

### ICMJE DISCLOSURE FORM

Date: Sep. 7<sup>th</sup>, 2021

Your Name: Xiaoli Zhang

Manuscript Title: Compound heterozygous pathogenic variants in the GALC gene cause infant-onset Krabbe disease

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.

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		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)
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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>	<u> X </u> None	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> 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	
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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 summarize the above conflict of interest in the following box:

None.

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Date: Sep. 7<sup>th</sup>, 2021  
 Your Name: Panpan Long  
 Manuscript Title: Compound heterozygous pathogenic variants in the GALC gene cause infant-onset Krabbe disease  
 Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date:      Sep. 7<sup>th</sup>, 2021     

Your Name:     Rui Han    

Manuscript Title:     Compound heterozygous pathogenic variants in the GALC gene cause infant-onset Krabbe disease    

Manuscript number (if known):     

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Date:      Sep. 7<sup>th</sup>, 2021     

Your Name:     Lihong Yan    

Manuscript Title:     Compound heterozygous pathogenic variants in the GALC gene cause infant-onset Krabbedisease    

Manuscript number (if known):     

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Your Name: Tianming Jia

Manuscript Title: Compound heterozygous pathogenic variants in the GALC gene cause infant-onset Krabbe disease

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