Date: March 17,2021
Your Name: Min Chu

Manuscript Title: Three Novel Mutations in Chinese Patients with CSF1R-related leukoencephalopathy

Manuscript number (if known): ATM-21-217-R1

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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending	XNone			
	meetings and/or travel				
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	X None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	XNone			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financial interests				
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:		
	None.				

Date: March 17,2021

Your Name: \_ Dong-Xin Wang

Manuscript Title: Three Novel Mutations in Chinese Patients with CSF1R-related leukoencephalopathy

Manuscript number (if known): ATM-21-217-R1

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	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
-	educational events	V N			
6	Payment for expert	XNone			
	testimony				
7	Support for attending	X None			
,	meetings and/or travel	^_NOTIC			
	meetings and, or traver				
8	Patents planned, issued or	X None			
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9	Participation on a Data	XNone			
	Safety Monitoring Board or Advisory Board				
10	Leadership or fiduciary role	X None			
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	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	X None			
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
	None.				
	NUITE.				

Date: March 17,2021
Your Name: \_Yue Cui

Manuscript Title: Three Novel Mutations in Chinese Patients with CSF1R-related leukoencephalopathy

Manuscript number (if known): ATM-21-217-R1

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5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
-	educational events	V N			
6	Payment for expert	XNone			
	testimony				
7	Support for attending	X None			
,	meetings and/or travel	^_NOTIC			
	meetings and, or traver				
8	Patents planned, issued or	X None			
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9	Participation on a Data	XNone			
	Safety Monitoring Board or Advisory Board				
10	Leadership or fiduciary role	X None			
10	in other board, society,	^_NOTIC			
	committee or advocacy				
	group, paid or unpaid				
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12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
	None.				
	NUITE.				

Date: March 17,2021
Your Name: Yu Kong

Manuscript Title: Three Novel Mutations in Chinese Patients with CSF1R-related leukoencephalopathy

Manuscript number (if known): ATM-21-217-R1

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4	Consulting fees	XNone	

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	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
-	educational events	V N			
6	Payment for expert	XNone			
	testimony				
7	Support for attending	X None			
,	meetings and/or travel	^_NOTIC			
	meetings and, or traver				
8	Patents planned, issued or	X None			
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9	Participation on a Data	XNone			
	Safety Monitoring Board or Advisory Board				
10	Leadership or fiduciary role	X None			
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	committee or advocacy				
	group, paid or unpaid				
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12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
	None.				
	NUITE.				

Date: March 17,2021
Your Name: \_Li Liu\_

Manuscript Title: Three Novel Mutations in Chinese Patients with CSF1R-related leukoencephalopathy

Manuscript number (if known): ATM-21-217-R1

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4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
-	educational events	V N			
6	Payment for expert	XNone			
	testimony				
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8	Patents planned, issued or	X None			
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9	Participation on a Data	XNone			
	Safety Monitoring Board or Advisory Board				
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	materials, drugs, medical				
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13	Other financial or non-	XNone			
	financial interests				
Ple	Please summarize the above conflict of interest in the following box:				
	None.				
	NUITE.				

Date: March 17,2021
Your Name: Ke-Xin Xie

Manuscript Title: Three Novel Mutations in Chinese Patients with CSF1R-related leukoencephalopathy

Manuscript number (if known): ATM-21-217-R1

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4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V N	
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel	XNone	
	meetings and, or traver		
8	Patents planned, issued or	X None	
Ū	pending		
9	Participation on a Data	X None	
,	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
Pla	ease summarize the above o	onflict of interest in the fol	lowing box:
	Please summarize the above conflict of interest in the following box:		
	None.		

Date: March 17,2021

Your Name: \_ Tian-Xinyu Xia

Manuscript Title: Three Novel Mutations in Chinese Patients with CSF1R-related leukoencephalopathy

Manuscript number (if known): ATM-21-217-R1

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	manuscript writing or		
-	educational events	V N	
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel	^_NOTIC	
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8	Patents planned, issued or	X None	
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9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
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	committee or advocacy		
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11	Stock or stock options	X None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
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	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:
	None.		
	NUITE.		

Date: March 17,2021
Your Name: \_\_Jing Zhang

Manuscript Title: Three Novel Mutations in Chinese Patients with CSF1R-related leukoencephalopathy

Manuscript number (if known): ATM-21-217-R1

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7	Support for attending	X None	
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9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
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11	Stock or stock options	X None	
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13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:
	None.		
	NUITE.		

Date: March 17,2021
Your Name: Ran Gao

Manuscript Title: Three Novel Mutations in Chinese Patients with CSF1R-related leukoencephalopathy

Manuscript number (if known): ATM-21-217-R1

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	manuscript writing or		
	educational events	V N	
6	Payment for expert	XNone	
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7	Support for attending	X None	
,	meetings and/or travel	XNone	
	meetings and, or traver		
8	Patents planned, issued or	X None	
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9	Participation on a Data	X None	
,	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
Pla	ease summarize the above co	onflict of interest in the fol	lowing box:
	Janning ite the above of	JSt of interest in the fol	
	None.		

Date: March 17,2021

Your Name: \_ Ai-Hong Zhou

Manuscript Title: Three Novel Mutations in Chinese Patients with CSF1R-related leukoencephalopathy

Manuscript number (if known): ATM-21-217-R1

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	writing, gifts or other		
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13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:
	None.		
	NUITE.		

Date: March 17,2021

Your Name: \_ Chao-Dong Wang

Manuscript Title: Three Novel Mutations in Chinese Patients with CSF1R-related leukoencephalopathy

Manuscript number (if known): ATM-21-217-R1

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	None.		
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Date: March 17,2021
Your Name: Li-Yong Wu

Manuscript Title: Three Novel Mutations in Chinese Patients with CSF1R-related leukoencephalopathy

Manuscript number (if known): ATM-21-217-R1

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