Date:	8/12/2022
Your Name:	Anja Koehn
Manuscript Title:	Early treatment benefits in a Phase 1/2 study on intracerebroventricular tralesinidase alfa in patients with Sanfilippo syndrome type B
Manuscript Number (if known):	Click or tap here to enter text.

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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.

		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)
		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.
	Ī	Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if productions) made to you or to your institution	
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	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
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.		

a in	
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	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.	Former salaried employee of BioMarin Pharmaceutical. Former and current stockholder in BioMarin.	Click the tab key to add additional rows.
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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 None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	Named on patent related to this work (Moshashaee S, Pinkstaff J, Shaywitz A. 2017. TARGETED THERAPEUTIC LYSOSOMAL ENZYME FUSION PROTEINS, ASSOCIATED FORMULATIONS AND USES THEREOF. WO 2017/147414 AI).	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or	None Board of Directors, Cure Sanfilippo Foundation	

		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)
	advocacy group, paid or unpaid		
11	Stock or stock options	Current stockholder in BioMarin Pharmaceutcial	
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 wo	rding of any of the questions on this form.

3 12/13/2021 ICMJE Disclosure Form

Date:	8/16/2022
Your Name:	Brian Kaufman
Manuscript Title:	Early treatment benefits in a Phase 1/2 study on intracerebroventricular tralesinidase alfa in patients with Sanfilippo syndrome type B
Manuscript Number (if known):	Click or tap here to enter text.

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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.

ľ		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)
		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.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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	Allievex Corporation	Bioanalytical Consultant
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	
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	

		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)
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:	8/21/2022
Your Name:	Bernice Kuca
Manuscript Title:	Early treatment benefits in a Phase 1/2 study on intracerebroventricular tralesinidase alfa in patients with Sanfilippo syndrome type B
Manuscript Number (if known):	Click or tap here to enter text.

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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.

		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)
		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 Time frame and 20 months	Click the tab key to add additional rows.
		 Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if productions) made to you or to your institution	
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	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)	
11	Stock or stock options	Allievex Corporation	I am an employee of Allievex and own stock in the company	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	Allievex Corporation	I am an employee of Allievex and receive a salary	
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:		8/12/2022			
Your Name:		Eric H Zanelli	Eric H Zanelli		
Manuscript Title:		Early treatment benefits in a Phase 1/2 stu patients with Sanfilippo syndrome type B	Early treatment benefits in a Phase 1/2 study on intracerebroventricular tralesinidase alfa in patients with Sanfilippo syndrome type B		
Mar	nuscript Number (if k	known): _ unknown			
confliction affer indicated after indicated affer indicated affer indicated affer indicated after indicated af	tent of your manuscr cted by the content of cate a bias. If you are author's relationship lemiology of hyperter medication is not me	irency, we ask you to disclose all relationships/activiticipt. "Related" means any relation with for-profit or not the manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activity os/activities/interests should be defined broadly. For insion, you should declare all relationships with manufentioned in the manuscript. all support for the work reported in this manuscript was past 36 months.	ot-for-profit third parties whose interests may be ent 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		
		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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None Allievex Corp	Allievex has licensing rights to the compound discussed in the manuscript and owns the data to be discussed. Click the tab key to add additional rows.		
		Time frame: past 36 month	าร		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None			
3	Royalties or licenses	None Non			

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if productions) made to you or to your institution	
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	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments we made to you or to your institution)		
11	Stock or stock options	□ None		
		Allievex Corp	I am a paid employee of Allievex who sponsored the work in the manuscript	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial	□ None		
i	interests	Allievex Corp	I am a paid employee of Allievex who sponsored the work in the manuscript	
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:	8/15/2021
Your Name:	FATİH EZGU
Manuscript Title:	Early treatment benefits in a Phase 1/2 study on intracerebroventricular tralesinidase alfa in patients with Sanfilippo syndrome type B
Manuscript Number (if known):	NOT KNOWN

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		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)
		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.
	Ī	Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Received honoraria from Biomarin and Sanofi	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Received travel support for medical symposiums from Biomarin and Sanofi	
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	

		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)
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:			8/31/2022	
Your Name:			lgor Nestrasil	
Mar	nuscript Title:		Early treatment benefits in a Phase 1/2 study patients with Sanfilippo syndrome type B	on intracerebroventricular tralesinidase alfa in
Mar	nuscript Number (if k	nown):	Click or tap here to enter text.	
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		ipt. "Rela of the mar e in doubt os/activitie nsion, you entioned all suppor	ted" means any relation with for-profit or no nuscript. Disclosure represents a commitmer about whether to list a relationship/activity, es/interests should be defined broadly. For e a should declare all relationships with manufa in the manuscript.	/interest, it is preferable that you do so.
			entities with whom you have this hip 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
	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.	No	one	Click the tab key to add additional rows.
			Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	Biomari	in	grant to the University of Minnesota
3	Royalties or licenses	□ No	one	

