First Name) Evelyn	2. Surname (Last Name) Mah		3. Date 10-October-2016
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Na Andreas Chiabi	me
5. Manuscript Title Post malaria neurological syndrome ir	a Cameroonian child after	r a Plasmodium falciparum r	nalaria infection
6. Manuscript Identifying Number (if you l	now it)		
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Section 2. The Work Under O	Consideration for Publi	cation	
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Are there any relevant conflicts of inte	rest? 🗌 Yes 🖌 No		
Section 3. Delevent financia			
Relevant financia	l activities outside the	submitted work.	
Place a check in the appropriate boxes of compensation) with entities as desc clicking the "Add +" box. You should re	ribed in the instructions. U	se one line for each entity; a	dd as many lines as you need by
Are there any relevant conflicts of inte	rest? Yes 🖌 No		

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗌 Yes 🛛 🗸	🗸 No	2
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1. Given Name (First Name) Hyppolyte	2. Surname (Last Name) Siyou	3. Date 10-Octob	er-2016
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Andreas Chiabi	
5. Manuscript Title Post malaria neurological syndrome in	a Cameroonian child after a	Plasmodium falciparum malaria infe	ection
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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting , lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes Pending: The patent has been filed but not issued Issued: The patent has been issued by the agency Licensed: The patent has been licensed to an entity, whether earning royalties or not Royalties: Funds are coming in to you or your institution due to your



Section 1.	Identifying Inform	nation		
1. Given Name (F Antoine	irst Name)	2. Surname (Last Nam Defo	e)	3. Date 10-October-2016
4. Are you the co	rresponding author?	Yes 🖌 No	Corresponding Author's N Andreas Chiabi	lame
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Section 5. Relationships not covered above

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Yes, the following relationships/conditions/circumstances are present (explain below):

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Defo has nothing to disclose.

Evaluation and Feedback



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.

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Section 1. Identifying Inform	nation		
1. Given Name (First Name) Fru	2. Surname (Last Name) Angwafo	•.	Date D-October-2016
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Andreas Chiabi	
5. Manuscript Title Post malaria neurological syndrome in	a Cameroonian child after	a Plasmodium falciparum mala	aria infection
6. Manuscript Identifying Number (if you kr	now it)		
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Section 2. The Work Under C	onsideration for Public	cation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da		
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?		Yes	V N	10
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Dr. Angwafo has nothing to disclose.

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