Date: March. 13, 2023

Your Name: Weihua Sun (first author)

Manuscript Title: Fourteen cases of cerebral creatine deficiency syndrome in children: a cohort study in China

Manuscript number (if known): 2465

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.

| | | 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) |
|---|---|--|---|
| | Tin | ne frame: Since the initial planning of the | |
| 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. | | |
| | | Time frame: past 36 months | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |
| | | | |
| 4 | Consulting fees | None | |

| 6 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony | None None | | |
|---|---|-----------|--|--|
| 7 | Support for attending meetings and/or travel | None | | |
| 8 | Patents planned, issued or pending | None | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | | |
| 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: | | | | |
| Non | 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: March. 13, 2023 Your Name: Yi Wang

Manuscript Title: Fourteen cases of cerebral creatine deficiency syndrome in children: a cohort study in China

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 <u>current 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.

| | | 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) |
|---|---|--|---|
| | Tim | ne frame: Since the initial planning of tl | ne 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. | | |
| | | Time frame: past 36 months | |
| 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 | | None | |

| 6 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony | None | | | |
|---|--|------|--|--|--|
| 7 | Support for attending meetings and/or travel | None | | | |
| 8 | Patents planned, issued or pending | None | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | | | |
| 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: | | | | | |
| Non | 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: March. 13, 2023
Your Name: Mengyuan Wu

Manuscript Title: Fourteen cases of cerebral creatine deficiency syndrome in children: a cohort study in China

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 <u>current 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.

| | | Name all entities with whom you | Specifications/Comments |
|---|--|---|--|
| | | have this relationship or indicate | (e.g., if payments were made to you or |
| | | none (add rows as needed) | to your institution) |
| | Tin | ne frame: Since the initial planning of t | he 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. | | |
| | | Time frame: past 36 months | |
| 2 | Grants or contracts from any entity (if not indicated in | None | |
| | item #1 above). | | |
| | | | |
| 3 | Royalties or licenses | None | |
| | | | |
| | | | |
| 4 | Consulting fees | None | |
| | | | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or | None | | | |
|------|--|------|--|--|--|
| | educational events | | | | |
| 6 | Payment for expert testimony | None | | | |
| 7 | Support for attending meetings and/or travel | None | | | |
| | | | | | |
| 8 | Patents planned, issued or pending | None | | | |
| | | | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | | | |
| 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 | | | |
| | | | | | |
| Plea | Please summarize the above conflict of interest in the following box: | | | | |
| No | None. | | | | |
| Disa | Please place an "Y" payt 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: March. 13, 2023
Your Name: Hongjiang Wu

Manuscript Title: Fourteen cases of cerebral creatine deficiency syndrome in children: a cohort study in China

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 <u>current 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.

| | | 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) |
|---|---|--|---|
| | Tin | ne frame: Since the initial planning of tl | he 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. | | |
| | | Time frame: past 36 months | |
| 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 | None | | |
|------|--|--------------------------|----------------|--|
| , | lectures, presentations, | None | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | None | | |
| | testimony | | | |
| | , | | | |
| | | | | |
| 7 | Support for attending | None | | |
| | meetings and/or travel | <u></u> | | |
| | | | | |
| | | | | |
| | | | | |
| 8 | Patents planned, issued or | None | | |
| | pending | | | |
| | , , , , , , , , , , , , , , , , , , , | | | |
| | | | | |
| 9 | Participation on a Data | None | | |
| | Safety Monitoring Board or | | | |
| | Advisory Board | | | |
| | | | | |
| 10 | Leadership or fiduciary role in | None | | |
| | other board, society, | | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | None | | |
| | | | | |
| | | | | |
| 12 | Descipt of agricument | Nene | | |
| 12 | Receipt of equipment, materials, drugs, medical | None | | |
| | writing, gifts or other services | | | |
| | withing, gires of other services | | | |
| 13 | Other financial or non- | None | | |
| 13 | financial interests | None | | |
| | | | | |
| | | | | |
| | | | • | |
| Plea | ise summarize the above con | flict of interest in the | following box: | |
| Nan- | | | | |
| NOME | None. | | | |
| | | | | |
| | | | | |
| | Diagonal and "Y" 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: March. 13, 2023
Your Name: Xiaomin Peng

