Date:	3/11/2024
Your Name:	Peter Ott
Manuscript Title:	Non-ceruloplasmin copper and urinary copper in clinically stable Wilson Disease: Alignment with recommended targets and values in healthy persons
Manuscript Number (if known):	JHEPR-D-23-01117

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 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.

		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	□ None	
	manuscript (e.g., funding, provision of study materials,	The Memorial Foundation of Manufacturer Vilhelm Pedersen & Wife	Unconditional resaerch grant to Dept of Hepatology and Gastroenterology, Aarhus University Hospital
a c N	medical writing, article processing charges, etc.) No time limit for this item.	Orphalan	Provided the data Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from	□ None	
	any entity (if not indicated in item #1 above).	Orphalan	Unconditional research grant to Dept of Hepatology and Gastroenterology, Aarhus University Hospital
	1		

		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)
3	Royalties or licenses	None	
4	Consulting fees	✓ None Orphalan	January 2023
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	The Memorial Foundation of Manufacturer Vilhelm Pedersen & Wife	EASL 2023, AASLD 2023
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	MAXBRAIN Vivex Ultragenyx	Safety Surveillance Safety Surveillance Safety Surveillance

		ne all entities with whom you have tionship or indicate none (add row	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	3/19/2024	
Your Name:	Thomas Damgaard Sandahl	
Manuscript Title:	Non-ceruloplasmin copper and urinary copper in clinically stable Wilson Disease: Alignment with recommended targets and values in healthy persons	
Manuscript Number (if known):	JHEPR-D-23-01117	

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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.

		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	
2	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 Time frame: past 36 months None	Click the tab key to add additional rows.
2	contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

		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)
4	Consulting fees	Arbormed, Vivet, Alexion	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Orphalan	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None Orphalan	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None Vivet	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		ame all entities with whom you have this elationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments we made to you or to your institution)	ere
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	3/24/2024
Your Name:	AFTAB ALA
Manuscript Title:	Non-ceruloplasmin copper and urinary copper in clinically stable Wilson Disease: Alignment with recommended targets and values in healthy persons
Manuscript Number (if known):	JHEPR-D-23-01117

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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.

		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	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	Click the tab key to add additional rows.
		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None UKRI, MRC, NIHR Alexion, Orphalan, Univar, Vivet, Ultragenyx	Institution
	,		

		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)
3	Royalties or licenses	None None	
4	Consulting fees	Arbomed Alexion	Payment made to me Payment made to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Orphalan	Payment made to me
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Orphalan, Univar, Arbomed	Payment made to me
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Orphalan, Alexion, Univar, Vivet, Ultragenex	Payment made to me

		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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	British Association for the Study of the Liver Chair of special Interest Group in Rare Liver Disease and Wilson's Disease Member of the Wilson's Disease Support Group-UK Wilson Disease Association Medical Advisory Committee	Unpaid Unpaid Unpaid
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		
[-]			

Date:	Click or tap to enter a date. AS PAR 2029		
Your Name:	Click or tap here to enter text. DAVID CASSINAN		
Manuscript Title: Non-ceruloplasmin copper and urinary copper in clinically stable Wilso Alignment with recommended targets and values in healthy persons			
Manuscript Number (if known):	JHEPR-D-23-01117		

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 plannin	g 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.	ORPHALAN	Cloud of the post of the state
		Time frame: past 36 mont	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	SANOTE TAKEIA CHIESI ARICUS	toh
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	SAME AS ABOVE	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None SHOC	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea		t to the following statement to indicate your agreeme answered every question and have not altered the wor	13 MAR 2024

Date:	Click or tap to enter a date.
Your Name:	Eduardo COUCHONNAL BEDOYA
Manuscript Title:	Non-ceruloplasmin copper and urinary copper in clinically stable Wilson Disease: Alignment with recommended targets and values in healthy persons
Manuscript Number (if known):	JHEPR-D-23-01117

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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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	ns .
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

		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)
4	Consulting fees	ORPHALAN UNIVAR ALEXION VIVET	Payment to my institution
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	ORPHALAN	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None ORPHALAN UNIVAR	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		ame all entities with whom you have this elationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments we made to you or to your institution)	ere
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	3/11/2024	
Your Name:	Rubens Gisber Cury	
Manuscript Title:	Non-ceruloplasmin copper and urinary copper in clinically stable Wilson Disease: Alignment with recommended targets and values in healthy persons	
Manuscript Number (if known):	JHEPR-D-23-01117	

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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	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.	The paper is a secondary analysis of data collected during the Chelate trial (NCT03539952) and the sponsor of this trial (Orphalan, ASA France) generously provided these data. I don't have personal support related to this paper.	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None	
3	Royalties or licenses	None None	

			fications/Comments (e.g., if payments were e to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		ame all entities with whom you have this lationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments we made to you or to your institution)	re
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	3/13/2024
Your Name:	Anna Czlonkowska
Manuscript Title:	Non-ceruloplasmin copper and urinary copper in clinically stable Wilson Disease: Alignment with recommended targets and values in healthy persons
Manuscript Number (if known):	JHEPR-D-23-01117

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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.