		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	 ' 	Quantims to me
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 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, society, committee or advocacy group, paid or unpaid	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)
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 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:	8/5/2021
Your Name:	İLYAS OKUR
Manuscript Title:	Early treatment benefits in a Phase 1/2 study on intracerebroventricular tralesinidase alfa in patients with Sanfilippo syndrome type B
Manuscript Number (if known):	Click or tap here to enter text.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the 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 None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	■ None	
3	Royalties or licenses	None None	

Prof. Dr. İlyas OKUR T.C. G.Ü.T.F. Gazi Hastanısı Çocuk Metabolizma Hastarıkları DID.NO: /

		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 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	
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	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None	
[]		t to the following statement to indicate your agreemen	nt:

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

Date:		8/12/2022	8/12/2022		
Your Name:		Joseph T Kovalchin	Joseph T Kovalchin		
Manuscript Title:		Early treatment benefits in a Phase 1/2 stu patients with Sanfilippo syndrome type B	Early treatment benefits in a Phase 1/2 study on intracerebroventricular tralesinidase alfa in patients with Sanfilippo syndrome type B		
Mar	nuscript Number (if k	nown): unknown			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned		all support for the work reported in this manuscript w	ot-for-profit third parties whose interests may be ent 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		
		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		
	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 Allievex Corp	Allievex has licensing rights to the compound discussed in the manuscript and owns the data to be discussed. Click the tab key to add additional rows.		
		Time frame: past 36 month	าร		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None			
3	Royalties or licenses	⊠ None			

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if productions) made to you or to your institution	
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	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
11	Stock or stock options	None	
		Allievex Corp	I am a paid employee of Allievex who sponsored the work in the manuscript
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
Other financial or None		□ None	
	interests	Allievex Corp	I am a paid employee of Allievex who sponsored the work in the manuscript
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.		rding of any of the questions on this form.

Date:	8/6/2022
Your Name:	Katharina von Cossel
Manuscript Title:	Early treatment benefits in a Phase 1/2 study on intracerebroventricular tralesinidase alfa in patients with Sanfilippo syndrome type B
Manuscript Number (if known):	Click or tap here to enter text.

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		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)
Time frame: Since the initial planning of the work		of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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 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 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, 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		None		
13	Other financial or non-financial interests		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.					

Date:	8/23/2022
Your Name:	MAUREEN CLERY
Manuscript Title:	Early treatment benefits in a Phase 1/2 study on intracerebroventricular tralesinidase alfa in patients with Sanfilippo syndrome type B
Manuscript Number (if known):	Click or tap here to enter text.

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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.

			vith whom you have this icate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Tim	ne 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 None	Time from a next 26 month	Click the tab key to add additional rows.
	I	Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	None Non		

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if provided in the provided in th	
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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
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	
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:			8/22/2022		
Your Name:			María L. Couce		
Manuscript Title:			Early treatment benefits of tralesinidase alfa in Sanfilippo syndrome type B		
Mar	nuscript Number (if k	(nown):	Click or tap here to enter text.		
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		ipt. "Rela of the ma e in doub os/activiti- nsion, you entioned all suppo	ort for the work reported in this manuscript without time limit. For all other items, the time		
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er th	oidemiology of hypert at medication is not n	nips/activities/interests should be defined broadly. For example, it tension, you should declare all relationships with manufacturers of mentioned in the manuscript. It all support for the work reported in this manuscript without time the past 36 months.	of antihypertensive medication, even if		
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8	Patents planned, issued or pending	X	None	
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af in Th ep th	ffected by the content dicate a bias. If you are ne author's relationship didemiology of hyperto at medication is not m	arency, we ask you to disclose all relationships/activities/interests listed below that are related to the ript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be of the manuscript. Disclosure represents a commitment to transparency and does not necessarily re in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. ps/activities/interests should be defined broadly. For example, if your manuscript pertains to the ension, you should declare all relationships with manufacturers of antihypertensive medication, even if mentioned in the manuscript. all support for the work reported in this manuscript without time limit. For all other items, the time me past 36 months.
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	inerative substantials	Time frame: Since the initial planning of the work
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	and the Sunty	Time frame: past 36 months
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11	Stock or stock options	None	made to you of to your institution)
	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None PI in clinical trial for tralesinidase	All study material and IP was provided
	Other financial or non-financial interests	■ None	
-		to the following statement to indicate your agreement nswered every question and have not altered the wordi	

D. Durscol 9 dag 2022

Paul Harmatz

Aug 21, 2022 19:13:14 EDT
Universal ICMJE Disclosure

Disclosure Purpose: ICMJE

Disclosure Information:

1. Are you the corresponding author?

Nο

2. What is the Manuscript Title?

Early treatment benefits in a Phase 1/2 study on intracerebroventricular tralesinidase alfa in patients with Sanfilippo syndrome type B

3. What is the Manuscript Identifying Number (if you know it)?

Unknown

- 4. Please select which of the following apply to each relationship or activity:
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Neither

b. Independent Contractor - Consultant Audentes

Maitha

c. Independent Contractor - Consultant AVROBIO

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