7/14/2023

Date:

Your Name:		Elizabeth Berry-Kravis		
Manuscript Title:		Effects of AFQ056 on Language Learning in Fragile X Syndrome		
Manuscript Number (if l	known):	171723-JCI-CMED-1		
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interest affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necess indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so the content of the manuscript interests should be defined broadly. For example, if your manuscript pertains to epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication 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 frame for disclosure is the past 36 months.			ot-for-profit third parties whose interests may be int to transparency and does not necessarily interest, it is preferable that you do so. example, if your manuscript pertains to the facturers of antihypertensive medication, even if	
		entities with whom you have this hip 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	
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.	NIH gra U01NS0 U01NS0 U24NS2 U24NS2	one nts U01NS096767, U01NS077179, 077352, U24NS107200, U24NS107209, 077323, U24NS107183, U24NS107168, 107128, U24NS107199, U24NS107198, 107166, U10NS077368, U01NS07736, 107205, P50HD103526 s IIT grant AFQ056X2201T	Funding to institution for trial, funding to institutions in the NeuroNEXT network Funding to institution, Drug to NeuroNEXT network pharmacy Click the tab key to add additional rows.	
		Time from a past 26 month		
2 Grants or contracts from any entity (if not indicated in item #1 above).	R01DCC 1 U01D 1R01HI R44MH 1 U54 N 2R01M 2R01HI Clinical Roche,	0082110-06 010191 0001298-01-00 0106652-01A1	All payment for all grants and contracts is to institution	

		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)
		Foundation for Angelman Syndrome Therapeutics Angelman Syndrome Foundation Rett Syndrome Foundation	
3	Royalties or licenses	None None	
4	Consulting fees	Acadia, Biogen, BioMarin, Engrail, Erydel, Ionis, Jaguar, Kisbee, Moment Biosciences, Neuren, Neurogene, Novartis, Orphazyme/Kempharm, Ovid, PTC Therapeutics, Roche, Taysha, Tetra, Ultragenyx, Yamo, Zynerba	All payments to institution
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Ionis, Ultragenyx, Tetra	Investigator meetings – only compensation for travel costs

		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)
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Neurogene CLN% gene therapy DSMB	Compensation to institution
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	National Fragile X Foundation Angelman Syndrome Foundation Phelan McDermid Syndrome Foundation Medical Advisory Board Rett Syndrome Medical Advisory Committee	
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	
Plea	Please place an "X" next to the following statement to indicate your agreement:		
[oxtimes]	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	7/10/2023
Your Name:	Leonard Abbeduto
Manuscript Title:	Effects of AFQ056 on Language Learning in Fragile X Syndrome
Manuscript Number (if known):	171723-JCI-CMED-1

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 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	□ None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	NIH grants U01NS096767, U01NS077179, U01NS077352, U24NS107200, U24NS107209, U01NS077323, U24NS107183, U24NS107168, U24NS107128, U24NS107199, U24NS107198, U24NS107166, U10NS077368, U01NS07736, U24NS107205, P50HD103526	Funding to institution for trial, funding to institutions in the NeuroNEXT network
	No time limit for this item.	Novartis IIT grant AFQ056X2201T	Funding to institution, Drug to NeuroNEXT network pharmacy
			Click the tab key to add additional rows.
		Time frame: past 36 months	5
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).	NIH: R01HD024356, R01HD093654, R01HD093765, R01HD098179, R01HD098179-02S1, R01HD098179-03S1, U01DC019279, U01TR002764	PCORI: EASC-00269
		Simons Foundation: 388722, 1153073	
		U.S. Dept of Education: P407A200052	

		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)
Royalties or licenses		□ None	
		Wisconsin Alumni Research Foundation	Payments made to me
4	Consulting fees	None	
5	Payment or honoraria for	⊠ None	
	lectures,		
	presentations,		
	speakers bureaus,		
	manuscript		
	writing or educational		
	events		
6	Payment for	None	
	expert testimony	[]	
7 Support for attending None			
	meetings and/or		
	travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on	None	
	a Data Safety		
	Monitoring		
	Board or Advisory Board		
10	Leadership or fiduciary role in	None	
	other board,		
	l l		

		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)
	society, committee or advocacy group, paid or unpaid		
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	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:			7/11/2023		
Your Name:			Randi Hagerman		
Manuscript Title:			Effects of AFQ056 on Language Learning in	Fragile X Syndrome	
Mar	nuscript Number (if	known):	171723-JCI-CMED-1		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mar indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned in the content of the content			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity es/interests should be defined broadly. For each should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
			entities with whom you have this hip 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	
	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.	NIH gra U01NS(U01NS(U24NS) U24NS)	one onts U01NS096767, U01NS077179, 077352, U24NS107200, U24NS107209, 077323, U24NS107183, U24NS107168, 107128, U24NS107199, U24NS107198, 107166, U10NS077368, U01NS07736, 107205, P50HD103526;P50HD103526 s IIT grant AFQ056X2201T	Funding to institution for trial, funding to institutions in the NeuroNEXT network Also funding for MIND Institute IDDRC Funding to institution, Drug to NeuroNEXT network pharmacy Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	RH has trial in RH has for clini	received funding from Zynerba for clinical fragile X syndrome received funding from Azrieli Foundation cal trial in FXS received funding from Tetra Therapeutics idolescent and adult trial in FXS	Funding to my Institution Funding to my institution Funding to my institution	
3	Royalties or licenses	⊠ No	one		

