ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - James

2. **Surname (Last Name)**
   - Lupski

3. **Date**
   - 26-October-2015

4. **Are you the corresponding author?**
   - Yes [✓]  No [ ]

5. **Manuscript Title**
   - Molecular etiology of arthrogryposis in a cohort of families of mostly Turkish origin

6. **Manuscript Identifying Number (if you know it)**
   - 84457-RG-1

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- Yes [✓]  No [ ]

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Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments
--- | --- | --- | --- | --- | ---
Miraca Genetics Laboratories | ☐ | ☐ | ☑ | ☐ | Scientific Advisory Board

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☑ Yes  ☐ No

**Section 5. Relationships not covered above**

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Dr. Lupski reports grants from NIH/NINDS, during the conduct of the study; other from 23andMe, other from Regeneron, other from Lasergen, non-financial support from Miraca Genetics Laboratories, outside the submitted work.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Richard

2. **Surname (Last Name)**
   - Gibbs

3. **Date**
   - 30-October-2015

4. **Are you the corresponding author?**
   - No

5. **Manuscript Title**
   - Molecular etiology of arthrogryposis in a cohort of families of mostly Turkish origin

6. **Manuscript Identifying Number (if you know it)**
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<td>✔</td>
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<td>Interim Chief Scientific Officer</td>
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1. Given Name (First Name)  
   Yavuz  
2. Surname (Last Name)  
   Bayram  
3. Date  
   30-October-2015  
4. Are you the corresponding author?  
   Yes [x]  
   No  
   Corresponding Author’s Name  
   James R. Lupski  
5. Manuscript Title  
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Dr. Bayram has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Ender

2. Surname (Last Name)  
   Karaca

3. Date  
   30-October-2015

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   James R. Lupski

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  Zeynep
2. Surname (Last Name)  Coban Akdemir
3. Date  30-October-2015
4. Are you the corresponding author?  No  ✔

5. Manuscript Title
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Coban Akdemir has nothing to disclose.

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tr>
<td>Elif</td>
<td>Ozdamar Yilmaz</td>
<td>30-October-2015</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author’s Name

[ ] Yes [x] No

James R. Lupski

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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Dr. Ozdamar Yilmaz has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Gulsen

2. Surname (Last Name)  
   Akay Tayfun

3. Date  
   30-October-2015

4. Are you the corresponding author?  
   [ ] Yes  [ ] No  
   Corresponding Author’s Name  
   James R. Lupski

5. Manuscript Title  
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Dr. Akay Tayfun has nothing to disclose.

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1. Given Name (First Name)  
Hatip

2. Surname (Last Name)  
Aydin

3. Date  
30-October-2015

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

Corresponding Author’s Name  
James R. Lupski

5. Manuscript Title  
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Dr. Aydin has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Deniz

2. Surname (Last Name)  
   Torun

3. Date  
   30-October-2015

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No  
   Corresponding Author’s Name  
   James R. Lupski

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1. Given Name (First Name)  
   Sevcan

2. Surname (Last Name)  
   Tug Bozdogan

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Alper

2. **Surname (Last Name)**
   - Gezdirici

3. **Date**
   - 30-October-2015

4. **Are you the corresponding author?**
   - Yes ☑

5. **Manuscript Title**
   - Molecular etiology of arthrogryposis in a cohort of families of mostly Turkish origin

6. **Manuscript Identifying Number (if you know it)**
   - 84457-RG-1

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Gezdirici has nothing to disclose.

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1. Given Name (First Name)  
   Sedat

2. Surname (Last Name)  
   Isikay

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4. Are you the corresponding author?  
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   ✔

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   James R. Lupski

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<th>1. Given Name (First Name)</th>
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<td>Atik</td>
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<td>3. Date</td>
<td>30-October-2015</td>
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<td>4. Are you the corresponding author?</td>
<td>Yes ☑ No</td>
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<tr>
<td>Corresponding Author’s Name</td>
<td>James R. Lupski</td>
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Section 1. Identifying Information

1. Given Name (First Name) Tomasz
2. Surname (Last Name) Gambin
3. Date 30-October-2015
4. Are you the corresponding author? ❑ Yes  ❑ No
   Corresponding Author’s Name James R. Lupski
5. Manuscript Title
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El-Hattab
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Ayman
2. Surname (Last Name)  El-Hattab
3. Date  30-October-2015

