

Section 1. Identifying Information	
1. Given Name (First Name)  2. Surname (Last Name)  CORVOL  4. Are you the corresponding author?  Yes  No	3. Effective Date (07-August-2008)
5. Manuscript Title Click Hornoton BK and Notor Wellwey in Shole 6. Manuscript Identifying Number (if you know it)  NCLX - D - 21004 K	2: RCT, show contables plateral

### 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...)?

The Work Under Consideration for Publication							
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
Grant	V	Noted School					
Consulting fee or honorarium	$\checkmark$						
Support for travel to meetings for he study or other purposes	V						
ees for participation in review ctivities such as data monitoring pards, statistical analysis, end pint committees, and the like	V						
yment for writing or reviewing e manuscript							
rovision of writing assistance, edicines, equipment, or Iministrative support							



The Work Under Consider	ration for Pub	olication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other	₩.					ADD X
* This means money that your ins	titution received	for your effe	orts on this study.			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.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution	Entity	Comments	
. Board membership					1 25018iA 1 Tho non	0 2 1 2
. Consultancy	<b>V</b>			Broken, DENTIL	Herapent c	
. Employment	$\bigvee$					
. Expert testimony	V					/A
Grants/grants pending	$\Box$					
Payment for lectures including service on speakers bureaus			$\checkmark$	SANOFI, NICHEC J	fox fluidation	Ą
Payment for manuscript preparation	4					A

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities ou	tside th	e submitt	ed work		A MARIE AND A STATE OF THE STAT
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
Patents (planned, pending or issued)	V				ADD ×
9. Royalties	$\Box$				ADD ×
<ol> <li>Payment for development of educational presentations</li> </ol>	V				ADD X
11. Stock/stock options	$\sqrt{}$				Ab)
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>					ADD
13. Other (err on the side of full disclosure)					ADD ×
* This means money that your institution ** For example, if you report a consultance	received f y above th	or your effor nere is no ne	rts. ed to report tra	vel related to that consulta	ADD ancy on this line.
Section 4. Other relationsh	ins				
Are there other relationships or activity potentially influencing, what you wro	ties that r	readers cou submitted	ld perceive to work?	have influenced, or tha	t give the appearance of
No other relationships/conditions,	/circumst	ances that	nresent a not	ontial conflict for	
Yes, the following relationships/co	nditions	/circumstar	nces are prese	nt (explain below):	τ
At the time of manuscript acceptance, On occasion, journals may ask authors	iournals	will ack and	thaus to C		date their disclosure statements. nips.
HideAll Tab	le Rows	Chacken (		SAVE	



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Lindscree	2. Surname (Last Name)	3. Effective Date (07-August-2008)
4. Are you the corresponding author?	Yes No	
5. Manuscript Title		
CEREMONOTOR	PAS AMS NOTOR RECOVERY	N SMEUO
6. Manuscript Identifying Number (if you k		

### 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...)?

The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	$\boxtimes$					×	
2. Consulting fee or honorarium						ADD ×	
3. Support for travel to meetings for the study or other purposes	R					ADD	
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	X					ADD ×	
5. Payment for writing or reviewing the manuscript	×					ADD ×	
6. Provision of writing assistance, medicines, equipment, or administrative support	Ø					ADD ×	



The Work Under Consider	ation for Pul	blication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other	$\boxtimes$					ADD
* This means money that your ins	titution received	d for your eff	forts on this stud	у.		((()))

#### 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.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Camments
Board membership		$\square$		Dextrain	
Consultancy		$\boxtimes$		Dextrain	
Employment					
Expert testimony	$\boxtimes$				
Grants/grants pending					
Payment for lectures including service on speakers bureaus	K				
ayment for manuscript reparation					

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities ou	tside th	e submitt	ed work			THE PROPERTY OF THE PARTY OF TH	
Type of Relationship (in alphabetical order)	No	Money Paid to	Money to Your Institution*	Entity	Comments		
8. Patents (planned, pending or issued)	×					ADD X	
9. Royalties	X				in marketing the property of t	ADD ×	
<ol><li>Payment for development of educational presentations</li></ol>	$\bowtie$					ADD X	
11. Stock/stock options	X					ADD X	
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	$\boxtimes$					ADD X	
13. Other (err on the side of full disclosure)	Ż					ADD X	
* This means money that your institution ** For example, if you report a consultanc	received f y above th	or your effor nere is no ne	ts. ed to report tra	vel related to that consulta	300	400	
Section 4. Other relationsh	ips	<b>医胸部</b>					
Are there other relationships or activite potentially influencing, what you wro	ties that r	eaders cou submitted v	Id perceive to work?	have influenced, or tha	t give the appearance of		
No other relationships/conditions, Yes, the following relationships/co	circumst	ances that circumstar	present a pot nces are prese	ential conflict of interes nt (explain below):	t		
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.							
Hide All Tab	le Roves	Checked N	·(n)	SAVE			



