

ICMJJE DISCLOSURE FORM

Date: 07/10/2022
 Your Name: MARÍA JOSÉ ARIZA
 Manuscript Title: Familial Chylomicronemia Syndrome: a diagnosis challenge
 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.

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

The author's relationships/activities/interests should be **defined broadly**. 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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Akcea	Personal payment for consulting services

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
		EAS	Personal payment for a presentation from the European Atherosclerosis Society
6	Payment for expert testimony	__X__ None	
7	Support for attending meetings and/or travel	__X__ None	
8	Patents planned, issued or pending	__X__ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__ None	
11	Stock or stock options	__X__ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__X__ None	
13	Other financial or non-financial interests	__X__ None	

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

I received once personal payments for consulting services from Akcea in 2020 and for a presentation in 2021 from the European Atherosclerosis Society.

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.

**ARIZA CORBO
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ICMJE DISCLOSURE FORM

Date: _____

Your Name: PEDRO VALDIVIELSO

Manuscript Title: **Familial Chylomicronemia Syndrome in children: a diagnosis challenge**

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.

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

The author's relationships/activities/interests should be defined broadly. 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.

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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	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Sanofi	Both
3	Royalties or licenses	____ None	
4	Consulting fees	Sanofi, Amgen, Amarin, Akcea, Daiichi-Sankyo	Personal payments

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Sanofi, Amgen, Amarin, Akcea, Daiichi-Sankyo, Servier	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	Daiichi-Sankyo, Servier, Sanofi, Amgen, Sobi, PTC	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Sanofi, Amgen, Amarin, Akcea, Daiichi-Sankyo	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

I received honoraria as speaker from Sanofi, Amgen, Amarin, Akcea, Daiichi-Sankyo, Servier, as advisor from Sanofi, Amgen, Amarin, Akcea, Daiichi-Sankyo, a grant from Sanofi and support to travel from Daiichi-Sankyo, Servier, Sanofi, Amgen, Sobi, PTC.

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

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