| Date: <u>18.05.2022</u> | |
|-------------------------|--|
| Your Name: <u>Julia</u> | Nekrasova |
| Manuscript Title: | Two-Year Outcomes of Patients with Prolonged Disorders of Consciousness: a Prospective |
| Cohort Study in Russi | an Federation |
| Manuscript number (| if known): APM-22-403 |

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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| | | 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 |
| 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. | XNone | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | X None | | |
|-----|---|-----------------|--|--|
| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | XNone | | |
| | testimony | | | |
| 7 | Cumport for attending | V | | |
| 7 | Support for attending meetings and/or travel | _ X None | | |
| | meetings and/or travel | | | |
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| 8 | Patents planned, issued or | V None | | |
| U | pending | X None | | |
| | L 22,D | | | |
| 9 | Participation on a Data | X None | | |
| J | Safety Monitoring Board or | XNone | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | X None | | |
| | in other board, society, | | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | X None | | |
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| 42 | D | • | | |
| 12 | Receipt of equipment, | _ X None | | |
| | materials, drugs, medical writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | X None | | |
| | financial interests | | | |
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| Ple | Please summarize the above conflict of interest in the following box: | | | |
| | None. | | | |
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| Date: <u>18.05.20</u> 2 | 22 |
|-------------------------|--|
| Your Name: | Mikhail Kanarskii |
| Manuscript Title | e: <u>Two-Year Outcomes of Patients with Prolonged Disorders of Consciousness: a Prospective</u> |
| Cohort Study in | Russian Federation |
| Manuscript nun | nber (if known): APM-22-403 |

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| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | X None | | |
|-----|---|-----------------|--|--|
| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | XNone | | |
| | testimony | | | |
| 7 | Cumport for attending | V | | |
| 7 | Support for attending meetings and/or travel | _ X None | | |
| | meetings and/or travel | | | |
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| 8 | Patents planned, issued or | V None | | |
| U | pending | X None | | |
| | L 22,D | | | |
| 9 | Participation on a Data | X None | | |
| J | Safety Monitoring Board or | XNone | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | X None | | |
| | in other board, society, | | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | X None | | |
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| 42 | D | • | | |
| 12 | Receipt of equipment, | _ X None | | |
| | materials, drugs, medical writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | X None | | |
| | financial interests | | | |
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| Ple | Please summarize the above conflict of interest in the following box: | | | |
| | None. | | | |
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| Date: 18.05.2022 | |
|------------------------|--|
| Your Name: <u>Ilya</u> | Borisov |
| Manuscript Title: | Two-Year Outcomes of Patients with Prolonged Disorders of Consciousness: a Prospective |
| Cohort Study in Russ | an Federation |
| Manuscript number | if known): APM-22-403 |

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|---|---|--|---|
| 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: Since the initialXNone | planning of the work |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | X None | | |
|-----|---|-----------------|--|--|
| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | XNone | | |
| | testimony | | | |
| 7 | Cumport for attending | V | | |
| 7 | Support for attending meetings and/or travel | _ X None | | |
| | meetings and/or travel | | | |
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| 8 | Patents planned, issued or | V None | | |
| U | pending | X None | | |
| | L 22,D | | | |
| 9 | Participation on a Data | X None | | |
| J | Safety Monitoring Board or | XNone | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | X None | | |
| | in other board, society, | | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | X None | | |
| | | | | |
| 42 | D | • | | |
| 12 | Receipt of equipment, | _ X None | | |
| | materials, drugs, medical writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | X None | | |
| | financial interests | | | |
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| Ple | Please summarize the above conflict of interest in the following box: | | | |
| | None. | | | |
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| Date: <u>18.05.202</u> | 2 |
|------------------------|--|
| Your Name: | Pranil Pradhan |
| Manuscript Title | : Two-Year Outcomes of Patients with Prolonged Disorders of Consciousness: a Prospective |
| Cohort Study in | Russian Federation |
| Manuscript num | ber (if known): APM-22-403 |