		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)
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	Image: square of the property o	
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	Non funded advisory committee to Tetra Pharma Non funded advisory committee to Zynerba Pharmaceuticals	

		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)
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	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	7/11/2023	
Your Name:	Christopher S. Coffey	
Manuscript Title:	Effects of AFQ056 on Language Learning in Fragile X Syndrome	
Manuscript Number (if known):	171723-JCI-CMED-1	
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 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.	NIH grants U01NS096767, U01NS077179, U01NS077352, U24NS107200, U24NS107209, U01NS077323, U24NS107183, U24NS107168, U24NS107128, U24NS107199, U24NS107198, U24NS107166, U10NS077368, U01NS07736, U24NS107205, P50HD103526 Novartis IIT grant AFQ056X2201T Time frame: past 36 month	Funding to institution for trial, funding to institutions in the NeuroNEXT network Funding to institution, Drug to NeuroNEXT network pharmacy Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	Michael J Fox Foundation NINDS	Grant funding Grant funding
3	Royalties or licenses	None	

		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)
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None Output Outp
9	Participation on a Data Safety Monitoring Board or Advisory Board	Member of several DSMBs – but none in Fragile X Syndrome
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None

		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)
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	
Plea	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Dat	e:	7/11/2023	
Υοι	ır Name:	Merit Cudkowicz	
Ma	nuscript Title:	Effects of AFQ056 on Language Learning i	n Fragile X Syndrome
Ma	nuscript Number (if kn	nown): 171723-JCI-CMED-1	
cor affe ind The	etent of your manuscrip ected by the content of icate a bias. If you are author's relationships, demiology of hypertens	ency, we ask you to disclose all relationships/activitot. "Related" means any relation with for-profit or the manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activitial formula in the relationship in the relationship is signal, you should declare all relationships with manuscript.	not-for-profit third parties whose interests may be ent to transparency and does not necessarily ty/interest, it is preferable that you do so.
	tem #1 below, report al me for disclosure is the	Il support for the work reported in this manuscript past 36 months.	without time limit. For all other items, the time
		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)
			made to you or to your motitation,
		Time frame: Since the initial plannin	
1	All support for the present manuscript (e.g.,	□ None NIH grants U01NS096767, U01NS077179,	g of the work Funding to institution for trial, funding to
1	present	□ None	g of the work
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	NIH grants U01NS096767, U01NS077179, U01NS077352, U24NS107200, U24NS107209, U01NS077323, U24NS107183, U24NS107168, U24NS107128, U24NS107199, U24NS107198, U24NS107166, U10NS077368, U01NS07736,	Funding to institution for trial, funding to institutions in the NeuroNEXT network Funding to institution, Drug to NeuroNEXT network pharmacy
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	None NIH grants U01NS096767, U01NS077179, U01NS077352, U24NS107200, U24NS107209, U01NS077323, U24NS107183, U24NS107168, U24NS107128, U24NS107199, U24NS107198, U24NS107166, U10NS077368, U01NS07736, U24NS107205, P50HD103526	Funding to institution for trial, funding to institutions in the NeuroNEXT network Funding to institution, Drug to NeuroNEXT network pharmacy Click the tab key to add additional rows.

3

Royalties or

licenses

⊠ None

		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)
4	Consulting fees	Lilly, Immunity Pharm Ltd, Orion, Anelixis, Cytokinetics, Wave, Takeda, Avexis, Biogen, Denali, Helixsmith, Sunovian, Disarm, ALS Pharma, RRD, Transposen, Quralis, Regeneron, AB Sciences, Locust Walk, Neurosense, Faze, Arrowhead, Vector Y, Servier / Adiv, Eledon, Inflectis, Pasithea	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 Praxis, Board of Directors	
10	Leadership or fiduciary role in other board, society, committee or	None	

		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)
	advocacy group, paid or unpaid		
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	
Plea [⊠]	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Dat	٥٠		7/14/2022	
			7/14/2023	
	ır Name:		Craig A Erickson	- " wo ! 1
Ma	nuscript Title:		Effects of AFQ056 on Language Learning in	Fragile X Syndrome
Ma	nuscript Number (if l	known):	171723-JCI-CMED-1	
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epio		ension, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time
			l entities with whom you have this ship 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.	NIH gra U01NS U01NS U24NS U24NS U24NS	one Ints U01NS096767, U01NS077179, D77352, U24NS107200, U24NS107209, D77323, U24NS107183, U24NS107168, 107128, U24NS107199, U24NS107198, 107166, U10NS077368, U01NS07736, 107205, P50HD103526 s IIT grant AFQ056X2201T	Funding to institution for trial, funding to institutions in the NeuroNEXT network Funding to institution, Drug to NeuroNEXT network pharmacy Click the tab key to add additional rows.
				,
2	Grants or contracts from any entity (if not indicated in item #1 above).	"Charafragile develor measor This is natura	Time frame: past 36 months D001298 Erickson erry-Kravis (PI)/Tartaglia (PI) 021-8/31/2026 \$4,000,000 acterizing the natural history of X syndrome to inform the opment of intervention, outcome ures" a deep phenotyping longitudinal all history study of youth with fragile drome occurring at sites across the	

