ICMJE DISCLOSURE FORM

Date: ______ Mar. 22\textsuperscript{nd}, 2021

Your Name: ___Wei-Xia Lin______________________________

Manuscript Title: Molecular epidemiologic study of citrin deficiency by screening for four reported pathogenic SLC25A13 variants in the Shaanxi and Guangdong provinces, China

Manuscript number (if known): ___TP-21-58_________________________________________________

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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 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. | _X_ None | |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None | |
| 3 | Royalties or licenses | _X_ None | |
| 4 | Consulting fees | _X_ None | |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ | None |
| 6 | Payment for expert testimony                                                | X  | None |
| 7 | Support for attending meetings and/or travel                                 | _X_ | None |
| 8 | Patents planned, issued or pending                                          | X  | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | _X_ | None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ | None |
|11 | Stock or stock options                                                      | _X_ | None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ | None |
|13 | Other financial or non-financial interests                                  | _X_ | 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:

_X_ 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: Mar. 22nd, 2021

Your Name: Muhammad Rauf Yaqub

Manuscript Title: Molecular epidemiologic study of citrin deficiency by screening for four reported pathogenic SLC25A13 variants in the Shaanxi and Guangdong provinces, China

Manuscript number (if known): TP-21-58

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | **X** None | Time frame: Since the initial planning of the work |
|   | **No time limit for this item.** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | **X** None | Time frame: past 36 months |
| 3 | Royalties or licenses | **X** None | |
| 4 | Consulting fees | **X** None | |
|   | Conflict of Interest | Answer |
|---|----------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__None |
| 6 | Payment for expert testimony | __X__None |
| 7 | Support for attending meetings and/or travel | __X__None |
| 8 | Patents planned, issued or pending | __X__None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | __X__None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__None |
| 11 | Stock or stock options | __X__None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__None |
| 13 | Other financial or non-financial interests | __X__None |

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ICMJE DISCLOSURE FORM

Date: _____ Mar. 22nd, 2021_______________________________
Your Name: __Zhan-Hui Zhang_______________________________
Manuscript Title: Molecular epidemiologic study of citrin deficiency by screening for four reported pathogenic SLC25A13 variants in the Shaanxi and Guangdong provinces, China
Manuscript number (if known): ____TP-21-58_________________________________________________

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**Time frame: Since the initial planning of the work**

|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|2  | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None                                                                                |
|3  | Royalties or licenses                                                                          | _X_ None                                                                                |
|4  | Consulting fees                                                                               | _X_ None                                                                                |

**Time frame: past 36 months**
|   | 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 |
| 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 |

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ICMJE DISCLOSURE FORM

Date:______ Mar. 25th, 2021_____________________________________________________
Your Name:__Man Mao_____________________________________________________
Manuscript Title: Molecular epidemiologic study of citrin deficiency by screening for four reported pathogenic SLC25A13 variants in the Shaanxi and Guangdong provinces, China
Manuscript number (if known):___TP-21-58_____________________________________

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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X__None                                                                         |
|   | **No time limit for this item.**                                                                 |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                        | X__None                                                                         |
| 3 | Royalties or licenses                                                                          | X__None                                                                         |
| 4 | Consulting fees                                                                                | X__None                                                                         |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_None |
| 6 | Payment for expert testimony                                                | _X_None |
| 7 | Support for attending meetings and/or travel                                | _X_None |
| 8 | Patents planned, issued or pending                                          | _X_None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | _X_None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_None |
| 11| Stock or stock options                                                      | _X_None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_None |
| 13| Other financial or non-financial interests                                  | _X_None |

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

None.

