

## ICMJE DISCLOSURE FORM

Date: 03.01.2021

Your Name: JOLANTA WIERZBA

Manuscript Title: Relationship between growth and intelligence quotient in children with Down syndrome

Manuscript number (if known): ID: TP-21-424

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)
<b>Time frame: Since the initial planning of the work</b>			
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>	__X__ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

Jolanta Wierzba



5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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

None.

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.

*Jolanta Kienka*

## ICMJE DISCLOSURE FORM

Date: 03.01.2022

Your Name: PAULINA ANIKIEJ-WICZENBACH

Manuscript Title: Relationship between growth and intelligence quotient in children with Down syndrome

Manuscript number (if known): ID: TP-21-424

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4	Consulting fees	__X__ None	

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*Antkewicz - Wiczeubak*



## ICMJE DISCLOSURE FORM

Date: 05.01.2022

Your Name: Michal Zwiefka

Manuscript Title: Relationship between growth and intelligence quotient in children with Down syndrome

Manuscript number (if known): ID: TP-21-424

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

*Zwiefka*



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	
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*Zufke*



## ICMJE DISCLOSURE FORM

Date: 29.12.2021

Your Name: Arkadiusz Mański

Manuscript Title: Relationship between growth and intelligence quotient in children with Down syndrome

Manuscript number (if known): ID: TP-21-424

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Time frame: past 36 months			
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3	Royalties or licenses	X None	
4	Consulting fees	__X__ None	

Arkadiusz Mański



5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> X <input type="checkbox"/> None	
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11	Stock or stock options	<input type="checkbox"/> X <input type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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

None.

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.

*Arkadiusz  
Mański*



## ICMJE DISCLOSURE FORM

Date: 03.01.2021

Your Name: PRZEMYSŁAW KŁOSOWSKI

Manuscript Title: Relationship between growth and intelligence quotient in children with Down syndrome

Manuscript number (if known): ID: TP-21-424

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

*Kłowski Przemysław*



5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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

None.

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.

*K. Tosolli, Pizemsta*



## ICMJE DISCLOSURE FORM

Date:

Your Name: Maciej Jankowski

Manuscript Title: Relationship between growth and intelligence quotient in children with Down syndrome

Manuscript number (if known): ID: TP-21-424

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## ICMJE DISCLOSURE FORM

Date: 29 December 2021

Your Name: Kornelia Sařaga-Zaleska

Manuscript Title: Relationship between growth and intelligence quotient in children with Down syndrome

Manuscript number (if known): ID: TP-21-424

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

*Kornelia Sařaga - Zaleska*



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	
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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.

*Kornelia Sautter - Zolnerka*



## ICMJE DISCLOSURE FORM

Date: 3.01.2022

Your Name: AGNIESZKA ĆWIKLIŃSKA

Manuscript Title: Relationship between growth and intelligence quotient in children with Down syndrome

Manuscript number (if known): ID: TP-21-424

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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*Aguiemba Cinklisha*



## ICMJE DISCLOSURE FORM

Date: 29.12.2021

Your Name: Agnieszka Kuchta

Manuscript Title: Relationship between growth and intelligence quotient in children with Down syndrome

Manuscript number (if known): ID: TP-21-424

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*Agnesake Kubitse*



## ICMJE DISCLOSURE FORM

Date: 03.01.2021

Your Name: ANNA KŁOSOWSKA

Manuscript Title: Relationship between growth and intelligence quotient in children with Down syndrome

Manuscript number (if known): ID: TP-21-424

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*Anne Kłowska*



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Anna Kiosowska