		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)
		United States. R01NS117597 U54HD104461 R01HD076189-06A1	
3	Royalties or licenses	None	
4	Consulting fees	None From Scioto Bioscience, Stalicla, Forge Therapeutics.	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	State of Ohio Medical Board	
7	Support for attending meetings and/or travel	None	

		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)
8	Patents planned, issued or pending	I am the inventor on several patents held by Indiana University School of Medicine and Cincinnati Children's Hospital Medical Center. None of my patents relate to the content of this manuscript.	
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	
Plea [⊠]		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Dat	e:		7/10/2023	
You	ır Name:		Andrea McDuffie	
Mai	nuscript Title:		Effects of AFQ056 on Language Learning in	Fragile X Syndrome
Mai	nuscript Number (if kı	nown):	171723-JCI-CMED-1	
con affe indi The epic that	tent of your manuscri ected by the content of cate a bias. If you are author's relationships demiology of hyperter t medication is not me	pt. "Rela f the ma in doub s/activiti nsion, you entioned	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitmer t about whether to list a relationship/activity, es/interests should be defined broadly. For e u should declare all relationships with manufa in the manuscript.	/interest, it is preferable that you do so.
	ne for disclosure is the		·	ithout time limit. For all other items, the time
			I entities with whom you have this ship 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	[□] N	one	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing	U01NS U01NS U24NS	ants U01NS096767, U01NS077179, 077352, U24NS107200, U24NS107209, 077323, U24NS107183, U24NS107168, 107128, U24NS107199, U24NS107198, 107166, U10NS077368, U01NS07736,	Funding to institution for trial, funding to institutions in the NeuroNEXT network
	charges, etc.)	U24NS		
	charges, etc.) No time limit for this item.		107205, P50HD103526 is IIT grant AFQ056X2201T	Funding to institution, Drug to NeuroNEXT network pharmacy
	No time limit for		107205, P50HD103526 is IIT grant AFQ056X2201T	network pharmacy Click the tab key to add additional rows.
	No time limit for		107205, P50HD103526	network pharmacy Click the tab key to add additional rows.
2	No time limit for	Novarti	107205, P50HD103526 is IIT grant AFQ056X2201T	network pharmacy Click the tab key to add additional rows.

		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)
4	Consulting fees	None	
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	

		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)
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	
Plea	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Dat	e:	· -	7/10/2023		_
Υοι	ır Name:	-	David Hessl, PhD		_
Ma	nuscript Title:	-	Effects of AFQ056 on Language Learning in	Fragile X Syndrome	_
Ma	nuscript Number (if k	nown):	171723-JCI-CMED-1		_
con affe	tent of your manuscr ected by the content o	ipt. "Rela of the mar			
epi		nsion, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	tem #1 below, report me for disclosure is th			ithout time limit. For all other items, the time	
			entities with whom you have this hip 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		
1	All support for the present	f 1			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	NIH grai U01NS0 U01NS0 U24NS1 U24NS1	Time frame: Since the initial planning		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	NIH gra U01NS0 U01NS0 U24NS1 U24NS1 U24NS1	Time frame: Since the initial planning one Ints U01NS096767, U01NS077179, 177352, U24NS107200, U24NS107209, 177323, U24NS107183, U24NS107168, 107128, U24NS107199, U24NS107198, 107166, U10NS077368, U01NS07736,	Funding to institution for trial, funding to institutions in the NeuroNEXT network Funding to institution, Drug to NeuroNEXT network pharmacy	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH gra U01NS0 U01NS0 U24NS1 U24NS1 U24NS1	Time frame: Since the initial planning one Ints U01NS096767, U01NS077179, 1077352, U24NS107200, U24NS107209, 1077323, U24NS107183, U24NS107168, 107128, U24NS107199, U24NS107198, 107166, U10NS077368, U01NS07736, 107205, P50HD103526 IIT grant AFQ056X2201T	Funding to institution for trial, funding to institutions in the NeuroNEXT network Funding to institution, Drug to NeuroNEXT network pharmacy Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH grai U01NS0 U01NS0 U24NS1 U24NS1 U24NS1 Novartis	Time frame: Since the initial planning one Ints U01NS096767, U01NS077179, 1077352, U24NS107200, U24NS107209, 1077323, U24NS107183, U24NS107168, 107128, U24NS107199, U24NS107198, 107166, U10NS077368, U01NS07736, 107205, P50HD103526	Funding to institution for trial, funding to institutions in the NeuroNEXT network Funding to institution, Drug to NeuroNEXT network pharmacy Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not	No No No No No No No No	Time frame: Since the initial planning one Ints U01NS096767, U01NS077179, 1077352, U24NS107200, U24NS107209, 1077323, U24NS107183, U24NS107168, 107128, U24NS107199, U24NS107198, 107166, U10NS077368, U01NS07736, 107205, P50HD103526 IIT grant AFQ056X2201T Time frame: past 36 month	Funding to institution for trial, funding to institutions in the NeuroNEXT network Funding to institution, Drug to NeuroNEXT network pharmacy Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	NIH grau U01NSC U01NSC U24NS1 U24NS1 U24NS1 Novartis	Time frame: Since the initial planning one Ints U01NS096767, U01NS077179, 1077352, U24NS107200, U24NS107209, 1077323, U24NS107183, U24NS107168, 107128, U24NS107199, U24NS107198, 107166, U10NS077368, U01NS07736, 107205, P50HD103526 IIT grant AFQ056X2201T Time frame: past 36 month one	Funding to institution for trial, funding to institutions in the NeuroNEXT network Funding to institution, Drug to NeuroNEXT network pharmacy Click the tab key to add additional rows.	