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ICMJE DISCLOSURE FORM

Date:______ Mar. 25th, 2021________________________________________________________
Your Name:__Han-Shi Zeng_____________________________________________________
Manuscript Title: Molecular epidemiologic study of citrin deficiency by screening for four reported pathogenic SLC25A13 variants in the Shaanxi and Guangdong provinces, China
Manuscript number (if known):__TP-21-58__________________________________________

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|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X___None |
|   | No time limit for this item.                                                                 |                                                                                  |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | _X___None |
| 3 | Royalties or licenses                                                                         | _X___None |
| 4 | Consulting fees                                                                               | _X___None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__None |
| 6 | Payment for expert testimony | __X__None |
| 7 | Support for attending meetings and/or travel | __X__None |
| 8 | Patents planned, issued or pending | __X__None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | __X__None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__None |
| 11 | Stock or stock options | __X__None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__None |
| 13 | Other financial or non-financial interests | __X__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:

__X__ 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:______ Mar. 25th, 2021__________________________________________________________
Your Name:__Feng-Ping Chen__________________________________________
Manuscript Title: Molecular epidemiologic study of citrin deficiency by screening for four reported pathogenic SLC25A13 variants in the Shaanxi and Guangdong provinces, China
Manuscript number (if known):___TP-21-58______________________________________________

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|   |                                                                                             |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | _X__None                                                                         |
| 3 | Royalties or licenses                                                                       | _X__None                                                                         |
| 4 | Consulting fees                                                                             | _X__None                                                                         |
| **Time frame: past 36 months** |                                                                                             |                                                                                   |
|   | Financial Interest                          | Answer |
|---|-------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X_None |
| 6 | Payment for expert testimony               | X_None |
| 7 | Support for attending meetings and/or travel | X_None |
| 8 | Patents planned, issued or pending         | X_None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X_None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X_None |
| 11| Stock or stock options                     | X_None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X_None |
| 13| Other financial or non-financial interests  | X_None |

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None.

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ICMJE DISCLOSURE FORM

Date: ____ Mar. 25th, 2021__

Your Name: __Wei-Ming Li______________________________

Manuscript Title: Molecular epidemiologic study of citrin deficiency by screening for four reported pathogenic SLC25A13 variants in the Shaanxi and Guangdong provinces, China

Manuscript number (if known): __TP-21-58______________________________

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|   | **No time limit for this item.** | |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   | Activity                                                                 | Response |
|---|--------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,     | X None   |
|   | manuscript writing or educational events                                 |          |
| 6 | Payment for expert testimony                                             | X None   |
| 7 | Support for attending meetings and/or travel                             | X None   |
| 8 | Patents planned, issued or pending                                       | X None   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board        | X None   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11| Stock or stock options                                                   | X None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13| Other financial or non-financial interests                                | X None   |

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None.

Please place an “X” next to the following statement to indicate your agreement:

_X__ 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: _____ Mar. 24th, 2021

Your Name: __Wen-Zhe Cai______________________________

Manuscript Title: Molecular epidemiologic study of citrin deficiency by screening for four reported pathogenic SLC25A13 variants in the Shaanxi and Guangdong provinces, China

Manuscript number (if known): __TP-21-58______________________________

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|   | No time limit for this item.                                                                      |                                                                                         |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                         | X None                                                                                  |
| 3 | Royalties or licenses                                                                            | X None                                                                                  |
| 4 | Consulting fees                                                                                 | X None                                                                                  |

Time frame: past 36 months
|   |                                                                 |   |
|---|----------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers     | _X_ None |
|   | bureaus, manuscript writing or educational events              |   |
| 6 | Payment for expert testimony                                   | _X_ None |
| 7 | Support for attending meetings and/or travel                   | _X_ None |
| 8 | Patents planned, issued or pending                              | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory     | _X_ None |
|   | Board                                                           |   |
| 10| Leadership or fiduciary role in other board, society, committee| _X_ None |
|   | or advocacy group, paid or unpaid                               |   |
| 11| Stock or stock options                                         | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts | _X_ None |
|   | or other services                                              |   |
| 13| Other financial or non-financial interests                      | _X_ None |