4. Are you the corresponding author?  No

Corresponding Author’s Name  James R. Lupski

5. Manuscript Title
Molecular etiology of arthrogryposis in a cohort of families of mostly Turkish origin

6. Manuscript Identifying Number (if you know it)
84457-RG-1

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?  No

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Are there any relevant conflicts of interest?  No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  No
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. El-Hattab 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)  Wu-Lin
2. Surname (Last Name)  Charng
3. Date  30-October-2015
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name
J. R. Lupski

5. Manuscript Title
Molecular etiology of arthrogryposis in a cohort of families of mostly Turkish origin

6. Manuscript Identifying Number (if you know it)
84457-RG-1

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Dr. Charng 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) Davut
2. Surname (Last Name) Pehlivan
3. Date 30-October-2015
4. Are you the corresponding author? ☑ Yes  ☐ No
   Corresponding Author’s Name
   James R. Lupski

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Pehlivan
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Dr. Pehlivan 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)  
   Shalini

2. Surname (Last Name)  
   Jhangiani

3. Date  
   30-October-2015

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author's Name  
   James R. Lupski

5. Manuscript Title  
   Molecular etiology of arthrogryposis in a cohort of families of mostly Turkish origin

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## Section 1. Identifying Information

1. Given Name (First Name) | Donna
2. Surname (Last Name) | Muzny
3. Date | 30-October-2015
4. Are you the corresponding author? | Yes
5. Manuscript Title
   Molecular etiology of arthrogryposis in a cohort of families of mostly Turkish origin
6. Manuscript Identifying Number (if you know it) | 84457-RG-1

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Dr. Muzny has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Ali

2. Surname (Last Name)  
   Karaman

3. Date  
   30-October-2015

4. Are you the corresponding author?  
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   Corresponding Author’s Name  
   James R. Lupski

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3. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

4. **Relationships not covered above.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Tamer

2. Surname (Last Name)  
Celik

3. Date  
30-October-2015

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

Corresponding Author’s Name  
James R. Lupski

5. Manuscript Title  
Molecular etiology of arthrogryposis in a cohort of families of mostly Turkish origin

6. Manuscript Identifying Number (if you know it)  
84457-RG-1

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Are there any relevant conflicts of interest?  
☐ Yes  ☑ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
☐ Yes  ☑ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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**Section 6. Disclosure Statement**

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Celik has nothing to disclose.

**Evaluation and Feedback**

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Ozge

2. Surname (Last Name)  
   Ozalp Yuregir

3. Date  
   30-October-2015

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

   Corresponding Author’s Name  
   James R. Lupski

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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   Yes ☐  No ☑

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Dr. Ozalp Yuregir 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) Timur
2. Surname (Last Name) Yildirim
3. Date 30-October-2015
4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
James R. Lupski

5. Manuscript Title
Molecular etiology of arthrogryposis in a cohort of families of mostly Turkish origin

6. Manuscript Identifying Number (if you know it)
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Dr. Yildirim 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)  
   Ilhan

2. Surname (Last Name)  
   Bayhan

3. Date  
   30-October-2015

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No

   Corresponding Author’s Name  
   James R. Lupski

5. Manuscript Title  
   Molecular etiology of arthrogryposis in a cohort of families of mostly Turkish origin

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
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   [x] No

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Are there any relevant conflicts of interest?  
   [ ] Yes  
   [x] No

### Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Bayhan 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) Eric
2. Surname (Last Name) Boerwinkle
3. Date 30-October-2015
4. Are you the corresponding author? Yes ✔ No
Corresponding Author’s Name James R. Lupski
5. Manuscript Title Molecular etiology of arthrogryposis in a cohort of families of mostly Turkish origin
6. Manuscript Identifying Number (if you know it) 84457-RG-1

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Are there any relevant conflicts of interest? Yes ✔ No

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Dr. Boerwinkle has nothing to disclose.

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1. Given Name (First Name)  
   Nursel

2. Surname (Last Name)  
   Elcioglu

3. Date  
   30-October-2015

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

   Corresponding Author’s Name  
   James R. Lupski

5. Manuscript Title  
   Molecular etiology of arthrogryposis in a cohort of families of mostly Turkish origin

6. Manuscript Identifying Number (if you know it)  
   84457-RG-1

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 ☑

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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 ☑
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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Elcioglu has nothing to disclose.

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party – that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work’s sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Beyhan

2. Surname (Last Name)  
   Tuysuz

3. Date  
   30-October-2015

4. Are you the corresponding author?  
   [ ] Yes  [ ] No

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   [ ] Yes  [ ] No

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