3

Royalties or

licenses

⊠ None

		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)
4	Consulting fees	Healx Pharmaceuticals Tetra Therapeutics Shionogi	UC Davis UC Davis UC Davis
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	Shionogi Fragile X Meeting, London, UK	Reimbursement for travel/lodging
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	National Fragile X Foundation Committees	

		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)
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	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:		7/11/2023		
You	ır Name:	Lauren Ethridge	Lauren Ethridge	
Manuscript Title:		Effects of AFQ056 on Language Learning i	Effects of AFQ056 on Language Learning in Fragile X Syndrome	
Ma	nuscript Number (if k	nown): _ 171723-JCI-CMED-1		
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are relationated for your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interested by the content of the manuscript. Disclosure represents a commitment to transparency and does not need indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive 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 item frame for disclosure is the past 36 months.			not-for-profit third parties whose interests may be tent to transparency and does not necessarily ty/interest, it is preferable that you do so. The example, if your manuscript pertains to the ufacturers of antihypertensive medication, even if	
		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 plannin	g of the work	
1	All support for the present	□ None		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	NIH grants U01NS096767, U01NS077179, U01NS077352, U24NS107200, U24NS107209, U01NS077323, U24NS107183, U24NS107168, U24NS107128, U24NS107199, U24NS107198, U24NS107166, U10NS077368, U01NS07736, U24NS107205, P50HD103526	Funding to institution for trial, funding to institutions in the NeuroNEXT network	
	No time limit for this item.	Novartis IIT grant AFQ056X2201T	Funding to institution, Drug to NeuroNEXT network pharmacy Click the tab key to add additional rows.	
			·	
		Time frame: past 36 mon	ths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None NIH R01HD108222 NIH U54 HD104461 HRSA T73MC00033 OU Big Idea Challenge Grants OUHSC College of Allied Health Faculty Seed	Funding to institution Funding to institution Funding to institution Funding to institution (internal) Funding to institution (internal)	
		Grant OU ICAST Seed Grant	Funding to institution (internal)	

Funding to institution (internal)

Funding to me (independent contract)

Funding to institution

Funding to institution

Funding to institution

Funding to institution

OU Faculty Investment Program

FRAXA Research Foundation

John Merck Fund

OVID Therapeutics

National Fragile X Foundation Summer Scholars

FRAXA Research Foundation/Tetra Therapeutics

		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)
		Healx	Funding to institution
3	Royalties or	None	
	licenses		
4	Consulting fees	NIH U01DA055349 Ultragenyx Autifony	Funding to me Funding to me Funding to me
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	Simons Foundation workshop	Funding to me (reimbursement)
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety	None	

		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)	
	Monitoring Board or Advisory Board			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	NFXF Clinical Trials Committee member International Federation of Clinical Neurophysiology publication standards committee member	unpaid unpaid	
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		
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:			7/11/2023		
Your Name:			Flora Tassone		
Manuscript Title:			Effects of AFQ056 on Language Learning in Fragile X Syndrome		
Mar	nuscript Number (if k	known):	171723-JCI-CMED-1		
In the interest of transparency, w content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in doub." The author's relationships/activitiepidemiology of hypertension, you that medication is not mentioned.		ript. "Relation of the male in double os/activitions, you entioned all suppo	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity, es/interests should be defined broadly. For e u should declare all relationships with manufa in the manuscript.	/interest, it is preferable that you do so.	
			I entities with whom you have this ship 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	
	All support for the present manuscript (e.g., funding, provision of study materials,	NIH gra	one ants U01NS096767, U01NS077179, 077352, U24NS107200, U24NS107209, 077323, U24NS107183, U24NS107168,	Funding to institution for trial, funding to institutions in the NeuroNEXT network	
	medical writing, article processing charges, etc.)	U24NS	107128, U24NS107199, U24NS107198, 107166, U10NS077368, U01NS07736, 107205, P50HD103526		
	No time limit for this item.	Novarti	is IIT grant AFQ056X2201T	Funding to institution, Drug to NeuroNEXT network pharmacy Click the tab key to add additional rows.	
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] N	one		
3	Royalties or licenses	⊠ No	one		

		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)
4	Consulting fees	None	
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	

		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)
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	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	7/11/2023
Your Name:	Walter E. Kaufmann
Manuscript Title:	Effects of AFQ056 on Language Learning in Fragile X Syndrome
Manuscript Number (if known):	171723-JCI-CMED-1
_	

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 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.	NIH grants U01NS096767, U01NS077179, U01NS077352, U24NS107200, U24NS107209, U01NS077323, U24NS107183, U24NS107168, U24NS107128, U24NS107199, U24NS107198, U24NS107166, U10NS077368, U01NS07736, U24NS107205, P50HD103526	Funding to institution for trial, funding to institutions in the NeuroNEXT network Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	National Fragile X Foundation (CDC U01DD001298) Michael J. Fox Foundation MJFF-019564	Payments made to me. Payments made to institution (Anavex Life
		(Parkinson's disease)	Sciences Corp.).
3	Royalties or licenses	□ None Mac Keith Press Springer	Payments made to me. Payments made to me.