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No time limit for this item. |

|   | Time frame: Since the initial planning of the work |
|---|---------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X__None  
| 3 | Royalties or licenses | _X__None  
| 4 | Consulting fees | _X__None  |

|   | Time frame: past 36 months |
|---|----------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X__None  
| 3 | Royalties or licenses | _X__None  
| 4 | Consulting fees | _X__None  |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | x None |
| 6 | Payment for expert testimony | x None |
| 7 | Support for attending meetings and/or travel | x None |
| 8 | Patents planned, issued or pending | x None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | x None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | x None |
| 11 | Stock or stock options | x None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | x None |
| 13 | Other financial or non-financial interests | x None |

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Date:______ Mar. 24th, 2021__________________________
Your Name:__Zhi-Yong Tan_____________________________________
Manuscript Title: Molecular epidemiologic study of citrin deficiency by screening for four reported pathogenic SLC25A13 variants in the Shaanxi and Guangdong provinces, China
Manuscript number (if known):__TP-21-58_____________________________________

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|   | **Time frame: Since the initial planning of the work**                                           |                                                                                  |
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No time limit for this item. | _X__None                                                                         |                                                                                  |
|   | **Time frame: past 36 months**                                                                  |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | _X__None                                                                         |                                                                                  |
| 3 | Royalties or licenses                                                                         | _X__None                                                                         |                                                                                  |
| 4 | Consulting fees                                                                               | _X__None                                                                         |                                                                                  |
|   |                                                                                      |     |
|---|--------------------------------------------------------------------------------------|-----|
|5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_None |
|6  | Payment for expert testimony                                                           | _X_None |
|7  | Support for attending meetings and/or travel                                           | _X_None |
|8  | Patents planned, issued or pending                                                     | _X_None |
|9  | Participation on a Data Safety Monitoring Board or Advisory Board                     | _X_None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_None |
|11 | Stock or stock options                                                                 | _X_None |
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|13 | Other financial or non-financial interests                                             | _X_None |

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ICMJE DISCLOSURE FORM

Date:______ Mar. 24th, 2021______________________________________________
Your Name:__Wei Sheng_________________________________________________
Manuscript Title: Molecular epidemiologic study of citrin deficiency by screening for four reported pathogenic SLC25A13 variants in the Shaanxi and Guangdong provinces, China
Manuscript number (if known):__TP-21-58_____________________________________

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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) |
|---|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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. | _X__None |

Time frame: Since the initial planning of the work

|   |   |   |
|---|---|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X__None |
| 3 | Royalties or licenses | _X__None |
| 4 | Consulting fees | _X__None |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X_None |
|---|----------------------------------------------------------------------------------------------------------------|-------|
| 6 | Payment for expert testimony | X_None |
| 7 | Support for attending meetings and/or travel | X_None |
| 8 | Patents planned, issued or pending | X_None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X_None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X_None |
| 11 | Stock or stock options | X_None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X_None |
| 13 | Other financial or non-financial interests | X_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:

_X_ 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: ______ Mar. 25th, 2021
Your Name: Zhi-Min Li
Manuscript Title: Molecular epidemiologic study of citrin deficiency by screening for four reported pathogenic SLC25A13 variants in the Shaanxi and Guangdong provinces, China
Manuscript number (if known): __TP-21-58

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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|---|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None |
|   | **No time limit for this item.** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |

Specification:

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_None |
|---|------------------------------------------------------------------------------------------------------------|--------|
| 6 | Payment for expert testimony | _X_None |
| 7 | Support for attending meetings and/or travel | _X_None |
| 8 | Patents planned, issued or pending | _X_None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_None |
| 11 | Stock or stock options | _X_None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_None |
| 13 | Other financial or non-financial interests | _X_None |

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|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
|   | 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.) | _X_ None                                                                             |
|   | No time limit for this item.                                                                    |                                                                                   |
|   |                                                                                                 |                                                                                   |

|   | Time frame: past 36 months                                                                      |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                        | _X_ None                                                                             |
| 3 | Royalties or licenses                                                                            | _X_ None                                                                             |
| 4 | Consulting fees                                                                                 | _X_ None                                                                             |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__None |
| 6 | Payment for expert testimony                                                | __X__None |
| 7 | Support for attending meetings and/or travel                                | __X__None |
| 8 | Patents planned, issued or pending                                          | __X__None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | __X__None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__None |
|11 | Stock or stock options                                                      | __X__None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__None |
|13 | Other financial or non-financial interests                                   | __X__None |

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None.

