

ICMJE DISCLOSURE FORM

Date: Sep. 2nd, 2022

Your Name: **Jian Ding**

Manuscript Title: **Functional characterization of a *KCNAB3* genetic epilepsy with febrile seizures plus adult mouse model**

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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ICMJE DISCLOSURE FORM

Date: Sep. 2nd, 2022

Your Name: Chun Wang

Manuscript Title: Functional characterization of a *KCNAB3* genetic epilepsy with febrile seizures plus adult mouse model

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Sep. 2nd, 2022

Your Name: **Guo-Qiang Huang**

Manuscript Title: **Functional characterization of a *KCNAB3* genetic epilepsy with febrile seizures plus adult mouse model**

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Sep. 2nd, 2022

Your Name: **Jing-Wen Zhang**

Manuscript Title: **Functional characterization of a *KCNAB3* genetic epilepsy with febrile seizures plus adult mouse model**

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Sep. 2nd, 2022

Your Name: Qiong-Xiang Zhai

Manuscript Title: Functional characterization of a *KCNAB3* genetic epilepsy with febrile seizures plus adult mouse model

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: Sep. 2nd, 2022

Your Name: **Zhi-Hong Chen**

Manuscript Title: **Functional characterization of a *KCNAB3* genetic epilepsy with febrile seizures plus adult mouse model**

Manuscript number (if known): _____

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Your Name: Yu-Xin Zhang

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Your Name: Yu-Xiong Guo

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