Date:2021-10-09
Your Name: (ann A
Manuscript Title: Phenotype and molecular characterizations of a family with dentinogenesis imperfecta
shields type II with a novel DSPP mutation
Manuscript number (if known):

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)
	T	ime frame: Since the initia	I 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	
		Time frame: past	26
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	30 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	A PERSONAL TRANSPORT	
	lectures, presentations, speakers bureaus, manuscript writing or educational events			
6	Payment for expert testimony	None	1 9 A 17	
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		7 (12) 2 (1) 1 (1
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None		, 1
11	Stock or stock options	None		1 150
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	None		
	services			
13	Other financial or non- financial interests	None		(m = 10)
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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.

Date: 2021-10-9 ,	
Your Name: Li [#0	
Manuscript Title: Phenotype and molecular characterizations of a family with dentinogenesis imperfecta shields type	<u>.</u> 11
with a novel DSPP mutation	
Manuscript number (if known):	

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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	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
	Time frame: Since the initia	al planning 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.	None	
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Grants or contracts from		t 36 months
any entity (if not indicated in item #1 above).	None	
Royalties or licenses	None	
Consulting fees	None	100 m
	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 (add rows as needed) Time frame: Since the initial None Mone None None None None Notime limit for this item. Time frame: pas Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses None

5	Payment or honoraria for	None	
3	lectures, presentations,	None	
	speakers bureaus,		4 4 2 4 2 4 2 4 2
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	* * * * * * * * * * * * * * * * * * *
	Incertings unity of video		THE RESERVE OF THE COMME
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
9	Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy group, paid or unpaid		7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
11	Stock or stock options	None	
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	_		49
12	Receipt of equipment,	None	
	materials, drugs, medical	8 II 5	
	writing, gifts or other services		- The second sec
13	Other financial or non-	None	
	financial interests		

None	
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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.

Date: 2021-10-9
Your Name: Yi Liu Manuscript Title: Phenotype and molecular characterizations of a family with dentinogenesis imperfecta shields type II
with a novel DSPP mutation
Manuscript number (if known):

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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		Time frame: Since the initi	al 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	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	3 A A A A A A A A A A A A A A A A A A A
3	Royalties or licenses	None	The Control of the Co
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		Control Control Control
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	V CONTRACTOR NO.
			and the state of t
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	Top 2 or 1
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
L2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	A Principle of the Control of the Co
L3	Other financial or non- financial interests	None	The state of the s

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none

Please place an "X" next to the following statement to indicate your agreement:

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

Date:	<u>2021-10-9</u>	0	
Your Na	ame: (hun yan	fang sie imperfecte shiel	de type II
Manus	cript Title:Phenotype ar	nd molecular characterizations of a family with dentinogenesis imperfecta shiel	us type II
	novel DSPP mutation		
Manus	cript number (if known	1):	

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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1	All support for the present manuscript (e.g., funding, provision of study materials,	None	
	medical writing, article processing charges, etc.) No time limit for this item.		
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		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	2 o months
3	Royalties or licenses	None	
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4	Consulting fees	None	the state of the second of the

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
5	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	The second secon
	4		
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	
11	Stock or stock options	None	Property (Physical Property Control Physical Phy
.2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
L3	Other financial or non- financial interests	None	

None			

Please place an "X" next to the following statement to indicate your agreement:

 \underline{X} I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: <u>2021-10-9</u> Your Name: ၂ Ku
Manuscript Title: Phenotype and molecular characterizations of a family with dentinogenesis imperfecta shields type
with a novel DSPP mutation
Manuscript number (if known):

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		Time frame: pas	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	montais
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events	1.82 1 V. B. 1	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	· Some Calca process
	and the same of th	Services, of the paper of	
. 6		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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	None	
11	group, paid or unpaid Stock or stock options	None	
	Stock of stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other services		5 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -
13	Other financial or non-	None	
	financial interests	HE STATE OF WAREAU	

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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.