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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| | | 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 |
| 1 | All support for the present | X None | |
| | manuscript (e.g., funding, provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | X None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | X None | |
| | | | |
| | | | |
| 4 | Consulting fees | X None | |
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| 5 | Payment or honoraria for | X None | | |
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| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | • | | |
| 6 | Payment for expert | XNone | | |
| | testimony | | | |
| 7 | Cumport for attending | V | | |
| 7 | Support for attending meetings and/or travel | _ X None | | |
| | meetings and/or travel | | | |
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| 8 | Patents planned, issued or | V None | | |
| U | pending | X None | | |
| | L 22,D | | | |
| 9 | Participation on a Data | X None | | |
| J | Safety Monitoring Board or | XNone | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | X None | | |
| | in other board, society, | | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | X None | | |
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| 42 | D | • | | |
| 12 | Receipt of equipment, | _ X None | | |
| | materials, drugs, medical writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | X None | | |
| | financial interests | | | |
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| Ple | Please summarize the above conflict of interest in the following box: | | | |
| | None. | | | |
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| Date: <u>18.05.2022</u> | | | | |
|-------------------------|--|--|--|--|
| Your Name: | Stanislav Roshka | | | |
| Manuscript Titl | : Two-Year Outcomes of Patients with Prolonged Disorders of Consciousness: a Prospective | | | |
| Cohort Study in | Russian Federation | | | |
| Manuscript nur | ber (if known): APM-22-403 | | | |

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| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | X None | | |
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| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
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| 8 | Patents planned, issued or | V None | | |
| U | pending | X None | | |
| | L 22,D | | | |
| 9 | Participation on a Data | X None | | |
| J | Safety Monitoring Board or | XNone | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | X None | | |
| | in other board, society, | | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | X None | | |
| | | | | |
| 42 | D | • | | |
| 12 | Receipt of equipment, | _ X None | | |
| | materials, drugs, medical writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | X None | | |
| | financial interests | | | |
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| Ple | Please summarize the above conflict of interest in the following box: | | | |
| | None. | | | |
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| Date: <u>18.05.2022</u> | | | |
|-------------------------|--|--|--|
| Your Name: | avid Musatov | | |
| Manuscript Title: | Two-Year Outcomes of Patients with Prolonged Disorders of Consciousness: a Prospective | | |
| Cohort Study in R | ussian Federation | | |
| Manuscript numb | er (if known): APM-22-403 | | |

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| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | X None | | |
|-----|---|-----------------|--|--|
| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
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| 6 | Payment for expert | XNone | | |
| | testimony | | | |
| 7 | Cumport for attending | V | | |
| 7 | Support for attending meetings and/or travel | _ X None | | |
| | meetings and/or travel | | | |
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| 8 | Patents planned, issued or | V None | | |
| U | pending | X None | | |
| | L 22,D | | | |
| 9 | Participation on a Data | X None | | |
| J | Safety Monitoring Board or | XNone | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | X None | | |
| | in other board, society, | | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | X None | | |
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| 42 | D | • | | |
| 12 | Receipt of equipment, | _ X None | | |
| | materials, drugs, medical writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | X None | | |
| | financial interests | | | |
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| Ple | Please summarize the above conflict of interest in the following box: | | | |
| | None. | | | |
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| Date: 18.05.2022 | |
|------------------------------|--|
| Your Name: <u>Ivan</u> | Redkin |
| Manuscript Title: | Two-Year Outcomes of Patients with Prolonged Disorders of Consciousness: a Prospective |
| Cohort Study in Russi | an Federation |
| Manuscript number (| f known): APM-22-403 |

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|-----|---|-----------------|--|--|
| | lectures, presentations, | | | |
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| | | | | |
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| | L 22,D | | | |
| 9 | Participation on a Data | X None | | |
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| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | X None | | |
| | in other board, society, | | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | X None | | |
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| 42 | D | • | | |
| 12 | Receipt of equipment, | _ X None | | |
| | materials, drugs, medical writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | X None | | |
| | financial interests | | | |
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| Ple | Please summarize the above conflict of interest in the following box: | | | |
| | None. | | | |
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| Date: 18.05.2022 | |
|------------------------|--|
| Your Name: <u>Mari</u> | na V. Petrova |
| Manuscript Title: | Two-Year Outcomes of Patients with Prolonged Disorders of Consciousness: a Prospective |
| Cohort Study in Russi | an Federation |
| Manuscript number (| f known): APM-22-403 |

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| 5 | Payment or honoraria for | X None | | |
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| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
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| 6 | Payment for expert | XNone | | |
| | testimony | | | |
| 7 | Cumport for attending | V | | |
| 7 | Support for attending meetings and/or travel | _ X None | | |
| | meetings and/or travel | | | |
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| 8 | Patents planned, issued or | V None | | |
| U | pending | X None | | |
| | L 22,D | | | |
| 9 | Participation on a Data | X None | | |
| J | Safety Monitoring Board or | XNone | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | X None | | |
| | in other board, society, | | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | X None | | |
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| 42 | D | • | | |
| 12 | Receipt of equipment, | _ X None | | |
| | materials, drugs, medical writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | X None | | |
| | financial interests | | | |
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| Ple | Please summarize the above conflict of interest in the following box: | | | |
| | None. | | | |
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