. Given Name (First Name) erena	2. Surname (Last Name) MAGNO	3. Effective Date (07-August-20 07-October-2021
. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Charlotte Rosso
. Manuscript Title erebello-motor paired associative si ilot trial	timulation and motor recove	ery in stroke: a randomized, sham-controlled, double-blind

### 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...)?

The Work Under Consideration for Publication							
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	V			4		×	
2. Consulting fee or honorarium	V					ADD ×	
Support for travel to meetings for the study or other purposes						ADD ×	
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	abla					ADD ×	
5. Payment for writing or reviewing the manuscript						ADD ×	
Provision of writing assistance, medicines, equipment, or administrative support	$\Box$					ADD ×	
MAGNO						2	



Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**
7. Other	V				A

#### 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.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
oard membership	V				
Consultancy	V				
mployment	1				
xpert testimony	Ū				
grants/grants pending					
Payment for lectures including ervice on speakers bureaus	<b></b>				
ayment for manuscript reparation	<b></b>				

<sup>\*\*</sup> Use this section to provide any needed explanation.



Hide All Table Rows Checked 'No'

Relevant financial activities ou	tside th	e submit	ted work	medicen vollet produces de la companya de la compa	тивер менебия техно не од том и времетом и техной и востои нестой установлений стой од том востой од том од том	
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Patents (planned, pending or issued)	V					ADD ×
9. Royalties	J					ADD ×
<ol><li>Payment for development of educational presentations</li></ol>	D					ADD
11. Stock/stock options	$\Box$					ADD
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	V					ADD ×
13. Other (err on the side of full disclosure)						ADD X
* This means money that your institution ** For example, if you report a consultanc	received fo y above th	or your effo nere is no ne	rts. eed to report tra	vel related to that consulta	ncy on this line.	7:100
Section 4. Other relationsh						
Are there other relationships or activit potentially influencing, what you wro	ies that rete in the s	eaders cou submitted	uld perceive to work?	have influenced, or that	give the appearance o	f
No other relationships/conditions/	'circumst nditions/	ances that circumsta	present a pote	ential conflict of interest nt (explain below):		
At the time of manuscript acceptance, On occasion, journals may ask authors	journals to disclo	will ask au se further	thors to confir information ab	m and, if necessary, upd out reported relationsh	ate their disclosure stat ips.	ements.



1. Given Name (First Name) Eric	2. Surname (Last Name) MOULTON	3. Effective Date (07-August-200 07-October-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Charlotte Rosso
5. Manuscript Title Cerebello-motor paired associative sti pilot trial	mulation and motor recov	ery in stroke: a randomized, sham-controlled, double-blind
pilot trial  6. Manuscript Identifying Number (if you NERX-D-21-00475		, assumed, assumed bline

### 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.

The Work Under Consideration	The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant				1		×	
2. Consulting fee or honorarium	$\Box$					ADD ×	
3. Support for travel to meetings for the study or other purposes	abla					ADD ×	
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like						ADD ×	
5. Payment for writing or reviewing the manuscript						ADD ×	
Provision of writing assistance, medicines, equipment, or administrative support      MOULTON						ADD ×	

2



The Work Under Consider	ation for Pu	blication			
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**
7. Other				and the second s	ADD
* This means money that your ins	titution received	d for your eff	orts on this study	, ,	(43)0

#### 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.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
Board membership	V				
Consultancy	V				
Employment					
Expert testimony	4				
Grants/grants pending	V				
Payment for lectures including service on speakers bureaus	V				
Payment for manuscript preparation	D				

<sup>\*\*</sup> Use this section to provide any needed explanation.



