

ICMJE DISCLOSURE FORM

Date: 8/25/2022

Your Name: RAFFAELE FALSAPERLA

Manuscript Title: Impressive efficacy of the ketogenic diet in a KCNQ2 encephalopathy infant: case report and exhaustive literature review

Manuscript Number (if known): Click or tap here to enter text.

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.

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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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: 8/25/2022

Your Name: SIMONA DOMENICA MARINO

Manuscript Title: **Impressive efficacy of the ketogenic diet in a KCNQ2 encephalopathy infant: case report and exhaustive literature review**

Manuscript Number (if known): Click or tap here to enter text.

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Handwritten signature

ICMJE DISCLOSURE FORM

Date: 8/25/2022

Your Name: GIULIA SALOMONE

Manuscript Title: Impressive efficacy of the ketogenic diet in a KCNQ2 encephalopathy infant: case report and exhaustive literature review

Manuscript Number (if known): Click or tap here to enter text.

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Giulio Feltrinone

ICMJE DISCLOSURE FORM

Date: 8/25/2022

Your Name: FRANCESCA MADIA

Manuscript Title: Impressive efficacy of the ketogenic diet in a KCNQ2 encephalopathy infant: case report and exhaustive literature review

Manuscript Number (if known): Click or tap here to enter text.

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Frederic

ICMJE DISCLOSURE FORM

Date: 8/25/2022

Your Name: SILVIA MARINO

Manuscript Title: **Impressive efficacy of the ketogenic diet in a KCNQ2 encephalopathy infant: case report and exhaustive literature review**

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 8/25/2022

Your Name: LUCIA GIOVANNA TARDINO

Manuscript Title: **Impressive efficacy of the ketogenic diet in a KCNQ2 encephalopathy infant: case report and exhaustive literature review**

Manuscript Number (if known): Click or tap here to enter text.

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None 	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None 	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None 	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None 	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None 	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None 	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None 	

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11	Stock or stock options	<input checked="" type="checkbox"/> None 	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None 	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None 	

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

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

Robert

12/13/2021

ICMJE DISCLOSURE FORM

Date: 8/25/2022

Your Name: BRUNA SCALIA

Manuscript Title: **Impressive efficacy of the ketogenic diet in a KCNQ2 encephalopathy infant: case report and exhaustive literature review**

Manuscript Number (if known): Click or tap here to enter text.

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 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 <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
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12 Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="459 747 1911 885"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13 Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="459 1022 1900 1159"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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Shel

ICMJE DISCLOSURE FORM

Date: 8/25/2022

Your Name: MARTINO RUGGIERI

Manuscript Title: Impressive efficacy of the ketogenic diet in a KCNQ2 encephalopathy infant: case report and exhaustive literature review

Manuscript Number (if known): Click or tap here to enter text.

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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Weyland