		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)
4	Consulting fees	☐ None General Dynamics (CDMRP Grant Review)	Payments made to me.
5	Payment or honoraria for lectures,	None ■	
	presentations, speakers bureaus, manuscript		
	writing or educational events		
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or	■ None	
	travel		
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring	None Syneos Health (Tetra Pharma)	Dayments made to me
	Board or Advisory Board	EryDel Pharmaceuticals Worldwide Clinical Trials Inc. (Compass)	Payments made to me. Payments made to me. Payments made to me.
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy group, paid or unpaid		

		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)
11	Stock or stock options	Anavex Life Sciences Corp.	Options awarded to me.
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Image: square of the property o	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	7/13/2023			
Your Name:	Katherine Friedmann			
Manuscript Title:	Effects of AFQ056 on Language Learning in Fragile X Syndrome			
Manuscript Number (if known):	171723-JCI-CMED-1			
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 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 supports frame for disclosure is the past 36	ort for the work reported in this manuscript without time limit. For all other items, the time 6 months.			

Name all entities with whom you have this Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution) Time frame: Since the initial planning of the work All support for the None present manuscript (e.g., NIH grants U01NS096767, U01NS077179, Funding to institution for trial, funding to funding, provision U01NS077352, U24NS107200, U24NS107209, institutions in the NeuroNEXT network of study materials, U01NS077323, U24NS107183, U24NS107168, medical writing, U24NS107128, U24NS107199, U24NS107198, article processing U24NS107166, U10NS077368, U01NS07736, charges, etc.) U24NS107205, P50HD103526 No time limit for Novartis IIT grant AFQ056X2201T Funding to institution, Drug to NeuroNEXT this item. network pharmacy Time frame: past 36 months 2 Grants or \boxtimes None contracts from any entity (if not indicated in item #1 above). Royalties or \boxtimes 3 None licenses

		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)
4	Consulting fees	None ■	
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	

		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)	
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		
Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:	7/13/2023
Your Name:	Lauren Bullard
Manuscript Title:	Effects of AFQ056 on Language Learning in Fragile X Syndrome
Manuscript Number (if known):	171723-JCI-CMED-1

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 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
2	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. Grants or contracts from any entity (if not indicated in item #1 above).	NIH grants U01NS096767, U01NS077179, U01NS077352, U24NS107200, U24NS107209, U01NS077323, U24NS107183, U24NS107168, U24NS107128, U24NS107199, U24NS107198, U24NS107166, U10NS077368, U01NS07736, U24NS107205, P50HD103526 Novartis IIT grant AFQ056X2201T Time frame: past 36 month None	Funding to institution for trial, funding to institutions in the NeuroNEXT network Funding to institution, Drug to NeuroNEXT network pharmacy Click the tab key to add additional rows.
3	Royalties or licenses	None None □	

		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)
4	Consulting fees	None	
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	

		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)
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	
Plea	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date	e:		7/13/2023		
Your Name:			Anne Hoffmann		
Mai	nuscript Title:		Effects of AFQ056 on Language Learning in	Fragile X Syndrome	
Mai	nuscript Number (if k	(nown):	171723-JCI-CMED-1		
con affe	tent of your manuscr cted by the content o	ipt. "Rela of the mar			
epic		nsion, yοι		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			rithout time limit. For all other items, the time	
			entities with whom you have this hip 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.)	NIH gra U01NS0 U01NS0 U24NS1 U24NS1	one onts U01NS096767, U01NS077179, 077352, U24NS107200, U24NS107209, 077323, U24NS107183, U24NS107168, 07128, U24NS107199, U24NS107198, 07166, U10NS077368, U01NS07736,	Funding to institution for trial, funding to institutions in the NeuroNEXT network	
	No time limit for this item.	Novarti	s IIT grant AFQ056X2201T	Funding to institution, Drug to NeuroNEXT network pharmacy Click the tab key to add additional rows.	
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Rush Ui Researd	niversity Presidential Collaborative th Award MO Institute for Health Equity	Funding to college/department for study Funding to college/department for study	
3	Royalties or licenses		one		

		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)
4	Consulting fees	□ None	
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	Member Rare Disease COA Advisory Panel, Food and Drug Administration Invited Peer Reviewer, Peer Reviewed Medical Research Program, Department of Defense Member, National Fragile X Foundation Clinical Trials Committee	

		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)
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	
		to the following statement to indicate your agreeme	
	I certify that I have	answered every question and have not altered the wo	ording of any of the questions on this form.