		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	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 GMP -Orphan Time frame: past 36 months	CHELATE study, PI in this study (institutional and personal payment) Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	Alexion Pharaceutica Studies (institutional and personal payment)PHRI	Clinical
3	Royalties or licenses	None None	

		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)
4	Consulting fees	□ None	
		Wilson Theraoethics Alexion PharmaceuticalsVIVET Therapeutics Univar	Persona; payment
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	EVER Pharma	Lectures honoraria (personal)
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Mone GMPO Orphan Aarhus Univesity Angels Instiative	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None Honorary President of Polish Neurological Society	

		me all entities with whom you have this ationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payment made to you or to your institution)	ts were
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	-	the following statement to indicate your agreement: wered every question and have not altered the wording of any of the questions on this form.	

Date:	3/12/2024
Your Name:	Gerald Denk
Manuscript Title:	Non-ceruloplasmin copper and urinary copper in clinically stable Wilson Disease:
	Alignment with recommended targets and values in healthy persons
Manuscript Number (if known):	JHEPR-D-23-01117

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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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		Time frame: Since the initial planning of	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	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	Univar, Orphalan, Alexion (Advisory Board)	Advisory Board
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Orphalan	Lecture fees
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	-	e following statement to indicate your agreeme ered every question and have not altered the wo	

Click or tap to enter a date. Renata D'Inca Click or tap here to enter a date. March 20th 2024 Non-ceruloplasmin copper and univary copper in clinically stable Wilson Disease: Alignment with recommended targets and values in healthy persons JHEPR-D-23-01117 The interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the enterest of transparency. We ask you to disclose all relationships/activities/interests listed below that are related to the enterest of transparency and does not necessarily rected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily rected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the demiclogy of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if the redication is not mentioned in the manuscript. The manuscript without time limit. For all other items, the time leaf of disclosure is the past 36 months. Name all entities with whom you have this relationship or indicate none (add rows as needed) None Name all entities with whom you have this relationship or indicate none (add rows as needed) None None None None Time frame: Since the initial planning of the work None Time frame: past 36 months Time frame: past 36 months None		
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Click or tap to enter a date. Renata D'Inca Click or tap here to enter text. March 20th 2024 Non-ceruloplasmin copper and urinary copper in clinically stable Wilson Disease: Alignment with recommended targets and values in healthy persons IHEPR-D-23-01117 HEPR-D-23-01117 HEPR-D-23-01111 HEPR-D-23-01117 HEPR-D-23-01117 HEPR-D-23-01117 HEPR-D-23-01117 H	Date:	ICMJE DISCLOSURE FORM
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Alignment with recommended targets and values in healthy persons anuscript Number (if known): INEPR-0-23-01117 the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the nettent of your manuscript. Teclated* means any relation with for-profit or not-for-profit third parties whose interests may be exceeded by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily increase all parties are not of the manuscript. It is preferable that you do so. It is a relationship/activity/interests, it is preferable that you do so. It is a relationship/activity/interest, it is preferable that you do so. It is a relationship activity formers, it is preferable that you do so. It is a relationship activity formers, it is preferable that you do so. It is a relationship activity formers, it is preferable that you do so. It is a relationship activity formers, it is preferable that you do so. It is a relationship activity formers, it is preferable that you do so. It is a relationship activity formers, it is preferable that you do so. It is not mentioned in the manuscript is relationships with manufacturers of antihypertensive medication, even if it medication is not mentioned in the manuscript without time limit. For all other items, the time relationship or indicate none (add rows as needed) Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Sinco the initial planning of the work None None Time frame: past 36 months None		Click or tap here to enter text. March 20th 2024
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licate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. a author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the demiclogy of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if medication is not mentioned in the manuscript. Em #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time are for disclosure is the past 36 months. Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial planning of the work None Time frame: Since the initial planning of the work None Time frame: past 36 months Time frame: past 36 months Time frame: past 36 months None		(If known): JHEPR-D-23-01117
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Mare all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial planning of the work None Time frame: past 36 months	medication is not	mentioned in the manuscript.
Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial planning of the work All support for he present nanuscript (e.g., unding, crovision of tudy materials, nedical writing, ricicle roccessing narges, etc.) o time limit for is item. Time frame: past 36 months Time frame: past 36 months None None None None None None None	tem #1 below, repor	rt all support for the work reported in this
Time frame: Since the initial planning of the work All support for he present manuscript (e.g., unding, rovision of tudy materials, redical writing, ricicle rocessing harges, etc.) oo time limit for is item. Time frame: past 36 months Time frame: past 36 months Ovaluates from may entity (if not indicated in erm #1 above). None None None None	me for disclosure is	the past 36 months.
Time frame: Since the initial planning of the work All support for he present manuscript (e.g., unding, rovision of tudy materials, redical writing, ricicle rocessing harges, etc.) oo time limit for is item. Time frame: past 36 months Time frame: past 36 months Ovaluates from may entity (if not indicated in erm #1 above). None None None None		
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None		made to you or to your institution)
nanuscript (e.g., provision of tudy materials, hedical writing, tricle roccessing harges, etc.) of time limit for its item. Time frame: past 36 months Frants or contracts from any entity (if not indicated in em #1 above). None None None None None	All support for	None
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redical writing, rocessing harges, etc.) o time limit for is item. Time frame: past 36 months Sarants or contracts from any entity (if not indicated in em #1 above). Royalties or zenses None None None	provision of study materials.	Glick tole lab key to add sentences
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Time frame: past 36 months Time frame: past 36 months Sarants or contracts from any entity (if not indicated in em #1 above). Toyalties or zenses None None None	article processing	
Time frame: past 36 months Grants or contracts from may entity (if not indicated in em #1 above). Doyalties or censes None None None None	harges, etc.)	
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,	Grants or contracts from any entity (if any entity	None
	Grants or contracts from any entity (if not indicated in lem #1 above).	None None
	Grants or contracts from any entity (if not indicated in term #1 above). Royalties or censes	None None None
A	Grants or contracts from any entity (if not indicated in term #1 above). Royalties or censes	None None None
1) 6	Grants or contracts from inny entity (if ot indicated in em #1 above).	None None None

