

ICMJE DISCLOSURE FORM

Date: 6/12/2024

Your Name: Juliana Acosta-Uribe

Manuscript Title: Primary Lateral Sclerosis Associated with PSEN1 Pro284Leu Variant in a Colombian Family: Clinical and Neuropathological Features

Manuscript Number (if known): ADJ-D-24-00603R1

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.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 6/14/2014

Your Name: Andrés Villegas Lanau

Manuscript Title: Primary Lateral Sclerosis Associated with PSEN1 Pro284Leu Variant in a Colombian Family: Clinical and Neuropathological Features

Manuscript Number (if known): ADJ-D-24-00603R1

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Date: 6/14/2014

Your Name: Dionis Vallejo

Manuscript Title: Primary Lateral Sclerosis Associated with PSEN1 Pro284Leu Variant in a Colombian Family: Clinical and Neuropathological Features

Manuscript Number (if known): ADJ-D-24-00603R1

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Date: 6/15/2014

Your Name: Laura Ramirez Aguilar

Manuscript Title: Primary Lateral Sclerosis Associated with PSEN1 Pro284Leu Variant in a Colombian Family: Clinical and Neuropathological Features

Manuscript Number (if known): ADJ-D-24-00603R1

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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.

ICMJE DISCLOSURE FORM

Date: 6/14/2014

Your Name: Juan Marcos Solano

Manuscript Title: Primary Lateral Sclerosis Associated with PSEN1 Pro284Leu Variant in a Colombian Family: Clinical and Neuropathological Features

Manuscript Number (if known): ADJ-D-24-00603R1

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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ICMJE DISCLOSURE FORM

Date: 6/17/2014

Your Name: Bárbara Mejía-Cupajita

Manuscript Title: Primary Lateral Sclerosis Associated with PSEN1 Pro284Leu Variant in a Colombian Family: Clinical and Neuropathological Features

Manuscript Number (if known): ADJ-D-24-00603R1

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ICMJE DISCLOSURE FORM

Date: 6/14/2014

Your Name: David Aguillon

Manuscript Title: Primary Lateral Sclerosis Associated with PSEN1 Pro284Leu Variant in a Colombian Family: Clinical and Neuropathological Features

Manuscript Number (if known): ADJ-D-24-00603R1

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ICMJE DISCLOSURE FORM

Date: 6/14/2014

Your Name: Sonia Moreno

Manuscript Title: Primary Lateral Sclerosis Associated with PSEN1 Pro284Leu Variant in a Colombian Family: Clinical and Neuropathological Features

Manuscript Number (if known): ADJ-D-24-00603R1

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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.

ICMJE DISCLOSURE FORM

Date: 6/14/2014

Your Name: LUIS GUILLERMO MÉNDEZ

Manuscript Title: Primary Lateral Sclerosis Associated with PSEN1 Pro284Leu Variant in a Colombian Family: Clinical and Neuropathological Features

Manuscript Number (if known): ADJ-D-24-00603R1

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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ICMJE DISCLOSURE FORM

Date: 6/14/2014

Your Name: Ana Baena

Manuscript Title: Primary Lateral Sclerosis Associated with PSEN1 Pro284Leu Variant in a Colombian Family: Clinical and Neuropathological Features

Manuscript Number (if known): ADJ-D-24-00603R1

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ICMJE DISCLOSURE FORM

Date: 6/17/2014

Your Name: Lucia Madrigal

Manuscript Title: Primary Lateral Sclerosis Associated with PSEN1 Pro284Leu Variant in a Colombian Family: Clinical and Neuropathological Features

Manuscript Number (if known): ADJ-D-24-00603R1

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ICMJE DISCLOSURE FORM

Date: 6/14/2014

Your Name: Yamile Bocanegra

Manuscript Title: Primary Lateral Sclerosis Associated with PSEN1 Pro284Leu Variant in a Colombian Family: Clinical and Neuropathological Features

Manuscript Number (if known): ADJ-D-24-00603R1

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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.

ICMJE DISCLOSURE FORM

Date: 6/17/2014

Your Name: Yakeel Tatiana Quiroz

Manuscript Title: Primary Lateral Sclerosis Associated with PSEN1 Pro284Leu Variant in a Colombian Family: Clinical and Neuropathological Features

Manuscript Number (if known): ADJ-D-24-00603R1

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.

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

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ICMJE DISCLOSURE FORM

Date: 6/17/2014

Your Name: Gloria Garcia

Manuscript Title: Primary Lateral Sclerosis Associated with PSEN1 Pro284Leu Variant in a Colombian Family: Clinical and Neuropathological Features

Manuscript Number (if known): ADJ-D-24-00603R1

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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ICMJE DISCLOSURE FORM

Date: 6/14/2014

Your Name: Daniel Vasquez

Manuscript Title: Primary Lateral Sclerosis Associated with PSEN1 Pro284Leu Variant in a Colombian Family: Clinical and Neuropathological Features

Manuscript Number (if known): ADJ-D-24-00603R1

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ICMJE DISCLOSURE FORM

Date: 6/17/2014

Your Name: Andres Arbelaez

Manuscript Title: Primary Lateral Sclerosis Associated with PSEN1 Pro284Leu Variant in a Colombian Family: Clinical and Neuropathological Features

Manuscript Number (if known): ADJ-D-24-00603R1

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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: 6/14/2014

Your Name: Francisco Lopera

Manuscript Title: Primary Lateral Sclerosis Associated with PSEN1 Pro284Leu Variant in a Colombian Family: Clinical and Neuropathological Features

Manuscript Number (if known): ADJ-D-24-00603R1

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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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

CLICMJE DISCLOSURE FORM

Date: 6/17/2014

Your Name: Thomas G. Beach

Manuscript Title: Primary Lateral Sclerosis Associated with PSEN1 Pro284Leu Variant in a Colombian Family: Clinical and Neuropathological Features

Manuscript Number (if known): ADJ-D-24-00603R1

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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ICMJE DISCLOSURE FORM

Date: 6/17/2014

Your Name: Kenneth Stephen Kosik

Manuscript Title: Primary Lateral Sclerosis Associated with PSEN1 Pro284Leu Variant in a Colombian Family: Clinical and Neuropathological Features

Manuscript Number (if known): ADJ-D-24-00603R1

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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		ADRx	
		Expansion Therapeutics	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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CLICMJE DISCLOSURE FORM

Date: 6/14/2014

Your Name: Charles L. White, III, M.D.

Manuscript Title: Primary Lateral Sclerosis Associated with PSEN1 Pro284Leu Variant in a Colombian Family: Clinical and Neuropathological Features

Manuscript Number (if known): ADJ-D-24-00603R1

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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: 6/14/2014

Your Name: Margarita Giraldo

Manuscript Title: Primary Lateral Sclerosis Associated with PSEN1 Pro284Leu Variant in a Colombian Family: Clinical and Neuropathological Features

Manuscript Number (if known): ADJ-D-24-00603R1

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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