

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Patel 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fii Dilip	rst Name)	2. Surname ((Last Name)	3. Date 30-November-2018
4. Are you the cor	responding author?	✓ Yes [No	
5. Manuscript Title Intellectual disab	e oility: definitions, evalua	ation and prir	nciples of treatment	
6. Manuscript Ider	ntifying Number (if you kn	ow it)		
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Section 3.	Relevant financial	activities ou	utside the submitted work.	
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Section 4.				
Section 4.	Intellectual Proper	ty Patent	s & Copyrights	
Do you have any	patents, whether plan	ned, pending	or issued, broadly relevant to the	e work? Yes 🗸 No

Patel 2



Section 5.	
Section 5.	Relationships not covered above
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Apple 1



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1. Given Name (First Name) Roger	2. Surname (Last Name) Apple	3. Date 30-November-2018
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Dilip Patel
5. Manuscript Title Intellectual disability: definitions, evalu	uation and principles of trea	atment
6. Manuscript Identifying Number (if you k	now it)	
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Section 2. The Work Under O	Consideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
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Do you have any patents, whether plan		

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Kanungo 1



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5. Manuscript Title Intellectual disak		ation and principles of trea	atment	
6. Manuscript Ider PM-18-45	ntifying Number (if you kr	now it)		
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Akkal 1



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