Hide All Table Rows Checked 'No'

Relevant financial activities out	tside th	e submit	ted work	martis (EE) Meek (CO) is discussed and Guster Agent evil successful George and Audit	BERTON
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
Patents (planned, pending or issued)	<b>D</b>				ADD ×
9. Royalties					ADD
<ol><li>Payment for development of educational presentations</li></ol>					ADD ×
11. Stock/stock options					ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	Ø				ADD
13. Other (err on the side of full disclosure)	\$				ADD
* This means money that your institution ** For example, if you report a consultanc	received f y above th	or your effo here is no n	orts. eed to report tra	vel related to that consult	ancy on this line.
Section 4. Other relationsh	ips				
Are there other relationships or activit potentially influencing, what you wro	ies that r te in the	readers cor submitted	uld perceive to work?	have influenced, or the	at give the appearance of
No other relationships/conditions, Yes, the following relationships/co	circumst	tances that circumsta	t present a pot inces are prese	ential conflict of interes	st
At the time of manuscript acceptance, On occasion, journals may ask authors	journals to disclo	will ask au ose further	uthors to confir information al	m and, if necessary, up bout reported relations	date their disclosure statements. hips.



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Claire	2. Surname (Last Name) KEMLIN	3. Effective Date (07-August-2008) 07-October-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Charlotte Rosso
5. Manuscript Title Cerebello-motor paired associative stir pilot trial	nulation and motor recove	ery in stroke: a randomized, sham-controlled, double-blind
6. Manuscript Identifying Number (if you ki NERX-D-21-00475	now 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 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.

The Work Under Consideration	for Pub	lication			y y	
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	V			1		×
2. Consulting fee or honorarium	$\bigvee$					ADD ×
3. Support for travel to meetings for the study or other purposes						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	ᡌ					ADD ×
5. Payment for writing or reviewing the manuscript	$\forall$					ADD ×
Provision of writing assistance, medicines, equipment, or administrative support						ADD ×
KEMLIN						

2



Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**
. Other					A

#### 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.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
Board membership	T				
Consultancy	$\triangleright$				
Employment	V				
Expert testimony					
Grants/grants pending					
Payment for lectures including service on speakers bureaus	J				
Payment for manuscript preparation	d				

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities ou Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
3. Patents (planned, pending or issued)	$\bigvee$				
). Royalties					
). Payment for development of educational presentations	$\Box$				
. Stock/stock options	<b>\</b>				
. Travel/accommodations/ meeting expenses unrelated to activities listed**					<b>A</b>
. Other (err on the side of full disclosure)					A
This means money that your institution For example, if you report a consultanc	received f y above tl	or your effo here is no ne	rts. eed to report tra	vel related to that consulta	ancy on this line.
ection 4. Other relationsh	ios				
e there other relationships or activit tentially influencing, what you wro	ties that i	readers cou	ıld perceive to	have influenced, or tha	t give the appearance of
3,,	te iii tiic	Jabiiiittea	WOIK?		
No other relationships/conditions, Yes, the following relationships/co	nditions	cances that /circumsta	present a pot nces are prese	ential conflict of interes: nt (explain below):	t
the time of manuscript acceptance, occasion, journals may ask authors	iournals	will ack au	thought		date their disclosure statemen nips.
Hide All Tab	lellovs	Charles !	VA I		



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Sara	2. Surname (Last Name) LEDER	3. Effective Date (07-August-2008) 07-October-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Charlotte Rosso
5. Manuscript Title Cerebello-motor paired associative stil pilot trial	mulation and motor recove	ery in stroke: a randomized, sham-controlled, double-blind
6. Manuscript Identifying Number (if you k NERX-D-21-00475	now 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

No	Money Paid to You	Money to Your	Name of Entity	Comments**
V				
abla				
$\Box$				
$\nabla$				
	No District Control of the control o		No Paid Your	No Paid Your Name of Entity



The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other	Ø				ADD	
* This means money that your ins	titution received	for your eff	orts on this stud	у.	/(10)0	

#### 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.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
oard membership	$\Box$				
Consultancy					
mployment	A				
xpert testimony	V				
rants/grants pending	Y				
ayment for lectures including rvice on speakers bureaus	V				
ayment for manuscript eparation					

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities ou	tside th	e submitt	ed work		and the state of t		
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
Patents (planned, pending or issued)	V				ADE		
9. Royalties	V				ADD ×		
<ol><li>Payment for development of educational presentations</li></ol>	V				ADD X		
11. Stock/stock options	V				Alaja X		
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	$\nabla$				130		
13. Other (err on the side of full disclosure)					A(2))		
* This means money that your institution received for your efforts.  ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.							
Section 4. Other relationsh	ins						
Are there other relationships or activity	ties that r	readers cou	ld perceive to	have influenced or the	t give the appearance		
	to in the	sabilitied (	WOIK!				
No other relationships/conditions/circumstances that present a potential conflict of interest							
Yes, the following relationships/co	onditions,	/circumstar	nces are prese	nt (explain below):			
At the time of manuscript acceptance, On occasion, journals may ask authors	, journals to disclo	will ask aut ose further i	thors to confir nformation ak	m and, if necessary, upo nout reported relationsl	date their disclosure statements. nips.		
Hide All Table Pows Checked 'No' SAVE							



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Romain	2. Surname (Last Name) VALABREGUE	3. Effective Date (07-August-2008) 07-October-2021
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Charlotte Rosso
5. Manuscript Title Cerebello-motor paired associative sti pilot trial	mulation and motor recov	ery in stroke: a randomized, sham-controlled, double-blind
6. Manuscript Identifying Number (if you NERX-D-21-00475	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 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.

