

ICMJE DISCLOSURE FORM

Date: 7/8/2023
 Your Name: Nur Mashitah binti Abdulah
 Manuscript Title: RYR2 RECEPTOR GENE MUTATION ASSOCIATED WITH CATHECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA IN CHILDREN : A CASE REPORT & LITERATURE REVIEWS
 Manuscript number (if known): _____

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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)
Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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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.

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Date: 7/8/2023

Your Name: Adli bin Ali

Manuscript Title: **RYR2 RECEPTOR GENE MUTATION ASSOCIATED WITH CATHECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA IN CHILDREN : A CASE REPORT & LITERATURE REVIEWS**

Manuscript number (if known): _____

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