Date:	7/13/2023
Your Name:	Jeremy Veenstra-VanderWeele, MD
Manuscript Title:	Effects of AFQ056 on Language Learning in Fragile X Syndrome
Manuscript Number (if known):	171723-JCI-CMED-1

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 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	None NIH grants U01NS096767, U01NS077179, U01NS077352, U24NS107200, U24NS107209,	Funding to institution for trial, funding to institutions in the NeuroNEXT network
	of study materials, medical writing, article processing charges, etc.)	U01NS077323, U24NS107183, U24NS107168, U24NS107128, U24NS107199, U24NS107198, U24NS107166, U10NS077368, U01NS07736, U24NS107205, P50HD103526	
	No time limit for this item.	Novartis IIT grant AFQ056X2201T	Funding to institution, Drug to NeuroNEXT network pharmacy Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None NIH NS096767, HD073984, HD109879, MH114296, MH125775, MH016434, OD023328, MH121070; Simons Foundation Pilot Award and clinical trial contract; CIHR 162324; Columbia Irving Institute CTSA Multi-PI Planning grant	Research grants to institution for other research.
		Industry contracts for clinical trials in autism spectrum disorder: Roche, Janssen, Yamo, MapLight, Acadia	Research contracts to institution for clinical trials

		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)
3	Royalties or licenses	None None	
4	Consulting fees	□ None Roche	Payment made to institution, not investigator
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	University of Kansas, American Academy of Child and Adolescent Psychiatry, University of Texas Southwestern, Institute of Living, Albert Einstein College of Medicine, Children's Hospital of Philadelphia, Stony Brook University, University of Buffalo, Dartmouth University, Rutgers University, Mount Sinai, National Institute of Neurological Diseases and Stroke	Honoraria paid to institution, not investigator
6	Payment for expert testimony	□	
7	Support for attending meetings and/or travel	None Karolinska Institute Fondazione per la Studio e la Ricerca sull'Infanzia e l'Adolescenza National Institutes of Health	Lecture and serving as opponent for a PhD thesis defense Travel to help lead a child psychiatry research training seminar Travel for NINDS seminar and study section participation.
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Ontario POND Network	

		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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Brain Behavior Research Foundation, Autism Speaks, Simons Foundation Autism Research Initiative American Academy of Child and Adolescent Psychiatry	Medical and/or Scientific Advisory Boards or Committees Committee membership or leadership
11	Stock or stock options	TIAA-CREF, VANGUARD 403b accounts	Mutual funds in retirement accounts
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	Springer, Wiley	Stipends for editorial service on journals
Plea	se place an "X" nex	t to the following statement to indicate your agreeme	ent:
	I certify that I have	answered every question and have not altered the wo	ording of any of the questions on this form.

3 12/13/2021 ICMJE Disclosure Form

Dat	e:	7/11/2023	
Υοι	ır Name:	David Klements	
Ma	nuscript Title:	Effects of AFQ056 on Language Learn	ning in Fragile X Syndrome
Ma	nuscript Number (if kr	nown):171723-JCI-CMED-1	
con affe ind The epic tha	ected by the content of ected by the content of icate a bias. If you are author's relationships demiology of hyperten t medication is not me	pt. "Related" means any relation with for-prof f the manuscript. Disclosure represents a com in doubt about whether to list a relationship/a s/activities/interests should be defined broadly asion, you should declare all relationships with entioned in the manuscript.	activities/interests listed below that are related to the fit or not-for-profit third parties whose interests may be mitment to transparency and does not necessarily activity/interest, it is preferable that you do so. 7. For example, if your manuscript pertains to the manufacturers of antihypertensive medication, even if
	tem #1 below, report a me for disclosure is the		cript without time limit. For all other items, the time
		Name all entities with whom you have this relationship or indicate none (add rows as ne	Specifications/Comments (e.g., if payments were eded) made to you or to your institution)
		Time frame: Since the initial pla	
1	All support for the present	□ None	anning of the work
1		r 1	Funding to institution for trial, funding to institutions in the NeuroNEXT network
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	None NIH grants U01NS096767, U01NS077179, U01NS077352, U24NS107200, U24NS107209 U01NS077323, U24NS107183, U24NS107168 U24NS107128, U24NS107199, U24NS107198 U24NS107166, U10NS077368, U01NS07736,	Funding to institution for trial, funding to institutions in the NeuroNEXT network
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	None NIH grants U01NS096767, U01NS077179, U01NS077352, U24NS107200, U24NS107209 U01NS077323, U24NS107183, U24NS107168 U24NS107128, U24NS107199, U24NS107198 U24NS107166, U10NS077368, U01NS07736, U24NS107205, P50HD103526	Funding to institution for trial, funding to institutions in the NeuroNEXT network Funding to institution, Drug to NeuroNEXT network pharmacy Click the tab key to add additional rows.