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__X__ 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: ______ Mar. 25th, 2021

Your Name: Yuan-Xia Li

Manuscript Title: Molecular epidemiologic study of citrin deficiency by screening for four reported pathogenic SLC25A13 variants in the Shaanxi and Guangdong provinces, China

Manuscript number (if known): TP-21-58

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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|---|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br>No time limit for this item. | X None
|  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_None |
| 6 | Payment for expert testimony | _X_None |
| 7 | Support for attending meetings and/or travel | _X_None |
| 8 | Patents planned, issued or pending | _X_None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_None |
| 11 | Stock or stock options | _X_None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_None |
| 13 | Other financial or non-financial interests | _X_None |

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None.

Please place an “X” next to the following statement to indicate your agreement:

_X_ 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: Mar. 28th, 2021
Your Name: Jun-Ping Zhang
Manuscript Title: Molecular epidemiologic study of citrin deficiency by screening for four reported pathogenic SLC25A13 variants in the Shaanxi and Guangdong provinces, China
Manuscript number (if known): TP-21-58

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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| 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. | _X_ None |
|   | Time frame: Since the initial planning of the work |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   | Time frame: past 36 months |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__None |
|---|-------------------------------------------------------------------------------------------------|-----------|
| 6 | Payment for expert testimony | __X__None |
| 7 | Support for attending meetings and/or travel | __X__None |
| 8 | Patents planned, issued or pending | __X__None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | __X__None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__None |
| 11 | Stock or stock options | __X__None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__None |
| 13 | Other financial or non-financial interests | __X__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:

__X__ 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:______ Mar. 27th, 2021__________________________________________________________
Your Name: ____Yao-Bin Han__________________________________________________________
Manuscript Title: Molecular epidemiologic study of citrin deficiency by screening for four reported pathogenic SLC25A13 variants in the Shaanxi and Guangdong provinces, China
Manuscript number (if known): ____TP-21-58____________________________________________

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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) |
|---|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X__None | Time frame: Since the initial planning of the work |
|   | No time limit for this item.                                                              |                                                                                  |

|   | X__None | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|----------|----------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).             | X__None | Time frame: past 36 months |
| 3 | Royalties or licenses                                                                  | X__None |                                                                                  |
| 4 | Consulting fees                                                                       | X__None |                                                                                  |
|   | Description                                                                 |   |
|---|-----------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,         | _X_None  |
|   | manuscript writing or educational events                                    |   |
| 6 | Payment for expert testimony                                                | _X_None  |
| 7 | Support for attending meetings and/or travel                                | _X_None  |
| 8 | Patents planned, issued or pending                                          | _X_None  |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | _X_None  |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy | _X_None  |
|   | group, paid or unpaid                                                       |   |
| 11| Stock or stock options                                                      | _X_None  |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other     | _X_None  |
|   | services                                                                    |   |
| 13| Other financial or non-financial interests                                  | _X_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:

_X__ 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: ______ Mar. 27th, 2021

Your Name: Yan Li

Manuscript Title: Molecular epidemiologic study of citrin deficiency by screening for four reported pathogenic SLC25A13 variants in the Shaanxi and Guangdong provinces, China