The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	$\nabla$					×
2. Consulting fee or honorarium	$\Box \!$					ADD ×
3. Support for travel to meetings for the study or other purposes	V					ADD ×
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	$   \sqrt{} $					ADD X
Payment for writing or reviewing the manuscript	V					ADD X
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	$\checkmark$					ADD
VALABREGUE						2

2



		Money				
Туре	No	Paid to You	Your Institution*	Name of Entity	Comments**	
7. Other	V					ADE X

## 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.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
Board membership	4				
Consultancy	A				
Employment	V				
expert testimony	V				
Grants/grants pending	V				
ayment for lectures including ervice on speakers bureaus	V				
ayment for manuscript reparation	$\Box$				

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities ou	tside th	e submitt	ed work		kuster folkeleren scholer er en fall der er en fall en fall en fal	POTTO SA ANTONIO TO ANTONIO POR TO ANTONIO POR TO ANTONIO PORTE POR TO ANTONIO PORTE
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Patents (planned, pending or issued)						ADD X
9. Royalties	$\bigvee$					ADD
<ol><li>Payment for development of educational presentations</li></ol>						ADD X
11. Stock/stock options						ADD X
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	$\phi$					ADD ×
13. Other (err on the side of full disclosure)						ADD X
* This means money that your institution ** For example, if you report a consultanc	received t	for your effor here is no ne	ts. ed to report tra	vel related to that consulta	ancy on this line.	/100
Section 4. Other relationsh	ips					
Are there other relationships or activing potentially influencing, what you wro	ties that te in the	readers cou submitted	ld perceive to work?	have influenced, or tha	it give the appearance of	Kiranga B
No other relationships/conditions. Yes, the following relationships/co	/circums onditions	tances that circumstar	present a pot nces are prese	ential conflict of interes nt (explain below):	t	
At the time of manuscript acceptance. On occasion, journals may ask authors	, journals to disclo	s will ask aut ose further i	thors to confi nformation a	m and, if necessary, upo pout reported relationsh	date their disclosure state hips.	ements.
Hide All Tab	le Rows	Checkeo (	lo'	SAVIE		



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Vincent	2. Surname (Last Name) PERLBARG	3. Effective Date (07-August-2008) 07-October-2021
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Charlotte Rosso
5. Manuscript Title Cerebello-motor paired associative sti pilot trial	mulation and motor recove	ery in stroke: a randomized, sham-controlled, double-blind
6. Manuscript Identifying Number (if you NERX-D-21-00475	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 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.

The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	V					×
2. Consulting fee or honorarium	abla					ADD ×
Support for travel to meetings for the study or other purposes	$\bigvee$					ADD ×
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	ď					ADD ×
5. Payment for writing or reviewing the manuscript	V					ADD X
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	V					ADD ×
PERLBARG						

2



Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**
7. Other	Ŋ	HA SANDARI, Richalli			AD X

#### 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.

Relevant financial activities ou	itside th	e submitt	ed work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	Image: Control of the					×
2. Consultancy	Y					ADE
3. Employment	$\bigvee$					ADD X
4. Expert testimony	V					ADD X
5. Grants/grants pending	V					ADD
6. Payment for lectures including service on speakers bureaus	J					ADD
7. Payment for manuscript preparation						ADD.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities out	tside th	e submit	ted work	and the second s	regionale antico está una energia espacion de activación de productivo de concentrativo está de la concentración de concentra	and the court of the second
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
8. Patents (planned, pending or issued)	V					ADD X
9. Royalties	$\Box$					ADD X
Payment for development of educational presentations	V					QQA X
11. Stock/stock options	Ā					ADD X
12. Travel/accommodations/ meeting expenses unrelated to activities listed**						ADD *
13. Other (err on the side of full disclosure)						X DD
* This means money that your institution ** For example, if you report a consultanc	received f y above th	or your effo nere is no n	orts. eed to report trav	vel related to that consulta	<b>新教</b>	DD)
Section 4. Other relationsh	ips					
Are there other relationships or activity potentially influencing, what you wro	ies that r te in the	eaders co submitted	uld perceive to work?	have influenced, or tha	t give the appearance of	
No other relationships/conditions/	circumst	ances tha	t present a pote	ential conflict of interes nt (explain below):		
At the time of manuscript acceptance, On occasion, journals may ask authors	journals to disclo	will ask au se further	Ithors to confir information ab	m and, if necessary, upo out reported relationsh	late their disclosure stateme lips.	nts.