3

Royalties or

licenses

⊠ None

		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)
4	Consulting fees	None	
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	

		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)	
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		
Plea	Please place an "X" next to the following statement to indicate your agreement: 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:	ate: 7/12/2023			
Your Name:	Michael Moshinsky			
Manuscript Title:	Effects of AFQ056 on Language Learning in	Fragile X Syndrome		
Manuscript Number (if k	Manuscript Number (if known): _ 171723-JCI-CMED-1			
content of your manuscri affected by the content of indicate a bias. If you are The author's relationship epidemiology of hyperters that medication is not med In item #1 below, report a	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 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	Specifications/Comments (e.g., if payments were		

		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
2	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. Grants or contracts from any entity (if not indicated in item #1 above).	None	Funding to institution for trial, funding to institutions in the NeuroNEXT network Funding to institution, Drug to NeuroNEXT network pharmacy Click the tab key to add additional rows.
3	Royalties or licenses	None	

		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)
4	Consulting fees	None	
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	

		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)	
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		
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:			7/11/2023		
Your Name:			Kevin Staley		
Manuscript Title:			Effects of AFQ056 on Language Learning in Fragile X Syndrome		
Manuscript Number (if known):			171723-JCI-CMED-1		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned		ript. "Rela of the mar e in doubt os/activitie ension, you entioned	ted" means any relation with for-profit or no nuscript. Disclosure represents a commitme about whether to list a relationship/activity es/interests should be defined broadly. For a a should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.	
			entities with whom you have this hip 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.	NIH gra U01NS0 U01NS0 U24NS1 U24NS1 U24NS1	one onts U01NS096767, U01NS077179, 077352, U24NS107200, U24NS107209, 077323, U24NS107183, U24NS107168, 107128, U24NS107199, U24NS107198, 107166, U10NS077368, U01NS07736, 107205, P50HD103526 s IIT grant AFQ056X2201T	Funding to institution for trial, funding to institutions in the NeuroNEXT network Funding to institution, Drug to NeuroNEXT network pharmacy Click the tab key to add additional rows.	
			Time frame: past 36 month	is and the second secon	
2	Grants or contracts from any entity (if not indicated in item #1 above).	R35NS1	ne .16852		
3	Royalties or licenses	⊠ No	one		

		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)
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Baylor college of Medicine Med college of Georgia Children's National Hospital	Boston Children's Hospital UCLA Columbia U Epilepsy
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	Series of chloride-sensitive fluorophores	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Current study	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)	
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		
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form. A			

Date:			7/13/2023		
Your Name:			Brittney Harkey		
Manuscript Title:			Effects of AFQ056 on Language Learning in Fragile X Syndrome		
Mai	nuscript Number (if k	known):	171723-JCI-CMED-1		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub? The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned."		ript. "Rela of the man e in doubt os/activition ension, you entioned	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity, es/interests should be defined broadly. For each of the u should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
			l entities with whom you have this ship 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	NIH gra U01NS0 U01NS0 U24NS2 U24NS2	one onts U01NS096767, U01NS077179, 077352, U24NS107200, U24NS107209, 077323, U24NS107183, U24NS107168, 107128, U24NS107199, U24NS107198, 107166, U10NS077368, U01NS07736, 107205, P50HD103526 s IIT grant AFQ056X2201T	Funding to institution for trial, funding to institutions in the NeuroNEXT network Funding to institution, Drug to NeuroNEXT	
	this item.		5 HT 814HE7H Q050N22011	network pharmacy Click the tab key to add additional rows.	
			Time frame: past 36 month	,	
2	Grants or contracts from any entity (if not indicated in item #1 above).	No.	one		
3	Royalties or licenses	⊠ No	one		

		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)
4	Consulting fees	None	
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	

		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)	
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		
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

		ICIVIJE DISCLOSURE F	URIVI		
Date:		7/13/2023			
Your Name:		leffrey Douglas Long	Jeffrey Douglas Long		
Manuscript Title:		Effects of AFQ056 on Language Learning	in Fragile X Syndrome		
Mar	nuscript Number (if kn	own): 171723-JCI-CMED-1			
con affe indi The epic that	tent of your manuscrip cted by the content of cate a bias. If you are author's relationships demiology of hyperten medication is not me	the manuscript. Disclosure represents a commitm n doubt about whether to list a relationship/activi activities/interests should be defined broadly. Fo sion, you should declare all relationships with manuscript. I support for the work reported in this manuscript	not-for-profit third parties whose interests may be tent to transparency and does not necessarily ty/interest, it is preferable that you do so. r example, if your manuscript pertains to the ufacturers of antihypertensive medication, even if		
		lame all entities with whom you have this elationship 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 plann	ing of the work		
1	All support for the	None			
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	NIH grants U01NS096767, U01NS077179, U01NS077352, U24NS107200, U24NS107209, U01NS077323, U24NS107183, U24NS107168, U24NS107128, U24NS107199, U24NS107198, U24NS107166, U10NS077368, U01NS07736, U24NS107205, P50HD103526	Funding to institution for trial, funding to institutions in the NeuroNEXT network		
	No time limit for this item.	Novartis IIT grant AFQ056X2201T	Funding to institution, Drug to NeuroNEXT network pharmacy Click the tab key to add additional rows.		
	-	Time frame: past 36 mo	nths		
2	contracts from	None CHDI NIH			
3	Royalties or	None Non			

licenses

		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)
4	Consulting fees	□ None	
5	Payment or honoraria for lectures, presentations, speakers	Alylam Annexon AskBio Prilenia PTC Remix Roche Spark Teva Uniqure Vertex Wave None	Personal compensation
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	CHDI's Huntington's Disease Therapeutic's Conference 2023	Dubrovnik, Croatia
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	DSMB-RAPID	NIH
10	Leadership or fiduciary role in	□ None	