Manuscript Title: Fourteen cases of cerebral creatine deficiency syndrome in children: a cohort study in China

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 <u>current 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.

| | | 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) |
|---|---|--|---|
| | Tin | ne frame: Since the initial planning of tl | he 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. | | |
| | | Time frame: past 36 months | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| | | | 1 | | |
|------|--|------|---|--|--|
| _ | Downsont on house with face | None | | | |
| 5 | Payment or honoraria for lectures, presentations, | None | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or educational events | | | | |
| 6 | Payment for expert testimony | None | | | |
| | | | | | |
| 7 | Support for attending meetings and/or travel | None | | | |
| | | | | | |
| 8 | Patents planned, issued or | None | | | |
| 0 | pending | None | | | |
| | | | | | |
| 9 | Participation on a Data Safety Monitoring Board or | None | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role in other board, society, | None | | | |
| | committee or advocacy group, paid or unpaid | | | | |
| 11 | Stock or stock options | None | | | |
| | | | | | |
| 12 | Descint of aguinment | None | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | | | |
| | Withing, Bires of Other services | | | | |
| 13 | Other financial or non- financial interests | None | | | |
| | | | | | |
| Plea | Please summarize the above conflict of interest in the following box: | | | | |
| No | one. | | | | |
| | | | | | |
| | | | | | |
| Plea | 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: March. 13, 2023 Your Name: Yingyan Shi

Manuscript Title: Fourteen cases of cerebral creatine deficiency syndrome in children: a cohort study in China

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 <u>current 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.

| | | Name all entities with whom you | Specifications/Comments |
|---|---|--|--|
| | | have this relationship or indicate | (e.g., if payments were made to you or |
| | | none (add rows as needed) | to your institution) |
| | Tin | ne frame: Since the initial planning of tl | he 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. | | |
| | No time limit for this item. | Time from a west 20 months | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Time frame: past 36 months None | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or | None | | | |
|------|---|------|--|--|--|
| | educational events | | | | |
| 6 | Payment for expert testimony | None | | | |
| 7 | Support for attending meetings and/or travel | None | | | |
| | | | | | |
| 8 | Patents planned, issued or pending | None | | | |
| | | | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | | | |
| 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 | | | |
| | | | | | |
| Plea | Please summarize the above conflict of interest in the following box: | | | | |
| No | None. | | | | |
| Dloa | 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: March. 13, 2023 Your Name: Feifan Xiao

Manuscript Title: Fourteen cases of cerebral creatine deficiency syndrome in children: a cohort study in China

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 <u>current 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.

| | | 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) |
|---|-------------------------------|--|---|
| | Tin | ne frame: Since the initial planning of t | ne 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. | | |
| | | Time frame: past 36 months | |
| 2 | Grants or contracts from any | None | |
| | entity (if not indicated in | | |
| | item #1 above). | | |
| | | | |
| 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 | None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | None | |
| | | | |
| | | | |
| 8 | Patents planned, issued or pending | None | |
| | . 0 | | |
| | | | |
| 9 | Participation on a Data Safety Monitoring Board or | None | |
| | Advisory Board | | |
| | | | |
| 10 | Leadership or fiduciary role in other board, society, | None | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical writing, gifts or other services | | |
| | witting, girts of other services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
| | | | |
| | | | |
| Please summarize the above conflict of interest in the following box: | | | |
| · | | | |
| 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: March. 13, 2023
Your Name: Bingbing Wu

Manuscript Title: Fourteen cases of cerebral creatine deficiency syndrome in children: a cohort study in China

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 <u>current 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.

