

## CONSORT checklist of items to include when reporting a randomized trial

Section and Topic	Item #	Descriptor	Reported on Page #
<b>Title and Abstract</b>	1	How participants were allocated to interventions (eg "random allocation," "randomized" or "randomly assigned")	1, 4
<b>Introduction</b>			
Background	2	Scientific background and explanation of rationale	6-7
<b>Methods</b>			
Participants	3	Eligibility criteria for participants and the settings and locations where the data were collected	18-19
Interventions	4	Precise details of the interventions intended for each group and how and when they were actually administered	19
Objectives	5	Specific objectives and hypotheses	7
Outcomes	6	Clearly defined primary and secondary outcome measures and, when applicable, any methods used to enhance the quality of measurements (eg multiple observations, training of assessors)	19-21
Sample Size	7	How sample size was determined and, when applicable, explanation of any interim analyses and stopping rules	NA
Randomization			
Sequence generation	8	Method used to generate the random allocation sequence, including details of any restriction (eg blocking, stratification)	NA
Allocation concealment	9	Method used to implement the random allocation sequence (eg numbered containers or central telephone), clarifying whether the sequence was concealed until interventions were assigned	NA
Implementation	10	Who generated the allocation sequence, who enrolled the participants, and who assigned participants to their groups	NA
Blinding (masking)	11	Whether or not participants, those administering the interventions, and those assessing the outcomes were blinded to group assignment. If done, how the success of blinding was evaluated	Not provided
Statistical methods	12	Statistical methods used to compare groups for primary outcome(s); methods for additional analyses, such as subgroup analyses and adjusted analyses	21-22
<b>Results</b>			
Participant flow	13	Flow or participants through each stage (a diagram is strongly recommended). Specifically, for each group report the numbers of participants randomly assigned, receiving intended treatment, completing the study protocol, and analyzed for the primary outcome. Describe protocol deviations from study as planned, together with reasons	Figure 1
Recruitment	14	Dates defining the periods of recruitment and follow-up	18-19
Baseline data	15	Baseline demographic and clinical characteristics of each group	Table 1
Numbers analyzed	16	Number of participants (denominator) in each group included in each analysis and whether the analysis was by "intention-to-treat." State the results in absolute numbers when feasible (eg, 10/20, not 50%)	Figure 1
Outcomes and estimation	17	For each primary and secondary outcome, a summary of results for each group, and the estimated effect size and its precision (eg 95% confidence interval)	8-14, Figures 2-6, Supplemental eResults
Ancillary analyses	18	Address multiplicity by reporting any other analyses performed, including subgroup analyses and adjusted analyses, indicating those prespecified and those exploratory	NA
Adverse events	19	All important adverse events or side effects in each intervention group	13-14, Table 2
<b>Discussion</b>			
Interpretation	20	Interpretation of the results, taking into account study hypotheses, sources or potential bias or imprecision, and the dangers associated with multiplicity of analyses and outcomes	15-17
Generalizability	21	Generalizability (external validity) of the trial findings	17
Overall evidence	22	General interpretation of the results in the context of current evidence	17

## 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. 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.

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#### 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)  
Michael P.

2. Surname (Last Name)  
Whyte

3. Date  
08-October-2015

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Asfotase Alfa Therapy for Children with Hypophosphatasia

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Alexion Pharmaceuticals, Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research grants and study drug

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

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Dr. Whyte reports grants and non-financial support from Alexion Pharmaceuticals, Inc., during the conduct of the study; honoraria and travel support from Alexion Pharmaceuticals, Inc., outside the submitted work; .

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### Section 1. Identifying Information

1. Given Name (First Name)  
Katherine L.

2. Surname (Last Name)  
Madson

3. Date  
08-October-2015

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Michael P. Whyte

5. Manuscript Title  
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Dawn	2. Surname (Last Name) Phillips	3. Date 27-August-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael P. Whyte
5. Manuscript Title Asfotase Alfa Therapy for Children with Hypophosphatasia		
6. Manuscript Identifying Number (if you know it)		

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Alexion Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Served as consultant

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Dr. Phillips reports consulting fees as a consultant to Alexion Pharmaceuticals, Inc., during the conduct of the study; consulting fees as a consultant to Alexion Pharmaceuticals, Inc., outside the submitted work.

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### Section 1. Identifying Information

1. Given Name (First Name) Amy L.      2. Surname (Last Name) Reeves      3. Date 27-August-2015

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Michael P. Whyte

5. Manuscript Title  
Asfotase Alfa Therapy for Children with Hypophosphatasia

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Shriners Hospitals for Children has received research grants from Alexion Pharmaceuticals, Inc., to support Ms. Reeves for the submitted work.

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

#### 5. 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.

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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) William H.	2. Surname (Last Name) McAlister	3. Date 27-August-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael P. Whyte
5. Manuscript Title Asfotase Alfa Therapy for Children with Hypophosphatasia		
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.

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

## 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):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### 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. McAlister has nothing to disclose.

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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) Amy	2. Surname (Last Name) Yakimoski	3. Date 27-August-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael P. Whyte
5. Manuscript Title Asfotase Alfa Therapy for Children with Hypophosphatasia		
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

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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.

Ms. Yakimoski has nothing to disclose.

