

ICMJE DISCLOSURE FORM

Date: July 27, 2021
 Your Name: Cristal I. Hernandez Hernandez
 Manuscript Title: Multiple *de novo* gene variants in a progeroid phenotype case report: Haploinsufficiency mechanisms
 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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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)
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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

ICMJE DISCLOSURE FORM

Date: July 27, 2021

Your Name: José R. Pascual López

Manuscript Title: Multiple *de novo* gene variations in a progeroid phenotype case report: Haploinsufficiency mechanisms

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: July 27, 2021
 Your Name: Simon Carlo
 Manuscript Title: Multiple *de novo* gene variants in a progeroid phenotype case report: Haploinsufficiency mechanisms
 Manuscript number (if known): _____

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Date: July 27, 2021
 Your Name: Frances Velez Bartolomei
 Manuscript Title: Multiple *de novo* gene variants in a progeroid phenotype case report: Haploinsufficiency mechanisms
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Date: July 27, 2021

Your Name: Edwin Rodriguez

Manuscript Title: Multiple *de novo* gene variations in a progeroid phenotype case report: Haploinsufficiency mechanisms

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Date: July 27, 2021

Your Name: Alberto Santiago Cornier

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	Gaucher Disease and Hunter syndrome disease awareness lectures
		Takeda pharmaceuticals	
6	Payment for expert testimony	_X___ None	
7	Support for attending meetings and/or travel	_X___ None	
8	Patents planned, issued or pending	_X___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	Advisory Board for Takeda Pharmaceuticals meeting 09/2020
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X___ None	
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