Hide Ali Table Rows Checked 'No'

SAVE



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Elena	2. Surname (Last Name) MESEGUER	3. Effective Date (07-August-2008) 07-October-2021
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Charlotte Rosso
5. Manuscript Title Cerebello-motor paired associative sti pilot trial	mulation and motor recove	ry in stroke: a randomized, sham-controlled, double-blind
6. Manuscript Identifying Number (if you I NERX-D-21-00475	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 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.

The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	$\forall$					×
2. Consulting fee or honorarium	$\bigvee$					ADD X
3. Support for travel to meetings for the study or other purposes						ADD X
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like						ADD ×
5. Payment for writing or reviewing the manuscript						ADD ×
Provision of writing assistance, medicines, equipment, or administrative support      MESEGUER						ADD X

2



The Work Under Consider	ation for Pu	blication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other	(J					ADD
* This means money that your ins	titution received	d for your ef	forts on this study	<i>y</i> .		Alala

#### 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.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
Board membership	V				
Consultancy	$\forall$				
Employment	4				
Expert testimony					
Grants/grants pending	V				
Payment for lectures including service on speakers bureaus	V				
Payment for manuscript preparation					

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities ou	tside th	e submitt	ed work		A STATE OF THE STA	APPANEEST SAME SECTE SALVES IN STATE TOWER SALES AND
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Patents (planned, pending or issued)	V					ADD
9. Royalties						ADD
Payment for development of educational presentations						ADD X
11. Stock/stock options	V					ADD
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>						ADD
13. Other (err on the side of full disclosure)						ADD X
* This means money that your institution ** For example, if you report a consultanc	received f y above th	for your effor here is no ne	ts. ed to report tra	vel related to that consulta	ancy on this line.	7.19(9)
Section 4. Other relationsh	ips	W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Are there other relationships or activi- potentially influencing, what you wro	ties that r	readers cou submitted	Id perceive to	have influenced, or tha	t give the appearance o	f
No other relationships/conditions.				ential conflict of interes	<del>t</del>	
Yes, the following relationships/co	onditions,	/circumstar	nces are prese	nt (explain below):	·	
At the time of manuscript acceptance, On occasion, journals may ask authors	, journals to disclo	will ask aut ose further i	thors to confi nformation a	m and, if necessary, upo oout reported relationsh	date their disclosure stat nips.	tements.
Hide All Tab	le Rous	Chacked h	do'	SAVE		



Section 1. Identifying Infor	mation		
1. Given Name (First Name) Mickael Alexandre	2. Surname (Last Name) OBADIA		Effective Date (07-August-2008) October-2021
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Charlotte Rosso	
5. Manuscript Title Cerebello-motor paired associative stil pilot trial	mulation and motor recove	ery in stroke: a randomized, shan	n-controlled, double-blind
6. Manuscript Identifying Number (if you k NERX-D-21-00475	now 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 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.

The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	V					×
2. Consulting fee or honorarium	$\Box$					ADD ×
Support for travel to meetings for the study or other purposes						ADD ×
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like						ADD ×
5. Payment for writing or reviewing the manuscript	$   \sqrt{} $					ADD ×
Provision of writing assistance, medicines, equipment, or administrative support      OBADIA	$\sqrt{}$					ADD X

2



Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**
Other	V				

#### 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.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
. Board membership	<b></b>				
. Consultancy	V				
. Employment	V				
Expert testimony	V				
Grants/grants pending	V				
Payment for lectures including service on speakers bureaus	V				
Payment for manuscript preparation	d d				

