

## ICMJE DISCLOSURE FORM

Date: September17,2022  
 Your Name: Lin Du  
 Manuscript Title: Mental health in parents of children with spinal muscular atrophy and its influencing factors  
 Manuscript number (if known): \_\_\_\_\_

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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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	the 6th Youth Fund of The First Hospital of Jilin University (NO.01000880001)	30,000 RMB
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	____ None	
3	Royalties or licenses	____ None	
4	Consulting fees	____ None	
5	Payment or honoraria for lectures, presentations,	____ None	

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

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

All authors report that this study was supported by the 6<sup>th</sup> Youth Fund of The First Hospital of Jilin University (No. 01000880001).

**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.

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Date: September17,2022  
 Your Name: Hanyu Dong  
 Manuscript Title: Mental health in parents of children with spinal muscular atrophy and its influencing factors  
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Date: September17,2022  
 Your Name: Chunyue Miao  
 Manuscript Title: Mental health in parents of children with spinal muscular atrophy and its influencing factors  
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Date: September17,2022  
 Your Name: Feiyong Jia  
 Manuscript Title: Mental health in parents of children with spinal muscular atrophy and its influencing factors  
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