Your Name: Liweb Lheng
Manuscript Title: Phenotype and molecular characterizations of a family with dentinogenesis imperfect a shields type II
with a novel DSPP mutation
Manuscript number (if known):

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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 initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	None	
	medical writing, article processing charges, etc.)	***	5
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	1 SO MOREAS
3	Royalties or licenses	None	1 - 34
4	Consulting fees	None	for the second

5		None		
	lectures, presentations, speakers bureaus, manuscript writing or educational events	8		
6	Payment for expert testimony	None		
7	Support for attending meetings and/or travel	None		We will be a second
	a			
3	Patents planned, issued or pending	None		
	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		
	Stock or stock options	None		
1	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
	Other financial or non- inancial interests	None	1 1100	

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Please place an "X" next to the following statement to indicate your agreement:

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

ate: 2021-10-9
our Name: Wei Jimy
lanuscript Title:Phenotype and molecular characterizations of a family with dentinogenesis imperfecta shields type II
ith a novel DSPP mutation
lanuscript number (if known):

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		Time frame: Since the initi	al 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	
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	And the second
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
Ĭ	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	
11	Stock or stock options	None	
2	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services	100	
L3	Other financial or non- financial interests	None	
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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.

Date: 2021-10-9
Your Name: Xiao Xup Ma
Manuscript Title: Phenotype and molecular characterizations of a family with dentinogenesis imperfecta shields type II
with a novel DSPP mutation
Manuscript number (if known):

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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 initi	al planning of the work
All support for the present manuscript (e.g., funding, provision of study materials	None	
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processing charges, etc.)	-A-CO TON	- 1
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	Time frame: pas	st 36 months
Grants or contracts from any entity (if not indicated in item #1 above).	None	
Royalties or licenses	None	destruction of the
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Consulting fees	None	
	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). Royalties or licenses	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi 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. Time frame: particle processing charges, etc.) No time limit for this item.

5	Payment or honoraria for	None			
	lectures, presentations, speakers bureaus, manuscript writing or educational events				
6	Payment for expert testimony	None			
7	Support for attending meetings and/or travel	None		J. 30	iso i
			the second second	172.0	
8	Patents planned, issued or pending	None			
9	Participation on a Data Safety Monitoring Board or Advisory Board	None			e de la companya de l
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None A Lagrage	E. E. S.		
11	Stock or stock options	None		à e	
.2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	132.1		
L3	Other financial or non- financial interests	None		The state of the s	

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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.

Date: 2	<u>2021-10-9</u>
Your Nar	ne: Jing Yu
Manuscr	ne: <u>Ung TM</u> ipt Title: <u>Phenotype and molecular characterizations of a family with dentinogenesis imperfecta shields type II</u>
with a no	ovel DSPP mutation
Manuscr	ipt number (if known):

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	CANADA GARAGO
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,	19,1	Carlot As Comment Comment
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
			a making to a part of
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	1
	Safety Monitoring Board or Advisory Board		A SAME THE STATE OF THE SAME O
10	Leadership or fiduciary role	None	100 100 100 100 100 100
	in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	10 (No. 10 Aug. 10 Aug
		and the second of	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services	A STANDARD I	A real ways and
13	Other financial or non-	None	7 P
	financial interests		S. Mariera and S. Mar

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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.

Date: 2021-10-9	
Your Name: Shacha Wang	
Manuscript Title: Phenotype and molecular characterizations of a family with dentinogenesis imperfecta shield	
With a novel but F matation	is type II
Manuscript number (if known):	

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		Time frame: pas	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	- TOTAL STATE OF THE STATE OF T
3	Royalties or licenses	None	
4	Consulting fees	None	

5		None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		5
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
)	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	
1	Stock or stock options	None	
	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
	Other financial or non- financial interests	None	

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	None			

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Date: 2021-10-09
Your Name: Xx origin /m
Manuscript Title: Phenotype and molecular characterizations of a family with dentinogenesis imperfecta
shields type II with a novel DSPP mutation
Manuscript number (if known):

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events	y 0 "	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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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	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non- financial interests	None	

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Date: 2	2021-10-9	V
Your Nan		lany
Manuscri	ipt Title:Phenotyp	pe and molecular characterizations of a family with dentinogenesis imperfecta shields type II
with a no	vel DSPP mutation	n
Manuscri	ipt number (if kno	own):

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