5	Payment or	⊠ None
	honoraria for lectures,	TOTIE
	presentations,	
	speakers	
	bureaus, manuscript	
	writing or	
	educational events	
6		
0	Payment for expert	None Non
	testimony	
270		
7	Support for attending	∠ None
	meetings	
	and/or travel	
- 1		
8	Patents	✓ None
	planned, issued or	
	pending	
9	Participation on	None
	a Data Safety Monitoring	
	Board or	
	Advisory Board	
10	Leadership or	✓ None
	Leadership or fiduciary role in	
	other board, society,	
	committee or	
	advocacy	
	group, paid or unpaid	
		None
11	Stock or stock options	Ø None

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	✓ None	

Dhies

			ICMJE DISCLOSU	JRE FOR	M
Date	e:				13th 2024
/ou	r Name:		Click or tap here to enter text.	Francis	sco de Assiss Gondim
Mar	nuscript Title:		Non-ceruloplasmin copper an Alignment with recommended	d urinary o	copper in clinically stable Wilson Disease: and values in healthy persons
Mar	nuscript Number (if k	nown):	JHEPR-D-23-01117		
The epic	tent of your manuscr cted by the content of cate a bias. If you are author's relationship demiology of hyperte t medication is not m	ipt. "Rel of the ma e in doub os/activit ension, you entioned	lated" means any relation with for- participt. Disclosure represents a co bit about whether to list a relationsh ties/interests should be defined bro ou should declare all relationships with the manuscript.	profit or not commitmen nip/activity/ padly. For e with manufa	s/interests listed below that are related to the t-for-profit third parties whose interests may be it to transparency and does not necessarily finterest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if without time limit. For all other items, the time
		Name :	all entities with whom you have the	is s needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		1200	Time frame: Since the initia	CONTRACTOR OF THE PARTY OF THE	of the work
1	All support for the	[32]	None	19.3	
1	present				
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2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	[20]	Time frame: pa	ıst 36 monti	Click the tab key to add adolnor a russo
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not			sst 36 month	cher the cab key to add adolbonal russ.
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	[20]		tst 36 montl	Click the tub key to add additional rows.
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not			sst 36 month	Click the tab key to add adobon at time.
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2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).		None	ast 36 month	Click the Lub key to add address at rows.
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	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).		None	sst 36 month	Click the tab key to add addrsor at time.
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	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).		None	3/2021	

		Name all entities with whom you have this relationship or indicate none (add	
4	Consulting fees	relationship or indicate none (add rows as needed) None	Specifications/Comments (e.g., if payments we made to you or to your institution)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
.0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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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
1	Stock or stock options	None	made to you or to your institution)
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

Francish Gonoin, no pho

3/12/2024

Date:	3/19/2024
Your Name:	Dr Joanna Moore
Manuscript Title:	Non-ceruloplasmin copper and urinary copper in clinically stable Wilson Disease: Alignment with recommended targets and values in healthy persons
Manuscript Number (if known):	JHEPR-D-23-01117

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 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.

