Date:	12/6/2021
Your Name:	I-Wen Song
Manuscript Title:	Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta
Manuscript Number (if known):	152571-JCI-CMED-RV-3

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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		e all entities with whom you have this ionship 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.	None	Click the tab key to add additional rows.
	tino itemi	Time frame: past 36 month	ς.
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None ■	
4	Consulting fees	None Non	
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,	None ■	

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

Dat	e:	12/2/2021			
Your Name:		Sandesh Nagamani			
Manuscript Title:			Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis		
Ma	nuscript Number (if kı	nown): 152571-JCI-CMED-RV-3			
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned		all support for the work reported in this manuscript w	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the facturers of antihypertensive medication, even if		
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		Time frame: Since the initial planning	of the work		
1	All support for the present	□ None			
	manuscript (e.g., funding, provision	Sanofi Genzyme	This investigator initiated study funded by the NIH RDCR BBDC was conducted under a research supply agreement with Sanofi Genzyme		
	of study materials,				
	medical writing, article processing				
	charges, etc.) No time limit for this item.				
		T: 6 26			
		Time trame: past 36 month	ns and the second secon		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 month ✓ None			
3	contracts from any entity (if not indicated in item				
	contracts from any entity (if not indicated in item #1 above).	✓ 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	
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 Sanofi Genzyme	I was partially supported for attending the ASBMR/Rare Bone Diseases Alliance meeting in 2018
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	V	None	
13	Other financial or non-financial interests		None Sanofi Genzyme	I have served as a member of an advisory board for a rare bone disorder trial planning for Sanofi.
Plea ✓	-		e following statement to indicate your agreeme ered every question and have not altered the wo	

December 2 2021

Date:	12/3/2021
Your Name:	Dianne Nguyen
Manuscript Title:	Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta
Manuscript Number (if known):	152571-JCI-CMED-RV-3

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4	Consulting fees	None Non	
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	
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10	Leadership or fiduciary role in other board,	None ■	

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	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Please place an "X" next to the following statement to indicate your agreement:				
\boxtimes	I certify that I have	answe	ered every question and have not altered the wo	ording of any of the questions on this form.

Date:	12/3/2021
Your Name:	Ingo Grafe
Manuscript Title:	Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta
Manuscript Number (if known):	152571-JCI-CMED-RV-3

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4	Consulting fees	None Non	
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,	None ■	

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	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Please place an "X" next to the following statement to indicate your agreement:				
\boxtimes	☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	12/3/2021	
Your Name:	V. Reid Sutton	
Manuscript Title:	Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta	
Manuscript Number (if known):	152571-JCI-CMED-RV-3	
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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.		
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	□ None	
	manuscript (e.g.,	National Institutes of Health	Grant funding to my institution
	funding, provision of study materials,		Click the tab key to add additional rows.
article charg No tir	medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: past 36 month	s
2	Grants or contracts from	□ None	
	any entity (if not indicated in item #1 above).	Mereo Biopharma	Advisory Board participation and travel to these meetings paid by Mereo

		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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Osteogenesis Imperfecta Foundation Medical Advisory Council	Unpaid position
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	□ None Mereo Biopharma	Reimbursed for expenses to travel to Advisory Board meetings
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,	□ 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)
	society, committee or advocacy group, paid or unpaid	Osteogenesis Imperfecta Foundation Medical Advisory Council	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 ⊠		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	12/6/2021
Your Name:	Francis H. Gannon
Manuscript Title:	Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta
Manuscript Number (if known):	152571-JCI-CMED-RV-3

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4	Consulting fees	None Non	
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	
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10	Leadership or fiduciary role in other board,	None ■	

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

Date:	12/3/2021
Your Name:	Elda Munivez
Manuscript Title:	Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta
Manuscript Number (if known):	152571-JCI-CMED-RV-3

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3	Royalties or licenses	None ■	
4	Consulting fees	None Non	
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	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	None ■	

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	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other		None	
	services			
13	Other financial or non-financial		None	
	interests			
Please place an "X" next to the following statement to indicate your agreement:				
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	12/3/2021
Your Name:	Ming-Ming Jiang
Manuscript Title:	Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta
Manuscript Number (if known):	152571-JCI-CMED-RV-3

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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 None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board,	None ■	

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

3 8/26/2021 ICMJE Disclosure Form

Date:	12/3/2021
Your Name:	Alyssa Tran
Manuscript Title:	Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta
Manuscript Number (if known):	152571-JCI-CMED-RV-3

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4	Consulting fees	None Non	
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	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other		None	
	services			
13	Other financial or non-financial		None	
	interests			
Please place an "X" next to the following statement to indicate your agreement:				
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	12/3/2021
Your Name:	Maegen Wallace
Manuscript Title:	Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta
Manuscript Number (if known):	152571-JCI-CMED-RV-3

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4	Consulting fees	None Non	
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,	None ■	