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities out	side th	e submit	ted work		
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
Patents (planned, pending or issued)	V				ADD ×
9. Royalties					ADD X
<ol> <li>Payment for development of educational presentations</li> </ol>					ADD X
11. Stock/stock options					ADD
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	j				ADD
13. Other (err on the side of full disclosure)					ADD
* This means money that your institution ** For example, if you report a consultanc	received f y above tl	or your effo here is no n	orts. eed to report tra	vel related to that consult	ancy on this line.
Section 4. Other relationsh	ips				
Are there other relationships or activit potentially influencing, what you wro	ies that i	readers co submitted	uld perceive to I work?	have influenced, or the	at give the appearance of
No other relationships/conditions/	circums'	tances tha	t present a pot	ential conflict of interes	st
At the time of manuscript acceptance, On occasion, journals may ask authors	iournals	will ack a			date their disclosure statements. hips.
Hide/All Lab	<b>(e</b> Royes	Checked.	No'	SAVE	



Section 1. Identifying Infor	mation	
Given Name (First Name)     Michael	2. Surname (Last Name) OBADIA	3. Effective Date (07-August-2008 07-October-2021
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Charlotte Rosso
5. Manuscript Title Cerebello-motor paired associative stil pilot trial	mulation and motor recove	ry in stroke: a randomized, sham-controlled, double-blind
6. Manuscript Identifying Number (if you k NERX-D-21-00475	now 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	$\bigvee$					×
2. Consulting fee or honorarium	$   \sqrt{} $					ADD X
Support for travel to meetings for the study or other purposes						ADD ×
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>						ADD X
5. Payment for writing or reviewing the manuscript	V					ADD X
Provision of writing assistance, medicines, equipment, or administrative support						ADD
DBADIA						2



The Work Under Consid	eration for Puk	olication			Millia Archae		
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
7. Other	d					ADD X	
* This means money that your i  ** Use this section to provide a	nstitution received	for your eff	orts on this study	<i>'</i> .		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.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
. Board membership	4				
. Consultancy	J				
Employment					
Expert testimony					
Grants/grants pending	V				
Payment for lectures including service on speakers bureaus	V				
Payment for manuscript preparation	1				TO THE PARTY OF TH

<sup>\*\*</sup> Use this section to provide any needed explanation.



	Paid to You	Your Institution*	Entity	Comments	
V					AL
$\Box$					All
力					AD
					AD X
<b>V</b>					/A13
					AD X
received for y above th	or your effor nere is no nee	ts. ed to report tra	vel related to that consulta	ncy on this line.	7.01
ties that re	eaders coul submitted v	ld perceive to work?	have influenced, or that	give the appearance o	f
circumstanditions/	ances that p	present a pote	ential conflict of interest nt (explain below):		
iournale	، النور			ate their disclosure stat ips.	ement
	received for the in the solutions/	received for your efforcy above there is no new terms that readers could te in the submitted volcircumstances that proditions/circumstances in the submitted volcircumstances that proditions/circumstances that proditions/circumstances that proditions/circumstances that proditions/circumstances that proditions/circumstances that proditions/circumstances that produces the produce to the produce that produces the produce that produces the produces that produces the produces the produces that produces the produc	received for your efforts. Ty above there is no need to report transitions to the in the submitted work?  In the submitted work?  In the submitted work apote on ditions of the interval of the submitted work are present a pote on ditions of the interval of the submitted work are present in the submitted work.	received for your efforts.  received for your efforts.  revalove there is no need to report travel related to that consultate  ips  ties that readers could perceive to have influenced, or that te in the submitted work?  //circumstances that present a potential conflict of interest anditions/circumstances are present (explain below):	received for your efforts.  y above there is no need to report travel related to that consultancy on this line.   lips  ties that readers could perceive to have influenced, or that give the appearance of the in the submitted work?



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Marion	2. Surname (Last Name) YGER	3. Effective Date (07-August-2008) 07-October-2021
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Charlotte Rosso
5. Manuscript Title Cerebello-motor paired associative sti pilot trial	mulation and motor recove	ery in stroke: a randomized, sham-controlled, double-blind
6. Manuscript Identifying Number (if you NERX-D-21-00475	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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

The Work Under Consideration	for Pub	lication				
Туре	No /	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	abla					×
2. Consulting fee or honorarium	V					ADD ×
3. Support for travel to meetings for the study or other purposes						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like						ADD ×
5. Payment for writing or reviewing the manuscript	V					ADD X
Provision of writing assistance, medicines, equipment, or administrative support  /GER	Ū					ADD



The Work Under Conside	ration for Pul	olication			HET TEINER I LIGHTENSTEINEN KONNE HERRE BOUTERENAG GEROOFFERT FELTOR HOME HE	ON COMPLETE AND THE STATE WITH
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other	$\sqrt{}$					ADD
* This means money that your in: ** Use this section to provide an:	stitution received	for your effe	orts on this study	<i>y</i> .		Also

