

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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".

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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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Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Márk

2. Surname (Last Name)

Váczí

3. Date

01-October-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Muscle damage in response to a single bout of high intensity concentric exercise in patients with Pompe disease

6. Manuscript Identifying Number (if you know it)

ATM-20-3114-R3

Section 2. The Work Under Consideration 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 interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Institutional Excellence Program, University of Pécs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant number: 17886-4/2018 FEKUTSTRAT

Section 3. Relevant financial activities outside the submitted work.

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Dr. Váczai reports grants and personal fees from Institutional Excellence Program, University of Pécs , during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name) Szilvia Anett	2. Surname (Last Name) Nagy	3. Date 01-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Márk Váczi, Zsolt Illes
5. Manuscript Title Muscle damage in response to a single bout of high intensity concentric exercise in patients with Pompe disease		
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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
New National Excellence Program of the Ministry of Human Capacities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant number: ÚNKP-17-3-III-PTE-315

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Dr. Nagy reports grants and personal fees from New National Excellence Program of the Ministry of Human Capacities , during the conduct of the study; .

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1. Given Name (First Name)

Tamás

2. Surname (Last Name)

Kőszegi

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01-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Márk Váczi, Zsolt Illes

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Dr. Kőszegi has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Bernadette	2. Surname (Last Name) Misovics	3. Date 01-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Márk Váczi, Zsolt Illes
5. Manuscript Title Muscle damage in response to a single bout of high intensity concentric exercise in patients with Pompe disease		
6. Manuscript Identifying Number (if you know it) ATM-20-3114-R3		

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Dr. Misovics has nothing to disclose.

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Edina

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Szabó

3. Date

01-October-2020

4. Are you the corresponding author?

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No

Corresponding Author's Name

Márk Váczi, Zsolt Illes

5. Manuscript Title

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Dr. Szabó has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Éva

2. Surname (Last Name)

Müller

3. Date

01-October-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Márk Váczi, Zsolt Illes

5. Manuscript Title

Muscle damage in response to a single bout of high intensity concentric exercise in patients with Pompe disease

6. Manuscript Identifying Number (if you know it)

ATM-20-3114-R3

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Are there any relevant conflicts of interest?

Yes

No

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Are there any relevant conflicts of interest?

Yes

No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes

No

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Dr. Müller has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Gábor

2. Surname (Last Name)

Perlaki

3. Date

01-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Márk Váczi, Zsolt Illes

5. Manuscript Title

Muscle damage in response to a single bout of high intensity concentric exercise in patients with Pompe disease

6. Manuscript Identifying Number (if you know it)

ATM-20-3114-R3

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Are there any relevant conflicts of interest? Yes No

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Dr. Perlaki has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Gergely

2. Surname (Last Name)

Orsi

3. Date

01-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Márk Váczi, Zsolt Illes

5. Manuscript Title

Muscle damage in response to a single bout of high intensity concentric exercise in patients with Pompe disease

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ATM-20-3114-R3

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Dr. Orsi has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) József	2. Surname (Last Name) Pál	3. Date 01-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Márk Váczi, Zsolt Illes
5. Manuscript Title Muscle damage in response to a single bout of high intensity concentric exercise in patients with Pompe disease		
6. Manuscript Identifying Number (if you know it) ATM-20-3114-R3		

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

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Péter

2. Surname (Last Name)

Bogner

3. Date

01-October-2020

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Yes No

Corresponding Author's Name

Márk Váczi, Zsolt Illes

5. Manuscript Title

Muscle damage in response to a single bout of high intensity concentric exercise in patients with Pompe disease

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ATM-20-3114-R3

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Dr. Bogner has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)

Zsolt

2. Surname (Last Name)

Illes

3. Date

01-October-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

ATM-20-3114-R3

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Dr. Illes has nothing to disclose.

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