

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

Identifying information.

1. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome.

Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

4.

Definitions.

5.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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LiThe patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
alessandro

2. Surname (Last Name)
ambrosi

3. Date
04/24/2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Giovanni Peretto

5. Manuscript Title
Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy

6. Manuscript Identifying Number (if you know it)
M18-2768

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time**

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 5. Relationships not covered above

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Dr. ambrosi has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Andrea

2. Surname (Last Name)
Barison

3. Date
22-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Giovanni Peretto

5. Manuscript Title
Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Barison has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---|---|
| 1. Given Name (First Name) Sara | 2. Surname (Last Name) Benedetti | 3. Date 24-April-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Giovanni Peretto |
| 5. Manuscript Title Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy | | |
| 6. Manuscript Identifying Number (if you know it) M18-2768 | | |

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Benedetti has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---|--------------------------------------|
| 1. Given Name (First Name) Enrico | 2. Surname (Last Name) Bertini | 3. Date 30-April-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name _____ |
| 5. Manuscript Title Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy | _____ | |
| 6. Manuscript Identifying Number (if you know it) | _____ | |

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Bertini has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Paolo

2. Surname (Last Name)
Bonomo

3. Date
23-April-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
"Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy"
"Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy"

6. Manuscript Identifying Number (if you know it)
M18- 2768

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Francesca 2. Surname (Last Name) Brun 3. Date 31.08.1977

4. Are you the corresponding author? Yes X No

5. Manuscript Title
Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy

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Are there any relevant conflicts of interest? Yes X No

ADD

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes X No



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Chiara | 2. Surname (Last Name) Calore | 3. Date 07-August-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Giovanni Peretto |
| 5. Manuscript Title Cardiac and Neuromuscular Features of Patients with LMNA-related Cardiomyopathy | | |
| 6. Manuscript Identifying Number (if you know it) M18-2768 | | |

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Calore has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---|--------------------------------------|
| 1. Given Name (First Name) Nicola | 2. Surname (Last Name) Carboni | 3. Date 21-April-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name _____ |
| 5. Manuscript Title "Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy" | _____ | |
| 6. Manuscript Identifying Number (if you know it) M18-2768 | _____ | |

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---|--|
| 1. Given Name (First Name) Giacomo | 2. Surname (Last Name) Comi | 3. Date 24-April-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Giovanni Perretto |
| 5. Manuscript Title Cardiological and neurological characterization of patients with LMNA related cardiomyopathy | | |
| 6. Manuscript Identifying Number (if you know it) M18-2768 | | |

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

ADELE

2. Surname (Last Name)

D'AMICO

3. Date

02-May-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

"Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy"

6. Manuscript Identifying Number (if you know it)

18-2768

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Are there any relevant conflicts of interest?

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Dr. D'AMICO has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---|--|
| 1. Given Name (First Name) Paolo | 2. Surname (Last Name) Della Bella | 3. Date 26-April-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Perettp |
| 5. Manuscript Title Cardiological.... in patients with Laminopathy | | |
| 6. Manuscript Identifying Number (if you know it) | | |

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Dr. Della Bella has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Chiara

2. Surname (Last Name)
Di Resta

3. Date
22-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Giovanni Peretto

5. Manuscript Title
Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy

6. Manuscript Identifying Number (if you know it)
M18-2768

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Di Resta has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
MICHELE

2. Surname (Last Name)
EMDIN

3. Date
23-April-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
GIOVANNI PERETTO

5. Manuscript Title
"Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy"

6. Manuscript Identifying Number (if you know it)
M18-2768

Section 2. The Work Under Consideration for Publication

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Dr. EMDIN has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
stefano

