ICMJE DISCLOSURE FORM

Date: ___April 22th, 2021___________________________
Your Name: ___Bin Cui___________________________
Manuscript Title: _Neurophysiological characteristics in arginemia: a case report___________________________
Manuscript number (if known): ___TP-21-112-R1___________________________

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** | | |
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| **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 | 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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Date: __April 22th, 2021__________________________
Your Name: ___Lin Wei____________________________
Manuscript Title: Neurophysiological characteristics in argininemia: a case report____________________
Manuscript number (if known): ___TP-21-112-R1__________________________

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Date:___April 22th, 2021______________________________
Your Name:___Zhijun Zhu__________________________________________________

Manuscript Title:_Neurophysiological characteristics in argininemia: a case report____________________
Manuscript number (if known):___TP-21-112-R1____________________________

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Date: ___April 22\textsuperscript{th}, 2021___

Your Name: ___ Liying Sun ___

Manuscript Title: Neurophysiological characteristics in arginemia: a case report

Manuscript number (if known): ___ TP-21-112-R1 ___

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| 4 | **Consulting fees** | ___X__ None  
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