

ICMJE DISCLOSURE FORM

Date: August 16, 2023

Your Name: Vratislav Smolka

Manuscript Title: Aminoacylase 1 deficiency: a study on three affected siblings

Manuscript number (if known): ACR-23-46

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. | None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| | | | |
| 3 | Royalties or licenses | None | |
| | | | |
| 4 | Consulting fees | None | |
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|----|--|----------|--|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ___ None | |
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| 6 | Payment for expert testimony | ___ None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | ___ None | |
| | | | |
| | | | |
| 8 | Patents planned, issued or pending | ___ None | |
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| | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ___ None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ___ None | |
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| 11 | Stock or stock options | ___ None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___ None | |
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| | | | |
| 13 | Other financial or non-financial interests | ___ None | |
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Please summarize the above conflict of interest in the following box:

No conflict of interest.

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: August 16, 2023

Your Name: David Friedecky

Manuscript Title: Aminoacylase 1 deficiency: a study on three affected siblings

Manuscript number (if known): ACR-23-46

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|---|--|--|---|
| 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. | Czech Health Research Council AZV CR [NU20-08-00367] | Institutional funding |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <u> </u> None | |
| | | | |
| 3 | Royalties or licenses | <u> </u> None | |
| | | | |
| 4 | Consulting fees | <u> </u> None | |

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

Please summarize the above conflict of interest in the following box:

The author reports that he obtained institutional funding by Czech Health Research Council AZV CR [NU20-08-00367].

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: August 16, 2023

Your Name: Jana Kolarova

Manuscript Title: Aminoacylase 1 deficiency: a study on three affected siblings

Manuscript number (if known): ACR-23-46

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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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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: August 16, 2023

Your Name: Oksana Tkacik

Manuscript Title: Aminoacylase 1 deficiency: a study on three affected siblings

Manuscript number (if known): ACR-23-46

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ICMJE DISCLOSURE FORM

Date: August 16, 2023

Your Name: Hana Foltenova

Manuscript Title: Aminoacylase 1 deficiency: a study on three affected siblings

Manuscript number (if known): ACR-23-46

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ICMJE DISCLOSURE FORM

Date: August 16, 2023

Your Name: Vojtech Bekarek

Manuscript Title: Aminoacylase 1 deficiency: a study on three affected siblings

Manuscript number (if known): ACR-23-46

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ICMJE DISCLOSURE FORM

Date: August 16, 2023

Your Name: Petr Vrtel

Manuscript Title: Aminoacylase 1 deficiency: a study on three affected siblings

Manuscript number (if known): ACR-23-46

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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___ None | |
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ICMJE DISCLOSURE FORM

Date: August 16, 2023

Your Name: Josef Srovnal

Manuscript Title: Aminoacylase 1 deficiency: a study on three affected siblings

Manuscript number (if known): ACR-23-46

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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. | Ministry of Education, Youth and Sport of the Czech Republic [NCMG - LM2023067, EATRIS-CZ – LM2018133] | Institutional funding |
| | | Palacky University Olomouc [LF 2023_006] | Institutional funding |
| | | | |
| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ____ None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ___ None | |
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| | | | |
| 11 | Stock or stock options | Intellmed, s.r.o. | Co-founder of spin-off company. No company products were used in the study. |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ___ None | |
| | | | |
| | | | |
| 13 | Other financial or non-financial interests | Cancer Research Czech Republic Foundation | JS is co-founder of the foundation and obtained no fundings for this work and manuscript from the foundation. |
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Please summarize the above conflict of interest in the following box:

The author reports that he obtained institutional funding by Ministry of Education, Youth and Sport of the Czech Republic [NCMG - LM2023067, EATRIS-CZ – LM2018133] and Palacky University Olomouc [LF 2023_006]. I am co-founders of spin-off company Intellmed, Ltd., and Cancer Research Czech Republic Foundation.

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.