Date:_____12/01/2021___

Your Name:____Yi Zhang___

Manuscript Title: _Study of novel NARS2 variants in patient of combined oxidative phosphorylation deficiency 24_ Manuscript number (if known):____ TP-21-570______

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1			
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	
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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	

I have no conflicts of interest to declare.

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

Date:_____12/01/2021___

Your Name:____Xiangyue Zhao___

Manuscript Title: _Study of novel NARS2 variants in patient of combined oxidative phosphorylation deficiency 24_ Manuscript number (if known):______ TP-21-570______

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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

Date:	2/01/2021	
Your Name:	Yufei Xu	
Manuscript [*]	tle: _Study of novel NARS2 variants in patient of combined oxidative phosphorylation deficiency 24	<u>ا_</u>
Manuscript	umber (if known): TP-21-570	

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13	Other financial or non- financial interests	None	

I have no conflicts of interest to declare.

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

Date:	_12/01/2021
Your Name:	Lina Chen
Manuscript	Title: _Study of novel NARS2 variants in patient of combined oxidative phosphorylation deficiency 24_
Manuscript	number (if known): TP-21-570

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

Date:	12/01/2021						-
Your Name:	Niu Li						
Manuscript [•]	Title: _Study of	f novel NARS2 vari	ants in patient	of combined of	oxidative phos	phorylation defic	iency 24_
Manuscript	number (if kno	wn):	_ TP-21-570				

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13	Other financial or non- financial interests	None	

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

Date:_____12/01/2021___

Your Name:_____ Ruen Yao _____

Manuscript Title: _Study of novel NARS2 variants in patient of combined oxidative phosphorylation deficiency 24_ Manuscript number (if known):______ TP-21-570______

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13	Other financial or non- financial interests	None	

I have no conflicts of interest to declare.

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

Date:_____12/01/2021___

Your Name:_____ Xiumin Wang ___

Manuscript Title: _Study of novel NARS2 variants in patient of combined oxidative phosphorylation deficiency 24_ Manuscript number (if known):______ TP-21-570______

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13	Other financial or non- financial interests	None	

I have no conflicts of interest to declare.

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

Date:_____12/01/2021___

Your Name:_____ Jian Wang _____

Manuscript Title: _Study of novel NARS2 variants in patient of combined oxidative phosphorylation deficiency 24_ Manuscript number (if known):_____ TP-21-570_____

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13	Other financial or non- financial interests	None	

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

Date:	12/01/2021
Your Name:	Tingting Yu
Manuscript [•]	Citle: _Study of novel NARS2 variants in patient of combined oxidative phosphorylation deficiency 24
Manuscript	number (if known): TP-21-570

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