

ICMJE DISCLOSURE FORM

Date: Jun. 29th, 2022
 Your Name: Wei hao Ling
 Manuscript Title: Treating GNAO1 mutation-related severe movement disorders with oxcarbazepine
 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: past 36 months			
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3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

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.

ICMJE DISCLOSURE FORM

Date: Jun. 29th, 2022
 Your Name: Dan Ping Huang
 Manuscript Title: Treating GNAOI mutation-related severe movement disorders with oxcarbazepine
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: July 19th, 2022
 Your Name: Fawn Yang
 Manuscript Title: Treating GNAO1 mutation-related severe movement disorders with oxcarbazepine: a case report
 Manuscript number (if known): _____

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<u>Cipher Gene LLC</u>	

Please summarize the above conflict of interest in the following box:

Fan Yang was employed by the company Cipher Gene LLC.

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.

ICMJE DISCLOSURE FORM

Date: July.19th,2022
 Your Name: Zuozhen Yang
 Manuscript Title: Treating GNAO1 mutation-related severe movement disorders with oxcarbazepine: a case report
 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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<u> </u> CIPHER Gene LLC	

Please summarize the above conflict of interest in the following box:

Zuozhen Yang was employed by the company Cipher Gene LLC.

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.

ICMJE DISCLOSURE FORM

Date: Jun. 29th, 2022
 Your Name: Min Liu
 Manuscript Title: Treating GNAO1 mutation-related severe movement disorders with oxcarbazepine
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Jun. 29th, 2022
 Your Name: Qizhao Zhu
 Manuscript Title: Treating GNAO1 mutation-related severe movement disorders with oxcarbazepine
 Manuscript number (if known): _____

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Date: Jun. 29th, 2022
 Your Name: Jing Huang
 Manuscript Title: Treating GNAO1 mutation-related severe movement disorders with oxcarbazepine
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Jun. 29th, 2022

Your Name: Rui Zhou

Manuscript Title: Treating GNAO1 mutation-related severe movement disorders with oxcarbazepine

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Jun. 29th, 2022
 Your Name: Xugu Chen
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