| | | Name all entities with whom you | Specifications/Comments |
|---|---|--|--|
| | | have this relationship or indicate | (e.g., if payments were made to you or |
| | | none (add rows as needed) | to your institution) |
| | Tin | ne frame: Since the initial planning of tl | he 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. | | |
| | No time minit for this item. | Time frame: past 36 months | |
| 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, speakers bureaus, | None | |
|---|--|------|--|
| | manuscript writing or educational events | | |
| 6 | Payment for expert testimony | None | |
| | | | |
| 7 | Support for attending meetings and/or travel | None | |
| | | | |
| 8 | Patents planned, issued or | None | |
| 0 | pending | None | |
| | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy | None | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| | writing, gires or other services | | |
| 13 | Other financial or non- financial interests | None | |
| | | | |
| Please summarize the above conflict of interest in the following box: | | | |
| 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: March. 13, 2023
Your Name: Wenhao Zhou

Manuscript Title: Fourteen cases of cerebral creatine deficiency syndrome in children: a cohort study in China

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 <u>current 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.

| | | 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) |
|---|-------------------------------|--|---|
| | Tin | ne frame: Since the initial planning of t | ne 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. | | |
| | | Time frame: past 36 months | |
| 2 | Grants or contracts from any | None | |
| | entity (if not indicated in | | |
| | item #1 above). | | |
| | | | |
| 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 | None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | None | |
| | | | |
| | | | |
| 8 | Patents planned, issued or pending | None | |
| | . 0 | | |
| | | | |
| 9 | Participation on a Data Safety Monitoring Board or | None | |
| | Advisory Board | | |
| | | | |
| 10 | Leadership or fiduciary role in other board, society, | None | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical writing, gifts or other services | | |
| | witting, girts of other services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
| | | | |
| | | | |
| Please summarize the above conflict of interest in the following box: | | | |
| · | | | |
| 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: March. 13, 2023

Your Name: Wei Lu (Corresponding Author)

Manuscript Title: Fourteen cases of cerebral creatine deficiency syndrome in children: a cohort study in China

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 <u>current 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.

| | | 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) |
|---|---|--|---|
| | Tin | ne frame: Since the initial planning of t | |
| 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. | | |
| | | Time frame: past 36 months | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |
| | | | |

| lectures, presentations, speakers bureaus, manuscript writing or educational events 5 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests | | | | |
|--|------|---|---------------------------------|-----------|
| manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | 5 | Payment or honoraria for lectures, presentations, | None | |
| educational events 6 | | • | | |
| A Payment for expert testimony | | | | |
| 7 Support for attending meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | 6 | Payment for expert | None | |
| meetings and/or travel 8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | | , | | |
| 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 To the financial or non-financial interests Please summarize the above conflict of interest in the following box: | 7 | | None | |
| pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | | | | |
| 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 To the financial or non-financial interests Please summarize the above conflict of interest in the following box: | 8 | Patents planned, issued or | None | |
| Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | | | | |
| Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | a | Participation on a Data | None | |
| 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options | 9 | Safety Monitoring Board or | None | |
| other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non- financial interests Please summarize the above conflict of interest in the following box: | | , | | |
| 11 Stock or stock options None Non | 10 | other board, society, | None | |
| 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests Please summarize the above conflict of interest in the following box: | | | | |
| materials, drugs, medical writing, gifts or other services 13 Other financial or non- financial interests Please summarize the above conflict of interest in the following box: | 11 | Stock or stock options | None | |
| materials, drugs, medical writing, gifts or other services 13 Other financial or non- financial interests Please summarize the above conflict of interest in the following box: | 12 | Descipt of aguinment | None | |
| 13 Other financial or non- financial interests None Please summarize the above conflict of interest in the following box: | 12 | materials, drugs, medical | None | |
| financial interests Please summarize the above conflict of interest in the following box: | | writing, girts or other services | | |
| | 13 | | None | |
| | | | | |
| None. | Plea | se summarize the above con | flict of interest in the follov | ving box: |
| None. | N | lono | | |
| | l N | one. | | |
| | | | | |
| | | | | |

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

form.