	29 th , 2022_		
Your Name: W	ei hao	Line	
Manuscript Title:	Treating	GNAO1	mutation-related severe movement disorders with oxcarbazepine
Manuscript numbe	r (if known): <u> </u>	

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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		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 initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	A SO MORRIS
3	Royalties or licenses	_X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

None.			
	,		

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:Jun. 29 th , 2022	
Your Name: Dan Ping Huang	"
	nutation-related severe movement disorders with oxcarbazepine
Manuscript number (if known):	

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cript (e.g., funding, on of study materials, al writing, article sing charges, etc.)	XNone	
	Time frame: pas	st 36 months
or contracts from tity (if not indicated #1 above).	XNone	
es or licenses	X_None	
	XNone	
	ng fees	

Payment or honoraria for	XNone	State of the state
speakers bureaus, manuscript writing or educational events		
Payment for expert testimony	XNone	
Support for attending meetings and/or travel	X_None	
Patents planned, issued or pending	XNone	
Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
Leadership or fiduciary role in other board, society, committee or advocacy	XNone	
Stock or stock options	X_None	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
Other financial or non-financial interests	XNone	
ease summarize the above co	onflict of interest in the f	following box:
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- X_None

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date:July.19 th ,2022	
Your Name: Trun Yang	
Manuscript Title:_ Treating GNAO1 mutation-related severe movement disord	ders with oxcarbazepine: a case
report	
Manuscript number (if known):	

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		Time frame: Since the initi	ial planning of the work
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		Time frame: pa	st 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,		
- 1	speakers bureaus,		
- 1	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		<u> </u>
7	Support for attending meetings and/or travel	XNone	
	•		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	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	_X_None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	Cipher Gene LLC	
13	financial interests		
	sircioi interesta		

Please summarize the above conflict of interest in the following box:

Fan Yang was employed by the company Cipher Gene LLC.

Please place an "X" next to the following statement to indicate your agreement:

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: July.19th,2022	
Date:July.19 th ,2022 Your Name:	Jang/
Manuscript Title:_ Treating GNAO	1 mutation-related severe movement disorders with oxcarbazepine: a case
report Manuscript number (if known):	

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		Time frame: pa	ist 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	Daymant on Lawrence Co.		
ا د	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,	5	
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	-		
7	Support for attending	Y None	
	meetings and/or travel	XNone	3907
	meetings and/or traver		
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
42	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	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-	Cipher Gene LLC	
	financial interests	,	

Please summarize the above conflict of interest in the following box:

Zuozhen Yang was employed by the company Cipher Gene LLC.

Please place an "X" next to the following statement to indicate your agreement:

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Date:Jun. 29 th , 2022	
Your Name: <u>Min 上iu</u>	" where with excarbazenine
Manuscript Title: <i>Treating</i>	GNAO1 mutation-related severe movement disorders with oxcarbazepine
Manuscript number (if known)	

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

Payment or honoraria for	XNone	
speakers bureaus, manuscript writing or educational events	. · E	
Payment for expert testimony	XNone	
Support for attending meetings and/or travel	XNone	
Patents planned, issued or pending	XNone	
Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
Leadership or fiduciary role in other board, society, committee or advocacy	XNone	
Stock or stock options	XNone	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
Other financial or non- financial interests	XNone	
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	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonXNone

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	th , 2022
Your Name: Diwi	
Manuscript Title: 1	_Treating GNAO1 mutation-related severe movement disorders with oxcarbazepine
Manuscript number	if known):

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		Time frame: pas	t 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	X_None	
	lectures, presentations,		
	speakers bureaus,		the state of the s
	manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical writing, gifts or other services		
13	Other financial or non- financial interests	X_None	

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	_Jun. 29 th	, 2022	
Your Name:_	Jing	Huang	" and are with averaphazenine
Manuscript T	itle:	Treating	GNAO1 mutation-related severe movement disorders with oxcarbazepine
Manuscript r	number (if	known):	

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	Time frame: Since the initi	al planning of the work
for the present (e.g., funding, f study materials, ting, article charges, etc.) nit for this item.	XNone	
	Time frame: pas	st 36 months
ontracts from if not indicated above).	XNone	
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5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non- financial interests	X. None	

None.			

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	. 29 th , 2022
Your Name:	Rus Thon
Manuscript Title:	
Manuscript numb	er (if known):
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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

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Date:	Jun. 29¹		19in Chen								
Your Name: Manuscript	Title:	^ Treating	GNAO1 muta	tion-relate	ed sevei	re move	ement d	isorder	with c	xcarbaz	epine
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te	· .		
		XNone	
, m	upport for attending neetings and/or travel	XNone	
	Patents planned, issued or pending	XNone	
S	Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
D Le	eadership or fiduciary role n other board, society, ommittee or advocacy roup, paid or unpaid	XNone	
	tock or stock options	XNone	
m w	Receipt of equipment, naterials, drugs, medical writing, gifts or other ervices	XNone	
	Other financial or non- inancial interests	X_None	

form.