

Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

Voller 1



Section 1. Identifying Inform	nation				
Given Name (First Name) Bernhard	2. Surname (Last Name) Voller			3. Date 05-October-2015	
4. Are you the corresponding author?	Yes ✓ No	Correspond Mark Halle	ling Author's Nan	ne	
5. Manuscript Title Dose escalation study of octanoic acid	for essential tremor treat	ment			
6. Manuscript Identifying Number (if you kn 83621-JCI-CMED-RV-2	now it)				
Section 2. The Work Under C	onsideration for Pub	lication			
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)?	g but not limited to grants,				
Are there any relevant conflicts of intere If yes, please fill out the appropriate info Excess rows can be removed by pressin	ormation below. If you h	ave more than	one entity pres	s the "ADD" button to ad	d a row.
Name of Institution/Company	Grant? Personal N	on-Financial Support [?]	Other? Com	ments	
NINDS Intramural Program			✓ Institut	ional support	×
Manhattan Pharmaceutical Inc			and De	NDS Cooperative Research evelopment Agreement A #02036)	×
					ADD
Section 3. Relevant financial	activities outside the	submitted v	work.		
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Are there any relevant conflicts of interest	est? Yes 🗸 No				ADD
Section 4. Intellectual Proper	rty Patents & Copyr	rights			i î
Do you have any patents, whether plan	ned, pending or issued, l	broadly relevar	nt to the work?	Yes ✓ No	

Voller 2

Section 5. Relationships not covered above

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?

Yes, the following relationships/conditions/circumstances are present (explain below):

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6.

Disclosure Statement

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

Generate Disclosure Statement

Dr. Voller reports other from NINDS Intramural Program, personal fees from Manhattan Pharmaceutical Inc, during the conduct of the study; Dr. Voller worked as a contractor and as a Special Volunteer at the National Institutes of Health/National Institute of Neurological Disorders and Stroke (NIH/NINDS) in accord with the Cooperative Research and Development Agreement (CRADA #02036).

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Lines 1





Section 1.	ldentifying Inform	nation			
Given Name (Fi Emily	irst Name)	2. Surnar Lines	ne (Last Name)		3. Date 10-October-2015
4. Are you the cor	responding author?	Yes	✓ No	Corresponding Author Mark Hallett	's Name
Manuscript Titl Dose escalation	e study of octanoic acid	for essentia	al tremor treati	ment	
6. Manuscript Ide 3621-JCI-CMED-	ntifying Number (if you k RV-2	now it)			
Section 2.	The Work Under C	oncidorat	tion for Rubl	ication	
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Section 4.	Intellectual Prope	rty Pate	nts & Copyri	ghts	ĺ
Do you have any	patents, whether plar	ned, pendi	ng or issued, b	roadly relevant to the v	vork? Yes No

Lines 2

Section 5. Relationships not covered above 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? Yes, the following relationships/conditions/circumstances are present (explain below): ✓ No other relationships/conditions/circumstances that present a potential conflict of interest At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships. Section 6. Disclosure Statement Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. **Generate Disclosure Statement** Dr. Lines reports grants from Manhattan Pharmaceuticals, during the conduct of the study;.

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Royalties: Funds are coming in to you or your institution due to your patent

McCrossin 1

Section 1. Identifying Infor	mation	
Given Name (First Name) Gayle	Surname (Last Name) McCrossin	3. Date 11-October-2015
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Mark Hallett
5. Manuscript Title		
Dose escalation study of octanoic acid	d for essential tremor treatm	nent
6. Manuscript Identifying Number (if you 83621-JCI-CMED-RV-2	know it)	
Section 2. The Work Under	Consideration for Public	cation
any aspect of the submitted work (includir statistical analysis, etc.)?	ng but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
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Do you have any patents, whether pla	nned, pending or issued, br	roadly relevant to the work? Yes V No

McCrossin 2



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Ms. McCrossin, C	CRNP has nothing to disclose.

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Tinaz 1



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Tinaz 2



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Barralaina Francisco

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Lungu 1

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Codrin	Lungu		16-October-2015
. Are you the corresponding author?	Yes ✓ No	Corresponding Author's	s Name
		Mark Hallett	
. Manuscript Title			
Dose escalation study of octanoic acid	d for essential tremor treat	ment	
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Lungu 2



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
On occasion, jou	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Dis	closure Statement
Dr. Lungu has no	othing to disclose.

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Lungu 3



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Royalties: Funds are coming in to you or your institution due to your patent

Grimes 1



Section 1.	ldentifying Inform	ation			
1. Given Name (Fi George	92~(A+0) 10001	400000	ne (Last Name)		3. Date 16-October-2015
4. Are you the cor	responding author?	Yes	✓ No	Corresponding Author's No Mark Hallett	ame
5. Manuscript Title Dose escalation	e study of octanoic acid f	or essentia	l tremor treat	ment	
6. Manuscript Ide 83621-JCI-CMED	ntifying Number (if you kr)-RV-2	now it)			
	ı				
Section 2.	The Work Under Co				
5 To 11 y 18 y 2 . The last of the 11 of the 12 years of the 12 years	ubmitted work (including				ommercial, private foundation, etc.) for lesign, manuscript preparation,
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Are there any rel	evant conflicts of intere	est? Y	es 🗸 No		ADD
Section 4.	Intellectual Proper	ty Pate	nts & Copyr	ights	
Do you have any	patents, whether plan	ned, pendir	ng or issued, b	roadly relevant to the work	Yes ✓ No

Grimes 2





Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. Irnals may ask authors to disclose further information about reported relationships.
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below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Dis	sclosure Statement
Dr. Grimes has r	nothing to disclose.

