

# ICMJE DISCLOSURE FORM

**Date:** 11/19/2023

**Your Name:** Kishore Garapati

**Manuscript Title:** A complement C4-derived glycopeptide as a novel biomarker for PMM2-CDG

**Manuscript Number (if known):** 172509-INS-CMED-RV-3

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**Your Name:** Rohit Budhraj

**Manuscript Title:** A complement C4-derived glycopeptide as a novel biomarker for PMM2-CDG

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**Date:** 11/19/2023

**Your Name:** Mayank Saraswat

**Manuscript Title:** A complement C4-derived glycopeptide as a novel biomarker for PMM2-CDG

**Manuscript Number (if known):** 172509-INS-CMED-RV-3

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**Your Name:** Neha Joshi

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# ICMJE DISCLOSURE FORM

**Date:** 11/19/2023

**Your Name:** Gunveen S. Sachdeva

**Manuscript Title:** A complement C4-derived glycopeptide as a novel biomarker for PMM2-CDG

**Manuscript Number (if known):** 172509-INS-CMED-RV-3

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# ICMJE DISCLOSURE FORM

**Date:** 11/19/2023

**Your Name:** Anu Jain

**Manuscript Title:** A complement C4-derived glycopeptide as a novel biomarker for PMM2-CDG

**Manuscript Number (if known):** 172509-INS-CMED-RV-3

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# ICMJE DISCLOSURE FORM

**Date:** 11/19/2023

**Your Name:** Anna N. Ligezka

**Manuscript Title:** A complement C4-derived glycopeptide as a novel biomarker for PMM2-CDG

**Manuscript Number (if known):** 172509-INS-CMED-RV-3

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# ICMJE DISCLOSURE FORM

**Date:** 11/19/2023

**Your Name:** Silvia Radenkovic

**Manuscript Title:** A complement C4-derived glycopeptide as a novel biomarker for PMM2-CDG

**Manuscript Number (if known):** 172509-INS-CMED-RV-3

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# ICMJE DISCLOSURE FORM

**Date:** 11/19/2023

**Your Name:** Madan Gopal Ramarajan

**Manuscript Title:** A complement C4-derived glycopeptide as a novel biomarker for PMM2-CDG

**Manuscript Number (if known):** 172509-INS-CMED-RV-3

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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☒ 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:** 11/19/2023

**Your Name:** Savita Udainiya

**Manuscript Title:** A complement C4-derived glycopeptide as a novel biomarker for PMM2-CDG

**Manuscript Number (if known):** 172509-INS-CMED-RV-3

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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# ICMJE DISCLOSURE FORM

**Date:** 11/19/2023

**Your Name:** Kimiyo Raymond

**Manuscript Title:** A complement C4-derived glycopeptide as a novel biomarker for PMM2-CDG

**Manuscript Number (if known):** 172509-INS-CMED-RV-3

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# ICMJE DISCLOSURE FORM

**Date:** 11/19/2023

**Your Name:** Miao He

**Manuscript Title:** A complement C4-derived glycopeptide as a novel biomarker for PMM2-CDG

**Manuscript Number (if known):** 172509-INS-CMED-RV-3

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## ICMJE DISCLOSURE FORM

**Date:** 11/19/2023

**Your Name:** Christina Lam

**Manuscript Title:** A complement C4-derived glycopeptide as a novel biomarker for PMM2-CDG

**Manuscript Number (if known):** 172509-INS-CMED-RV-3

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# ICMJE DISCLOSURE FORM

**Date:** 11/19/2023

**Your Name:** Austin Larson

**Manuscript Title:** A complement C4-derived glycopeptide as a novel biomarker for PMM2-CDG

**Manuscript Number (if known):** 172509-INS-CMED-RV-3

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<b>Time frame: Since the initial planning of the work</b>								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1"> <tr><td>Astellas</td><td>Travere</td></tr> <tr><td>Stealth BioTherapeutics</td><td></td></tr> <tr><td>Neuren</td><td></td></tr> </table>	Astellas	Travere	Stealth BioTherapeutics		Neuren	
Astellas	Travere							
Stealth BioTherapeutics								
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1"> <tr><td>Illumina</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Illumina								
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
<p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

# ICMJE DISCLOSURE FORM

**Date:** 11/19/2023

**Your Name:** Andrew C. Edmondson

**Manuscript Title:** A complement C4-derived glycopeptide as a novel biomarker for PMM2-CDG

**Manuscript Number (if known):** 172509-INS-CMED-RV-3

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Member of CDG Care Advisory Board</td> <td></td> </tr> <tr> <td>DSMB member for Maggie's Pearl</td> <td>Clinical trial of Epalrestat in PMM2-CDG, no payments received</td> </tr> <tr> <td></td> <td></td> </tr> </table>		Member of CDG Care Advisory Board		DSMB member for Maggie's Pearl	Clinical trial of Epalrestat in PMM2-CDG, no payments received				
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
<p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

## ICMJE DISCLOSURE FORM

**Date:** 11/19/2023

**Your Name:** Kyriakie Sarafoglou

**Manuscript Title:** A complement C4-derived glycopeptide as a novel biomarker for PMM2-CDG

**Manuscript Number (if known):** 172509-INS-CMED-RV-3

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10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> </table>									

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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# ICMJE DISCLOSURE FORM

**Date:** 11/19/2023

**Your Name:** Nicholas B. Larson

**Manuscript Title:** A complement C4-derived glycopeptide as a novel biomarker for PMM2-CDG

**Manuscript Number (if known):** 172509-INS-CMED-RV-3

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# ICMJE DISCLOSURE FORM

**Date:** 11/19/2023

**Your Name:** Hudson H. Freeze

**Manuscript Title:** A complement C4-derived glycopeptide as a novel biomarker for PMM2-CDG

**Manuscript Number (if known):** 172509-INS-CMED-RV-3

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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:** 11/19/2023

**Your Name:** Matthew J. Schultz

**Manuscript Title:** A complement C4-derived glycopeptide as a novel biomarker for PMM2-CDG

**Manuscript Number (if known):** 172509-INS-CMED-RV-3

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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# ICMJE DISCLOSURE FORM

**Date:** 11/19/2023

**Your Name:** Tamas Kozicz

**Manuscript Title:** A complement C4-derived glycopeptide as a novel biomarker for PMM2-CDG

**Manuscript Number (if known):** 172509-INS-CMED-RV-3

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# ICMJE DISCLOSURE FORM

**Date:** 11/19/2023

**Your Name:** Eva Morava

**Manuscript Title:** A complement C4-derived glycopeptide as a novel biomarker for PMM2-CDG

**Manuscript Number (if known):** 172509-INS-CMED-RV-3

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*R. J. [Signature]*

# ICMJE DISCLOSURE FORM

**Date:** 11/19/2023

**Your Name:** Akhilesh Pandey

**Manuscript Title:** A complement C4-derived glycopeptide as a novel biomarker for PMM2-CDG

**Manuscript Number (if known):** 172509-INS-CMED-RV-3

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