#### 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.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
Board membership	V				
Consultancy					TI, MATERIAL
Employment					
Expert testimony	V				
Grants/grants pending	D				
Payment for lectures including service on speakers bureaus					
Payment for manuscript preparation					

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities ou	tside th	e submitt	ed work	materiority (see an attorna a namella fuera na postera en en antare en fuera en antare en antare en antare en	OF LANGUARTH COMESCO RECEIVED AND RECEIVED HE AND SERVICE STUZZED HER STRUCTURES AND MECHANISMS	NonVectoristations and tree
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Patents (planned, pending or issued)	V					AD
9. Royalties	$\Box$					AE ×
10. Payment for development of educational presentations	V					AD X
11. Stock/stock options						AD X
12. Travel/accommodations/ meeting expenses unrelated to activities listed**						AD
13. Other (err on the side of full disclosure)						AD)
* This means money that your institution ** For example, if you report a consultance	received for y above th	or your effor nere is no nee	ts. ed to report trav	el related to that consultar	ncy on this line.	/AD1
Section 4. Other relationsh	ips					
Are there other relationships or activit potentially influencing, what you wro	ies that r te in the s	eaders coul submitted v	ld perceive to l	have influenced, or that	give the appearance of	
No other relationships/conditions/	′circumst	ances that p	present a pote	ntial conflict of interest It (explain below):		
At the time of manuscript a service						

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.

Hide All Table Rows Checked 'No'

SAVE



Section 1. Identifying Inform	mation	
1. Given Name (First Name) Sabine	2. Surname (Last Name) MEUNIER	3. Effective Date (07-August-2008) 07-October-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Charlotte Rosso
5. Manuscript Title Cerebello-motor paired associative stir pilot trial	nulation and motor recove	ry in stroke: a randomized, sham-controlled, double-blind
6. Manuscript Identifying Number (if you k NERX-D-21-00475	now 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

for Pub	lication				
No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
$\bigvee$					×
					ADD ×
Ù					ADD ×
$   \sqrt{} $					ADD X
					ADD
М		. 🗆			ADD ×
		No Paid	Money Money to No Paid Your	Money Money to No Paid Your Name of Entity	No Paid Your Name of Entity Comments**



The Work Under Consider	ation for Pul	blication			n om men skenne skalligerichten dies verleichte Ausstraften (1822)	THE REPORT OF THE PROPERTY OF
Туре	No	Money	Money to Your Institution*	Name of Entity	Comments**	
7. Other						ADD X
* This means money that your ins:  ** Use this section to provide any	titution received	for your eff	orts on this study	<i>y</i> .		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.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
Board membership	1				
Consultancy	1				
Employment					
Expert testimony					
Grants/grants pending					
Payment for lectures including Service on speakers bureaus					
Payment for manuscript preparation					

<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
8. Patents (planned, pending or issued)	$\sqrt{}$				
9. Royalties	1				
<ol> <li>Payment for development of educational presentations</li> </ol>					
1. Stock/stock options					a control of the cont
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	V				
Other (err on the side of full disclosure)	4				
This means money that your institution * For example, if you report a consultanc	received f y above tl	or your effor nere is no ne	rts. ed to report tra	el related to that consult	ancy on this line.
Section 4. Other relationsh	ine				
re there other relationships or activit otentially influencing, what you wro	ies that r	readers cou submitted	Id perceive to	have influenced, or tha	at give the appearance of
No other relationships/conditions,	circumst/	ances that	present a pote	ential conflict of interes	
Yes, the following relationships/co	nditions	/circumstar	nces are prese	nt (explain below):	
t the time of manuscript acceptance, n occasion, journals may ask authors	iournale	ب داد مال			date their disclosure statem hips.
HideAllish	ke Roves	Checked N	6	SAVE	



Given Name (First Name)  Sophien	2. Surname (Last Name) MEHDI	3. Effective Date (07-August- 07-October-2021
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Charlotte Rosso
5. Manuscript Title Cerebello-motor paired associative sti pilot trial	mulation and motor recove	ery in stroke: a randomized, sham-controlled, double-bl
6. Manuscript Identifying Number (if you l NERX-D-21-00475		

#### 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...)?

The Work Under Consideration	for Pub	lication				
Туре	No /	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	V					×
2. Consulting fee or honorarium	$\forall$					ADD ×
Support for travel to meetings for the study or other purposes	V					ADD ×
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like						ADD ×
5. Payment for writing or reviewing the manuscript	$   \sqrt{} $					ADD X
6. Provision of writing assistance, medicines, equipment, or administrative support	V					ADD ×



The Work	Under Conside	ration for Pub	lication				
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other	7. Other				and the second s		ADD
7. Other		V					×
* This mean	s money that your in	stitution received	for your off	iouto ou this stall			ADD

\*\* Use this section to provide any needed explanation.