2. Surname (Last Name)
favale

3. Date
23-April-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy"

6. Manuscript Identifying Number (if you know it)
M18-2768

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Maurizio

2. Surname (Last Name)

Ferrari

3. Date

23-April-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Peretto Giovanni

5. Manuscript Title

Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy

6. Manuscript Identifying Number (if you know it)

M18-2768

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Dr. Ferrari has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) CINZIA 2. Surname (Last Name) FORLEO 3. Date 24/04/2019
4. Are you the corresponding author? Yes No
5. Manuscript Title
CARDIOLOGICAL AND NEUROLOGICAL CHARACTERIZATION OF PATIENTS WITH
LINA-RELATED CARDIOMYOPATHY.
6. Manuscript Identifying Number (if you know it)
M18-2768

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---|---|
| 1. Given Name (First Name) LORENZO | 2. Surname (Last Name) GIGLI | 3. Date 23-April-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name GIOVANNI PERETTO |
| 5. Manuscript Title Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy | | |
| 6. Manuscript Identifying Number (if you know it) M18-2768 | | |

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. GIGLI has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Pier Giorgio

2. Surname (Last Name)
Golzio

3. Date
23-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Giovanni Peretto

5. Manuscript Title
Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy

6. Manuscript Identifying Number (if you know it)
M18-2768

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Francesco

2. Surname (Last Name)
Isola

3. Date
09-September-1953

4. Are you the corresponding author? Yes No

5. Manuscript Title
Cardiac and Neuromuscular Features of Patients with LMNA-related Cardiomyopathy

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---|---|
| 1. Given Name (First Name) Giuseppe | 2. Surname (Last Name) Limongelli | 3. Date 22-April-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Giovanni Peretto |
| 5. Manuscript Title Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy | | |
| 6. Manuscript Identifying Number (if you know it) M18-2768 | | |

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lorenzo

2. Surname (Last Name) Maggi

3. Date 23-April-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name _____

5. Manuscript Title
Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|--------------------------|--------------------------|--------------------------|-------------------------------------|---|
| Sanofi-Genzyme | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Lorenzo Maggi received funds for travel and congress participation. |
| Biogen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Lorenzo Maggi received funds for travel and congress participation. |

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Maggi reports other from Sanofi-Genzyme, other from Biogen, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Francesca | 2. Surname (Last Name) Magri | 3. Date 20-July-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Giovanni Peretto |
| 5. Manuscript Title Cardiac and Neuromuscular Features of Patients with LMNA-related Cardiomyopathy | | |
| 6. Manuscript Identifying Number (if you know it) | | |

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

2. Surname (Last Name)

3. Date

4. Are you the corresponding author?

Yes

No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?

Yes

No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?

Yes

No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes

No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---|--|
| 1. Given Name (First Name) Tiziana Enrica | 2. Surname (Last Name) Mongini | 3. Date 30-April-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name G Peretto |
| 5. Manuscript Title Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy | | |
| 6. Manuscript Identifying Number (if you know it) M18-2768 | | |

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Mongini has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

GERARDO

2. Surname (Last Name)

NIGRO

3. Date

30-July-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

GIOVANNI PERRETTO

5. Manuscript Title

Cardiac and Neuromuscular Features of Patients with LMNA-related Cardiomyopathy"

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Alberto

2. Surname (Last Name)

PALLADINO

3. Date

03-May-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. PALLADINO has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Elena

2. Surname (Last Name)
Pegoraro

3. Date
24-April-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Giovanni Peretto

5. Manuscript Title
Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy

6. Manuscript Identifying Number (if you know it)
M18-2768

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|----------|
| Santhera Pharmaceuticals | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Sarepta | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Roche | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| PTC Pharmaceuticals | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Genzyme | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Pegoraro reports grants and non-financial support from Santhera Pharmaceuticals, personal fees from Sarepta, personal fees from Roche, personal fees from PTC Pharmaceuticals, non-financial support from Genzyme, outside the submitted work; .

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Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Francesca | 2. Surname (Last Name) Magri | 3. Date 20-July-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Giovanni Peretto |
| 5. Manuscript Title Cardiac and Neuromuscular Features of Patients with LMNA-related Cardiomyopathy | | |
| 6. Manuscript Identifying Number (if you know it) | | |

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Magri has nothing to disclose.

