

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Inform	nation	
1. Given Name (First Name) Fernando	2. Surname (Last Name) Scaglia	3. Effective Date (07-August-2008) 20-11-2012
4. Are you the corresponding author?	Yes No	
5. Manuscript Title Mitochondrial DNA	depletion syndromes: vev	iew and updates of genetic basis,
6. Manuscript Identifying Number (if you k	nowith manifestations on	nd there peotic options

Section 2. The Work Under Consideration for Publication

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

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	X					Х
					7 Mark 1809 193 24 19 19 19 19 19 19 19 1	ADD
2. Consulting fee or honorarium	X				Michigan Changaigh and a second a second and	. X
						ADD
 Support for travel to meetings for the study or other purposes 	X					×
INTERPOLICATION CONTRACTOR CONTRA	E SIN MAN		errendustrialist.	, p. j., . j.,		ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end	Ж					×
point committees, and the like			in i den be		A A A A A A A A A A A A A A A A A A A	Total Barrier
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ADD
5. Payment for writing or reviewing the manuscript	X					×
CONTRACTOR OF THE STREET OF TH			eriniciiiiiiihiikkeisen+44.WSF			ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	X					108 10 X 10 10 X 10

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The Work Under Consideration for Publication								
	Type	No	Money Paid to You l	Your nstitution*		Comments**		
		S. S					ADD X ADD	

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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You		Entity	Comments		
1. Board membership	X					×	
2. Consultancy						ADC X ADC	
3. Employment						A Z A DI	
4. Expert testimony						X ADI	
5. Grants/grants pending	X			A. A		X ADI	
6. Payment for lectures including service on speakers bureaus	Ø					×	
7. Payment for manuscript preparation	X					ADI X	

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



ICMJE Form for Disclosure of Potential Conflicts of Interest

Relevant financial activities ou	tside the subm	nitted work			
Type of Relationship (in alphabetical order)	Mone No Paid (You	to Your	Entity	Comments	
A STATE OF THE STA					ADD
8. Patents (planned, pending or issued)					X
		AND LAKE OF CONTROL OF THE PROPERTY OF THE PRO			ADD
9. Royalties	\square				X
					ADD
10. Payment for development of educational presentations	$oxed{eta}$			W - 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	X
					ADD
11. Stock/stock options	\square		an Indiana		X
					ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	X =				×
And the same of th	2(17:2(17:42))(17))(17)	644 000 000 000 000 000 000 000 000 000	and the last		ADD
13. Other (err on the side of full disclosure)	X 🗆				X
* This means money that your institution ** For example, if you report a consultar	n received for your acy above there is 1	r efforts. no need to report travel	related to that consult	ancy on this line.	ADD
Section 4. Other relations	hips				
Are there other relationships or action potentially influencing, what you with the potential of the potentia			ave influenced, or the	at give the appearance o	f
No other relationships/condition	ns/circumstances	s that present a poten	itial conflict of intere	st	
Yes, the following relationships/					
			,		
At the time of manuscript acceptant On occasion, journals may ask author					tements.
Hide All T	able Rows Chec	ked 'No'	SAVE		