#### 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.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
. Board membership	V					
. Consultancy	V					MANAGEMENT MANAGEMENT
. Employment	1					Managarine assessment
Expert testimony	J					Security Security
. Grants/grants pending	V					
. Payment for lectures including service on speakers bureaus	<b></b>					
. Payment for manuscript preparation						

<sup>\*</sup> This means money that your institution received for your efforts on this study.



Relevant financial activities out	side the	submit	ted work			AND THE PROPERTY OF THE PROPER		
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
Patents (planned, pending or issued)						ADD X		
9. Royalties	4					ADD ×		
Payment for development of educational presentations						ADD ×		
11. Stock/stock options	V					ADD X		
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	V					ADD ×		
13. Other (err on the side of full disclosure)						ADD ×		
* This means money that your institution r ** For example, if you report a consultancy	eceived for above th	or your effo ere is no ne	rts. eed to report tra	vel related to that consulta	ancy on this line.	ADD		
Section 4. Other relationships or activit potentially influencing, what you wrot	<b>ps</b> es that re	eaders co	Ild perceive to			-		
No other relationships/conditions/circumstances that present a potential conflict of interest  Yes, the following relationships/conditions/circumstances are present (explain below):								
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.								
Hide All Table Rows Checked 'No'  SAVE								



Section 1. Identifying Infor	mation		
Given Name (First Name)  Jean-Charles	2. Surname (Last Name LAMY	J. LifeCti	ive Date (07-August-2008) bber-2021
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Charlotte Rosso	
5. Manuscript Title Cerebello-motor paired associative sti pilot trial	mulation and motor reco	very in stroke: a randomized, sham-cor	ntrolled, double-blind
6. Manuscript Identifying Number (if you I NERX-D-21-00475	(now 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

The Work Under Consideration	for Pub	lication				
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>√</b>					×
2. Consulting fee or honorarium	<b>✓</b>					ADD
3. Support for travel to meetings for the study or other purposes	<b>√</b>					ADD ×
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<b>✓</b>					ADD X
5. Payment for writing or reviewing the manuscript	<b>✓</b>					ADD ×
Provision of writing assistance, medicines, equipment, or administrative support  LAMY	<b>✓</b>					ADD X



The Work Under Considera	tion for Pub	lication	an a			26 N D
Туре	No	Money Paid to You		Name of Entity	Comments**	
7. Other				3		ADD
	$\checkmark$					×
* This means money that your instit	ution received	fa				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.

Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership		<b>✓</b>		PathMaker Neuromodulation Inc.		×	
2. Consultancy		<b>V</b>		PathMaker Neuromodulation Inc.		ADD ×	
3. Employment	<b>✓</b>					ADD ×	
4. Expert testimony	<b>✓</b>					ADD ×	
5. Grants/grants pending	<b>✓</b>					ADD	
6. Payment for lectures including service on speakers bureaus	<b>✓</b>					ADD X ADD	

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities out	side th	e submit	ted work			en de la composição de estado d
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
7. Payment for manuscript preparation	<b>/</b>					×
8. Patents (planned, pending or issued)	<b>✓</b>					ADD X
9. Royalties	$\checkmark$					ADD ×
10. Payment for development of educational presentations	<b>✓</b>					ADD ×
11. Stock/stock options		<b>√</b>		Pathmaker Neuromodulation Inc.		ADD X
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					ADD ×
13. Other (err on the side of full disclosure)	<b>✓</b>					ADD X
* This means money that your institution a ** For example, if you report a consultance	received f y above tl	or your effo nere is no n	orts. eed to report to	ravel related to that consulta	ancy on this line.	ADD
Section 4. Other relationsh	ips					
Are there other relationships or activit potentially influencing, what you wro	ies that i	readers co submitted	uld perceive t l work?	o have influenced, or tha	t give the appearance of	f
✓ No other relationships/conditions/  Yes, the following relationships/co	circums	tances tha /circumsta	t present a po	otential conflict of interestent (explain below):	t	
At the time of manuscript acceptance, On occasion, journals may ask authors	journals to disclo	will ask au ose further	uthors to cont information	firm and, if necessary, upo about reported relationsh	date their disclosure stat nips.	ements.
Hide All Tab	le Rows	Checked '	'No'	SAVE		