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

Date:	12/3/2021
Your Name:	Paul W Esposito MD
Manuscript Title:	Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta
Manuscript Number (if known):	152571-JCI-CMED-RV-3

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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	None	Click the tab key to add additional rows.
	this item.		
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses		None	
4	Consulting fees		None	
		Orth	nopediatrics	
5	Payment or honoraria for lectures,		None	
	presentations, speakers			
	bureaus, manuscript			
	writing or educational events			
6	Payment for expert testimony	\boxtimes	None	
7	Support for		None	
	attending meetings and/or travel			
			,	
8	Patents planned, issued or		None	
	pending			
9	Participation on a Data Safety	\boxtimes	None	
	Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role in other board,		None	
	otilei boalu,	L		

			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)
	society, committee or advocacy group, paid or 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:	12/5/2021
Your Name:	Salma Musaad
Manuscript Title:	Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta
Manuscript Number (if known):	152571-JCI-CMED-RV-3

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	tins item.	Time frame: past 36 month	
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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)
3	Royalties or licenses	None ■	
4	Consulting fees	None 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 None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None ■	

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	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	equipment,		None	
	materials, drugs, medical writing,			
	gifts or other services			
13	non-financial		None	
	interests			
Please place an "X" next to the following statement to indicate your agreement:				
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	12/6/2021
Your Name:	Elizabeth Strudthoff
Manuscript Title:	Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta
Manuscript Number (if known):	152571-JCI-CMED-RV-3

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3	Royalties or licenses	None ■	
4	Consulting fees	None Non	
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,	None ■	

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	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Please place an "X" next to the following statement to indicate your agreement:				
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	12/6/2021
Your Name:	Sharon McGuire
Manuscript Title:	Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta
Manuscript Number (if known):	152571-JCI-CMED-RV-3

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3	Royalties or licenses	None ■	
4	Consulting fees	None Non	
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	
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	advocacy group, paid or unpaid			
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12	Receipt of equipment,		None	
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Please place an "X" next to the following statement to indicate your agreement:				
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	12/3/2021
Your Name:	Michele Thornton
Manuscript Title:	Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta
Manuscript Number (if known):	152571-JCI-CMED-RV-3

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4	Consulting fees	None Non	
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,	None ■	

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	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Please place an "X" next to the following statement to indicate your agreement:				
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Date:	12/6/2021
Your Name:	Vinitha Shenava
Manuscript Title:	Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta
Manuscript Number (if known):	152571-JCI-CMED-RV-3

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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)
3	Royalties or licenses	None ■	
4	Consulting fees	None Non	
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	
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	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Please place an "X" next to the following statement to indicate your agreement:				
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	12/6/2021
Your Name:	Scott Rosenfeld
Manuscript Title:	Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta
Manuscript Number (if known):	152571-JCI-CMED-RV-3

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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)
3	Royalties or licenses	None ■	
4	Consulting fees	None Non	
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,	None ■	

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	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Please place an "X" next to the following statement to indicate your agreement:				
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	12/3/2021
Your Name:	Roman Shypailo
Manuscript Title:	Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta
Manuscript Number (if known):	152571-JCI-CMED-RV-3

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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)
3	Royalties or licenses	None ■	
4	Consulting fees	None Non	
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,	None ■	

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

Date:	12/3/2021
Your Name:	Eric Orwoll
Manuscript Title:	Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta
Manuscript Number (if known):	152571-JCI-CMED-RV-3

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	of study materials, medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.
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2	Grants or contracts from any entity (if not indicated in item #1 above).	Mer	None eo	Research support. Payments made to institution

			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)
3	Royalties or licenses		None	
4	Consulting fees	□ None		
		Am	gen	Payments to me
5	Payment or honoraria for lectures,		None	
	presentations,			
	speakers bureaus,			
	manuscript writing or educational events			
6	Payment for	\boxtimes	None	
	expert testimony			
7	Support for	No.		
7 Support for attending None		_		
	meetings and/or travel			
	Havei			
8	Patents planned, issued or		None	
	pending			
9	Participation on a Data Safety		None	
	Monitoring			
	Board or Advisory Board			
10	Leadership or fiduciary role in other board,		None	
	outer boatd,	L		

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

Date:	12/6/2021
Your Name:	Brendan Lee
Manuscript Title:	Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta
Manuscript Number (if known):	152571-JCI-CMED-RV-3

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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 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 Sanofi	This investigator initiated study funded by the NIH RDCRN's BBDC was conducted under a research supply agreement with Sanofi Click the tab key to add additional rows.
		Time frame: past 36 months	s
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3	Royalties or licenses	None ■	
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 Non	
7	Support for attending meetings and/or travel	□ None Sanofi	I was partially supported in 2018 to attend the ASBMR Rare Bone Disorder Symposium meeting
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,	None ■	

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	society, committee or advocacy group,			
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11	Stock or stock options		None	
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