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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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  
 Karen E. Mack 27-August-2015

4. Are you the corresponding author?  Yes  No Corresponding Author's Name  
Michael P. Whyte

5. Manuscript Title  
 Asfotase Alfa Therapy for Children with Hypophosphatasia

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Alexion Pharmaceuticals, Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### Section 6. Disclosure Statement

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

Shriners Hospitals for Children has received research grants from Alexion Pharmaceuticals, Inc., to support Ms. Mack for the submitted work.

### Evaluation and Feedback

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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) \_\_\_\_\_  
Kimberly

2. Surname (Last Name) \_\_\_\_\_  
Hamilton

3. Date \_\_\_\_\_  
27-August-2015

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name \_\_\_\_\_  
Michael P. Whyte

5. Manuscript Title \_\_\_\_\_  
Asfotase Alfa Therapy for Children with Hypophosphatasia

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Alexion Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Received honorarium from Alexion

### 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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### 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.

Ms. Hamilton reports receiving honorarium and travel support from Alexion Pharmaceuticals, Inc., outside the submitted work.

### 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)

Kori

2. Surname (Last Name)

Kagan

3. Date

27-August-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Michael P. Whyte

5. Manuscript Title

Asfotase Alfa Therapy for Children with Hypophosphatasia

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

### 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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Dr. Kagan 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) Kenji	2. Surname (Last Name) Fujita	3. Date 19-October-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael P. Whyte
5. Manuscript Title Asfotase Alfa Therapy for Children with Hypophosphatasia		
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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Alexion Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Received compensation and has stock options as employee of Alexion Pharmaceuticals, Inc.

### 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

If yes, please fill out the appropriate information below.

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Alexion Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Received compensation and has stock options as employee of Alexion Pharmaceuticals, Inc.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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

### 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. Fujita reports receiving compensation and having stock options as an employee of Alexion Pharmaceuticals, Inc., during the conduct of the study; and receiving compensation and having stock options as an employee of Alexion Pharmaceuticals, Inc., outside the submitted work.

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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#### 4. Intellectual Property.

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

#### 5. 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.

#### Definitions.

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**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

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**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)  
David

2. Surname (Last Name)  
Thompson

3. Date  
27-August-2015

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Michael P. Whyte

5. Manuscript Title  
Asfotase Alfa Therapy for Children with Hypophosphatasia

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Alexion Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Received compensation and has stock options as employee of Alexion Pharmaceuticals, Inc.

### 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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Alexion Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Received compensation and has stock options as employee of Alexion Pharmaceuticals, Inc.

## 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

### Section 5. Relationships not covered above

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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. Thompson reports receiving compensation and having stock options as an employee of Alexion Pharmaceuticals, Inc., during the conduct of the study; and receiving compensation and having stock options as an employee of Alexion Pharmaceuticals, Inc., outside the submitted work.

### Evaluation and Feedback

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#### 3. Relevant financial activities outside the submitted work.

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#### 4. Intellectual Property.

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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)  
Scott

2. Surname (Last Name)  
Moseley

3. Date  
27-August-2015

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Michael P. Whyte

5. Manuscript Title  
Asfotase Alfa Therapy for Children with Hypophosphatasia

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Alexion Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Received compensation as an employee of Alexion Pharmaceuticals, Inc.

### Section 3. Relevant financial activities outside the submitted work.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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

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### Section 6. Disclosure Statement

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Mr. Moseley reports receiving compensation as an employee of Alexion Pharmaceuticals, Inc., during the conduct of the study; and receiving compensation as an employee of Alexion Pharmaceuticals, Inc., outside the submitted work.

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#### 4. Intellectual Property.

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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)  
Tatjana

2. Surname (Last Name)  
Odrljic

3. Date  
27-August-2015

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Michael P. Whyte

5. Manuscript Title  
Asfotase Alfa Therapy for Children with Hypophosphatasia

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Alexion Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Received compensation as an employee of Alexion Pharmaceuticals, Inc.
Alexion Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has patent pending with Alexion Pharmaceuticals, Inc. for asfotase alfa

### Section 3. Relevant financial activities outside the submitted work.

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Alexion Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Received compensation as an employee of Alexion Pharmaceuticals, Inc.

### Section 4. Intellectual Property -- Patents & Copyrights

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

### 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. Odrliin reports receiving compensation as an employee of Alexion Pharmaceuticals, Inc. and has a patent pending with Alexion for asfotase alfa, both during the conduct of the study; and receiving compensation as an employee of Alexion Pharmaceuticals, Inc., outside the submitted work.

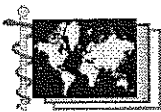


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#### 3. Relevant financial activities outside the submitted work.

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

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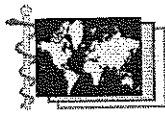
**Other:** Anything not covered under the previous three boxes

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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)  
Cheryl R.

2. Surname (Last Name)  
Greenberg

3. Date  
27-August-2015

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Michael P. Whyte

5. Manuscript Title  
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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Alexion Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Study investigator for Alexion Pharmaceuticals, Inc.

### Section 3. Relevant financial activities outside the submitted work.

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Alexion Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Received honoraria and travel support from Alexion Pharmaceuticals, Inc.



## 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

### Section 5. Relationships not covered above

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Dr. Greenberg reports personal fees as Study Investigator from Alexion Pharmaceuticals, Inc., during the conduct of the study; and receiving honoraria and travel support from Alexion Pharmaceuticals, Inc., outside the submitted work.

*Approved*

*Cheryl Rokman Greenberg  
Sept 3/2015*

### Evaluation and Feedback

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