Manuscript number (if known): ______

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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) |
|----|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 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. | _X_ None |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3  | Royalties or licenses | _X_ None |
| 4  | Consulting fees | _X_ None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
| Question                                                                 | Answer |
|-------------------------------------------------------------------------|--------|
| Payment or honoraria for lectures, presentations, speakers bureaus,    | None   |
| manuscript writing or educational events                               |        |
| Payment for expert testimony                                           | None   |
| Support for attending meetings and/or travel                           | None   |
| Patents planned, issued or pending                                     | None   |
| Participation on a Data Safety Monitoring Board or Advisory Board       | None   |
| Leadership or fiduciary role in other board, society, committee or    | None   |
| advocacy group, paid or unpaid                                         |        |
| Stock or stock options                                                 | None   |
| Receipt of equipment, materials, drugs, medical writing, gifts or other | None   |
| services                                                                |        |
| Other financial or non-financial interests                              | 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:

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
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Date:______ Mar. 25th, 2021
Your Name: Wu-Qiong Duan

Manuscript Title: Molecular epidemiologic study of citrin deficiency by screening for four reported pathogenic SLC25A13 variants in the Shaanxi and Guangdong provinces, China
Manuscript number (if known): _TP-21-58_

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: 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. | _X___None                                                                         |
|   | Time frame: past 36 months                                                                      |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                        | _X___None                                                                         |
| 3 | Royalties or licenses                                                                           | _X___None                                                                         |
| 4 | Consulting fees                                                                                 | _X___None                                                                         |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_None |
| 6 | Payment for expert testimony                                                | X_None |
| 7 | Support for attending meetings and/or travel                                | _X_None |
| 8 | Patents planned, issued or pending                                          | X_None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | _X_None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_None |
| 11| Stock or stock options                                                      | X_None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_None |
| 13| Other financial or non-financial interests                                  | X_None |

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None.

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ICMJE DISCLOSURE FORM

Date: ______ Mar. 25th, 2021
Your Name: Bao-Ni Ye

Manuscript Title: Molecular epidemiologic study of citrin deficiency by screening for four reported pathogenic SLC25A13 variants in the Shaanxi and Guangdong provinces, China
Manuscript number (if known): TP-21-58

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None | Time frame: Since the initial planning of the work |
|   | No time limit for this item. | | |
|   | | | |

|   | Time frame: past 36 months | |
|---|----------------------------|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
|   |                                                                 |   |
|---|-----------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X__None |
| 6 | Payment for expert testimony                                    | _X__None |
| 7 | Support for attending meetings and/or travel                     | _X__None |
| 8 | Patents planned, issued or pending                               | _X__None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X__None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X__None |
| 11| Stock or stock options                                          | _X__None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X__None |
| 13| Other financial or non-financial interests                       | _X__None |

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None.

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_X__ 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: Mar. 25th, 2021

Your Name: Ya-Rong Li

Manuscript Title: Molecular epidemiologic study of citrin deficiency by screening for four reported pathogenic SLC25A13 variants in the Shaanxi and Guangdong provinces, China

Manuscript number (if known): TP-21-58

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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|   | **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.) | _X__None                                                                        |
|   | **No time limit for this item.**                                                               |                                                                                  |
|   | **Time frame: past 36 months**                                                                 |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | _X__None                                                                        |
| 3 | Royalties or licenses                                                                         | _X__None                                                                        |
| 4 | Consulting fees                                                                               | _X__None                                                                        |
|   | Description                                                                 |   |
|---|-----------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__None |
| 6 | Payment for expert testimony                                               | __X__None |
| 7 | Support for attending meetings and/or travel                                | __X__None |
| 8 | Patents planned, issued or pending                                          | __X__None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | __X__None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__None |
| 11| Stock or stock options                                                      | __X__None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__None |
| 13| Other financial or non-financial interests                                  | __X__None |

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ICMJE DISCLOSURE FORM

Date:______ Mar. 23\textsuperscript{rd}, 2021
Your Name:_Yuan-Zong Song________________________________________

Manuscript Title: Molecular epidemiologic study of citrin deficiency by screening for four reported pathogenic SLC25A13 variants in the Shaanxi and Guangdong provinces, China
Manuscript number (if known):__TP-21-58_________________________________________________

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The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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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