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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 
   Walter

2. Surname (Last Name) 
   Herzog

3. Date 
   04-February-2019

4. Are you the corresponding author? 
   □ Yes   ✔ No

   Corresponding Author’s Name
   Kerr Graham

5. Manuscript Title
   Sarcopenia, Cerebral Palsy and Botulinum Toxin A

6. Manuscript Identifying Number (if you know it)
   REVIEWS-D-18-00153R2

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? 
   □ Yes   ✔ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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<td>Canadian Institutes of Health Research (CIHR)</td>
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Are there any relevant conflicts of interest? 
   □ Yes   ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 
   □ Yes   ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Herzog reports grants from Canadian Institutes of Health Research (CIHR), during the conduct of the study; .

Evaluation and Feedback

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. Given Name (First Name)  
   Kerr

2. Surname (Last Name)  
   Graham

3. Date  
   07-December-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Sarcopenia, Cerebral and Botulinum Toxin A

6. Manuscript Identifying Number (if you know it)  
   Reviews--D-18-00153R1

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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<td>National Health and Medical Research Council of Australia, CRE-CP.</td>
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Dr. Graham reports grants from National Health and Medical Research Council of Australia, from null, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)  
   Iqbal

2. Surname (Last Name)  
   Multani

3. Date  
   07-December-2018

4. Are you the corresponding author?  
   Yes ☐  No ☑

Corresponding Author’s Name  
   H Kerr Graham

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   Sarcopenia, Cerebral Palsy and Botulinum Toxin A

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Dr. Multani has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name (First Name) Jamil
2. Surname (Last Name) Manji
3. Date 07-December-2018
4. Are you the corresponding author? Yes No
Corresponding Author’s Name
H Kerr Graham
5. Manuscript Title Sarcopenia, Cerebral and Botulinum Toxin A
6. Manuscript Identifying Number (if you know it) Reviews--D-18-00153R1

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Min

2. Surname (Last Name)  
   Tang

3. Date  
   07-December-2018

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  
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   H Kerr Graham

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   - [x] No

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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Howard
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1. Given Name (First Name)  Jason
2. Surname (Last Name)       Howard
3. Date                      07-December-2018
4. Are you the corresponding author? [ ] Yes [✓] No
   Corresponding Author’s Name
   H Kerr Graham

5. Manuscript Title
   Sarcopenia, Cerebral and Botulinum Toxin A

6. Manuscript Identifying Number (if you know it)
   Reviews--D-18-00153R1

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Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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Dr. Howard has nothing to disclose.

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