Evaluation and Feedback

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---|---|
| 1. Given Name (First Name) Jacopo | 2. Surname (Last Name) Perversi | 3. Date 15-February-1977 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Giovanni Peretto |
| 5. Manuscript Title Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy | | |
| 6. Manuscript Identifying Number (if you know it) M18-2768 | | |

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Perversi has nothing to disclose.

Evaluation and Feedback

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Luisa

2. Surname (Last Name)
POLITANO

3. Date
23-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Gvanni Peretto

5. Manuscript Title
Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. POLITANO has nothing to disclose.

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Other: Anything not covered under the previous three boxes

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---|---|
| 1. Given Name (First Name) Stefano | 2. Surname (Last Name) Previtali | 3. Date 22-April-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Giovanni Peretto |
| 5. Manuscript Title Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy | | |
| 6. Manuscript Identifying Number (if you know it) | | |

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|---------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|----------|
| SAREPTA EUROPEAN BOARD 2018 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| ITALIAN MINISTRY OF HEALTH | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| ITALIAN TELETHON FOUNDATION | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| ITALIAN MULTIPLE SCLEROSIS FOUNDATION | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Prevital reports personal fees from SAREPTA EUROPEAN BOARD 2018, grants from ITALIAN MINISTRY OF HEALTH, grants from ITALIAN TELETHON FOUNDATION, grants from ITALIAN MULTIPLE SCLEROSIS FOUNDATION, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---|---|
| 1. Given Name (First Name) Nicoletta | 2. Surname (Last Name) Resta | 3. Date 23-April-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Giovanni Peretto |
| 5. Manuscript Title Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy | | |
| 6. Manuscript Identifying Number (if you know it) M18-2768 | | |

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Resta has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---|---|
| 1. Given Name (First Name) Giulia | 2. Surname (Last Name) Ricci | 3. Date 23-April-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Giovanni Peretto |
| 5. Manuscript Title Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy | | |
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Are there any relevant conflicts of interest? Yes No

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Dr. Ricci has nothing to disclose.

Evaluation and Feedback

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---|-----------------------------|
| 1. Given Name (First Name) Carmelo | 2. Surname (Last Name) Rodolico | 3. Date 22-April-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name |
| 5. Manuscript Title Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy | | |
| 6. Manuscript Identifying Number (if you know it) M18-2768 | | |

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Rodolico has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---|---|
| 1. Given Name (First Name) Lucia | 2. Surname (Last Name) Ruggiero | 3. Date 23-April-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Giovanni Peretto |
| 5. Manuscript Title Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy | | |
| 6. Manuscript Identifying Number (if you know it) M18-2768 | | |

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Ruggiero has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
simone

2. Surname (Last Name)
sala

3. Date
24-April-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Lucio

2. Surname (Last Name)

Santoro

3. Date

06-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Giovanni Peretto

5. Manuscript Title

Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy

6. Manuscript Identifying Number (if you know it)

M18-2768

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NOTHING

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Claudio 2. Surname (Last Name) Semplicini 3. Date 23-April-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
Dr Peretto

5. Manuscript Title
Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|--------------------------|-------------------------------------|--------------------------|--------------------------|---------------------------------------|
| Sanofi Genzyme | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Honoraria for scientific consultation |

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Semplicini reports personal fees from Sanofi Genzyme, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Gabriele

2. Surname (Last Name)
Siciliano

3. Date
23-April-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

5. Manuscript Title

Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy

6. Manuscript Identifying Number (if you know it)

M18-2768

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

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Dr. Siciliano has nothing to disclose.

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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.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Gianfranco

2. Surname (Last Name)

Sinagra

3. Date

22-April-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Giovanni Peretto

5. Manuscript Title

Cardiological and neurological characterization of patients with LMNA-related cardiomyopathy

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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