ICMJE DISCLOSURE FORM

Date: <u>May 27th, 2022</u>		
Your Name: <u>Huiping Shi</u>		
Manuscript Title: Novel pathog	enic variant combination in LPL causing familial ch	vlomicronemia syndrome in an
Asian family and experimental	alidation in vitro: a case report	
Manuscript number (if known):	TP-22-15	

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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 initial	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.	None Jiangsu Provincial Special Program of Medical Science (BL2012005) Jiangsu Province's Key Medical Center (ZX201102) The Priority Academic Program Development of Jiangsu Higher Education Institutions (PAPD)	
		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	X_None
5	Payment or honoraria for	X None
5	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	XNone
	testimony	
7	Support for attending	X None
/	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	
11	group, paid or unpaid Stock or stock options	X None
12	Receipt of equipment,	XNone
	materials, drugs, medical	
	writing, gifts or other	
12	services Other financial or non-	V. None
13	financial interests	XNone
	inialicial interests	

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

This study was funded by Jiangsu Provincial Special Program of Medical Science (BL2012005); Jiangsu Province's Key Medical Center (ZX201102); The Priority Academic Program Development of Jiangsu Higher Education Institutions (PAPD).

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.

ICMJE DISCLOSURE FORM

Date: <u>May 28th, 2022</u>		
Your Name: Zhaoyu	ie Wang	
Manuscript Title: Novel	pathogenic variant combination in LPL causing familial chy	lomicronemia syndrome in an
Asian family and experi	mental validation in vitro: a case report	
Manuscript number (if k	known): TP-22-15	

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