		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 o	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	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

		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)
4	Consulting fees	□ None Orphalan Alexion	Made to me. Not continuing Made to me. Not continuing
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	MAIL trial DMC representative	Not related to this paper
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/12/2024
Your Name:	POUJOIS Aurélia
Manuscript Title:	Non-ceruloplasmin copper and urinary copper in clinically stable Wilson Disease: Alignment with recommended targets and values in healthy persons
Manuscript Number (if known):	JHEPR-D-23-01117

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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.

		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 o	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 None	Click the tab key to add additional rows.
		Time frame: past 36 months	3
2	Grants or contracts from any entity (if not indicated in item #1 above).	Alexion Orphalan Addmedica	institution institution Institution
3	Royalties or licenses	None None □	

		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)
4	Consulting fees	None	_
		Univar Orphalan	To me To me
		Alexion	To me
5	Payment or honoraria for	□ None	
	lectures, presentations,	Univar Alexion	To me
	speakers	Orphalan	To me
	bureaus, manuscript writing or educational events		
6	Payment for expert testimony	⊠ None	
7	Support for attending	□ None	
	meetings and/or travel	Alexion	
	travei	Orphalan Univar	
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data Safety	□ None	
	Monitoring Board or	Alexion	To me
	Advisory Board	Univar Orphalan	To me
10	Leadership or	None	
	fiduciary role in		
	other board, society,		
	committee or		
	advocacy group, paid or unpaid		

		me all entities with whom you have this ationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments we made to you or to your institution)	ere	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/20/2024	
Your Name:	Karl Heinz Weiss	
Manuscript Title:	Non-ceruloplasmin copper and urinary copper in clinically stable Wilson Disease: Alignment with recommended targets and values in healthy persons	
Manuscript Number (if known):	JHEPR-D-23-01117	

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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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 o	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.		Study grant to institution Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	None	

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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)
4	Consulting fees	□ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Orphalan, Alexion, Falk, Abbvie, Medscape	personal
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Orphalan, Alexion, Univar, Ultragenyx, Vivet therapeutics, Pfizer, Bayer, Roche	personal
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	3/19/2024
Your Name:	CARLOS ALEXANDRE TWARDOWSCHY
Manuscript Title:	Non-ceruloplasmin copper and urinary copper in clinically stable Wilson Disease: Alignment with recommended targets and values in healthy persons
Manuscript Number (if known):	JHEPR-D-23-01117

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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.

		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.	Paper revision Study patient enrollment	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	⊠ None	

	7	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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	3 a a a a a a a a a a a a a a a a a a a
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	3/19/2024
Your Name:	C.Omar F Kamlin
Manuscript Title:	Non-ceruloplasmin copper and urinary copper in clinically stable Wilson Disease: Alignment with recommended targets and values in healthy persons
Manuscript Number (if known):	JHEPR-D-23-01117

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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 o	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 None	Click the tab key to add additional rows.
		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

		ame all entities with whom you have this Specifications/Comments (e.g., if payments were elationship or indicate none (add rows as needed) made to you or to your institution)	
4	Consulting fees	None ————————————————————————————————————	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None		
13	Other financial or non-financial interests	□ None Employee of Orphalan SA		
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/11/2024
Your Name:	Michael L Schilsky MD
Manuscript Title:	Non-ceruloplasmin copper and urinary copper in clinically stable Wilson Disease: Alignment with recommended targets and values in healthy persons
Manuscript Number (if known):	JHEPR-D-23-01117

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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 o	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	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Wilson Disease Association Vivet Therapeutics	Orphalan Alexion
3	Royalties or licenses	Up To Date	Medscape

		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)
4	Consulting fees	□ None Arbomed	DepYmed
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Arbomed	DepYmed
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Chair, Medical Advisory Committee, Wilson Disease Association	

		me all entities with whom you have this ationship or indicate none (add rows as needed) Specifications/Comments (e.g., if paym made to you or to your institution)	nents were
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/27/2024
Your Name:	Massimo Zuin
Manuscript Title:	Non-ceruloplasmin copper and urinary copper in clinically stable Wilson Disease: Alignment with recommended targets and values in healthy persons
Manuscript Number (if known):	JHEPR-D-23-01117

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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.

		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 o	of the work
	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. Grants or contracts from any entity (if not indicated in item #1 above).	None Time frame: past 36 months None None	Click the tab key to add additional rows.
3	Royalties or licenses	None None	

		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)
4	Consulting fees	Orphalan	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Orphalan	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Orphalan	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Orphalan Alexion	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None	

		me all entities with whom you have this ationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments we made to you or to your institution)	ere
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			