Evaluation and Feedback

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Royalties: Funds are coming in to you or your institution due to your

patent

Starling 1

Section 1. Identifying Info	ormation	
1. Given Name (First Name)	2. Surname (Last Name)	3. Date
Judith	Starling	13-October-2015
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name
		Mark Hallett
5. Manuscript Title		
Dose escalation study of octanoic a	cid for essential tremor treatn	nent
6. Manuscript Identifying Number (if yo 83621-JCI-CMED-RV-2	u know it)	
Did you or your institution at any time	ding but not limited to grants, d	n a third party (government, commercial, private foundation, etc.) for at a monitoring board, study design, manuscript preparation,
Section 3. Relevant finance	ial activities outside the	submitted work.
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Starling 2



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
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patent

Potti 1

Section 1. Identifying Inform	nation	
Given Name (First Name) Gopal	2. Surname (Last Name) Potti	3. Date 13-October-2015
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Hallet, Mark
5. Manuscript Title Dose escalation study of octanoic acid	for essential tremor treat	
6. Manuscript Identifying Number (if you k 83621-JCI-CMED-RV-2	know it)	
Section 2. The Work Under C	Consideration for Publ	ication
Did you or your institution at any time reco any aspect of the submitted work (includin statistical analysis, etc.)?	eive payment or services from	m a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of inter	rest? Yes ✓ No	ADD
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of compensation) with entities as desc	ribed in the instructions. l	hether you have financial relationships (regardless of amount Use one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication.
Are there any relevant conflicts of inter	rest? Yes V No	ADD
Section 4. Intellectual Prope	erty Patents & Copyr	ights
Do you have any patents, whether plan	nned, pending or issued, t	proadly relevant to the work? Yes V

Potti 2



Section 5. Relationships not covered above 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? Yes, the following relationships/conditions/circumstances are present (explain below): ✓ No other relationships/conditions/circumstances that present a potential conflict of interest At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships. Section 6. Disclosure Statement Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. **Generate Disclosure Statement** Dr. Potti has nothing to disclose.

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Buchwald 1

Section 1. Identifying Inform	nation		The state of the s
Given Name (First Name) Peter	2. Surname (Last Name) Buchwald		3. Date 12-October-2015
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's No	ame
5. Manuscript Title Dose escalation study of octanoic acid	for essential tremor treatr	ment	
6. Manuscript Identifying Number (if you k 83621-JCI-CMED-RV-2	know it)		
Section 2. The Work Under C	Consideration for Publi	ication	
Did you or your institution at any time reco any aspect of the submitted work (includin statistical analysis, etc.)?	eive payment or services fron g but not limited to grants, d	n a third party (government, co	
Are there any relevant conflicts of inter	rest? Yes ✓ No		ADD
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Do you have any patents, whether plan	nned, pending or issued, b	roadly relevant to the work	Yes No

Buchwald 2



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Section 6.	Disclosure Statement
Based on the ab below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Di	sclosure Statement
Dr. Buchwald ha	as nothing to disclose.
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1

administrative support, etc.



Section 1.	Identifying Informa	ation					
1. Given Name (Fir Dietrich	st Name)	2. Surnan Haubenh	ne (Last Nam Derger	e)		3. Date 09-October-2015	
4. Are you the corr	esponding author?	Yes	✓ No	Correspon	ding Author's ett	Name	
5. Manuscript Title Dose escalation s	tudy of octanoic acid fo	or essentia	l tremor tre	eatment			
6. Manuscript Iden	tifying Number (if you kno	ow it)					
Section 2.	The Work Under Co	nsiderat	ion for Pu	ıblication			
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	ut the appropriate info			have more than	n one entity p	oress the "ADD" butto	on to add a row.
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Section 4.	Intellectual Propert	y Pate	nts & Cop	yrights			
Do you have any	patents, whether plann	ed, pendi	ng or issue	d, broadly releva	ant to the wo	rk? Yes 🗸 N	lo

Haubenberger 2

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Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Dis	closure Statement

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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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".

Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

Intellectual Property.

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

Relationships not covered above.

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

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Section 1. Identifying Inform	nation	
Given Name (First Name) Mark	2. Surname (Last Name) Hallett	3. Date 09-October-2015
4. Are you the corresponding author?	√ Yes No	
5. Manuscript Title Dose escalation study of octanoic acid	for essential tremor treatment	
Manuscript Identifying Number (if you kn 83621-JCI-CMED-RV-2	now it)	
Section 2. The Work Under C	onsideration for Publication	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter- If yes, please fill out the appropriate info	eive payment or services from a third party g but not limited to grants, data monitoring est? Yes No ormation below. If you have more than	(government, commercial, private foundation, etc.) for g board, study design, manuscript preparation, none entity press the "ADD" button to add a row.
Excess rows can be removed by pressin	Grant? Personal Non-Financial Fees? Support?	Other? Comments
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		ADD
Section 3. Relevant financial	activities outside the submitted	work.
of compensation) with entities as descr	ibed in the instructions. Use one line for port relationships that were present d	ave financial relationships (regardless of amount or each entity; add as many lines as you need by uring the 36 months prior to publication.
Section 4. Intellectual Proper	rty Patents & Copyrights	
Do you have any patents, whether plan	ned, pending or issued, broadly releva	nt to the work? Yes V No

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Section 5.	Relationships not covered above
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Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Dis	sclosure Statement
Dr. Hallett repor	ts grants from Manhattan Pharmaceutical Inc, during the conduct of the study; .

Evaluation and Feedback

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