		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)	
	other board, society, committee or advocacy group, paid or unpaid			
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		
Please place an "X" next to the following statement to indicate your agreement:				
I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:		-	7/13/2023		
Your Name:		-	Janel Fedler		
Manuscript Title:		-	Effects of AFQ056 on Language Learning in Fragile X Syndrome		
Ma	nuscript Number (if k	nown):	171723-JCI-CMED-1		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub? The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned."			ted" means any relation with for-profit or no nuscript. Disclosure represents a commitme about whether to list a relationship/activity es/interests should be defined broadly. For easy a should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.	
			entities with whom you have this hip 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	
	<u> </u>				
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	NIH grad U01NSC U01NSC U24NS1 U24NS1	one nts U01NS096767, U01NS077179, 077352, U24NS107200, U24NS107209, 077323, U24NS107183, U24NS107168, 107128, U24NS107199, U24NS107198, 107166, U10NS077368, U01NS07736,	Funding to institution for trial, funding to institutions in the NeuroNEXT network	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	NIH gral U01NSC U01NSC U24NS1 U24NS1 U24NS1	one nts U01NS096767, U01NS077179, 077352, U24NS107200, U24NS107209, 077323, U24NS107183, U24NS107168, L07128, U24NS107199, U24NS107198,	Funding to institution for trial, funding to institutions in the NeuroNEXT network Funding to institution, Drug to NeuroNEXT	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH gral U01NSC U01NSC U24NS1 U24NS1 U24NS1	one nts U01NS096767, U01NS077179, 077352, U24NS107200, U24NS107209, 077323, U24NS107183, U24NS107168, 107128, U24NS107199, U24NS107198, 107166, U10NS077368, U01NS07736, 107205, P50HD103526	Funding to institution for trial, funding to institutions in the NeuroNEXT network	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH gral U01NSC U01NSC U24NS1 U24NS1 U24NS1	one nts U01NS096767, U01NS077179, 077352, U24NS107200, U24NS107209, 077323, U24NS107183, U24NS107168, 107128, U24NS107199, U24NS107198, 107166, U10NS077368, U01NS07736, 107205, P50HD103526	Funding to institution for trial, funding to institutions in the NeuroNEXT network Funding to institution, Drug to NeuroNEXT network pharmacy Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH grai U01NSC U01NSC U24NS1 U24NS1 U24NS1 Novartis	one nts U01NS096767, U01NS077179, 077352, U24NS107200, U24NS107209, 077323, U24NS107183, U24NS107168, 107128, U24NS107199, U24NS107198, 107166, U10NS077368, U01NS07736, 107205, P50HD103526 s IIT grant AFQ056X2201T	Funding to institution for trial, funding to institutions in the NeuroNEXT network Funding to institution, Drug to NeuroNEXT network pharmacy Click the tab key to add additional rows.	

		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)
4	Consulting fees	None	
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	

		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)		
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			
Plea	Please place an "X" next to the following statement to indicate your agreement:				

Date:		_7	/12/2023		
You	ır Name:	<u>_</u> E	Elizabeth Klingner		
Manuscript Title:		<u>_</u> E	ffects of AFQ056 on Language Learning in	Fragile X Syndrome	
Ma	nuscript Number (if kr	nown): <u>1</u>	71723-JCI-CMED-1		
content of your manuscript. "Rela affected by the content of the man indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if		
that medication is not mentioned in In item #1 below, report all support frame for disclosure is the past 36 m			for the work reported in this manuscript w	ithout time limit. For all other items, the time	
			ntities with whom you have this p or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were	
		relationsiii	p or maicate none (add rows as needed)	made to you or to your institution)	
		relationshi	Time frame: Since the initial planning		
1	All support for the present	None	Time frame: Since the initial planning		
1	All support for the	NIH grant: U01NS077 U01NS077 U24NS107 U24NS107	Time frame: Since the initial planning		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	NIH grant: U01NS077 U01NS077 U24NS107 U24NS107 U24NS107	Time frame: Since the initial planning s U01NS096767, U01NS077179, 7352, U24NS107200, U24NS107209, 7323, U24NS107183, U24NS107168, 7128, U24NS107199, U24NS107198, 7166, U10NS077368, U01NS07736,	of the work Funding to institution for trial, funding to institutions in the NeuroNEXT network Funding to institution, Drug to NeuroNEXT network pharmacy	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH grant: U01NS077 U01NS077 U24NS107 U24NS107 U24NS107	Time frame: Since the initial planning s U01NS096767, U01NS077179, 7352, U24NS107200, U24NS107209, 7323, U24NS107183, U24NS107168, 7128, U24NS107199, U24NS107198, 7166, U10NS077368, U01NS07736, 7205, P50HD103526	Funding to institution for trial, funding to institutions in the NeuroNEXT network Funding to institution, Drug to NeuroNEXT network pharmacy Click the tab key to add additional rows.	

3

Royalties or

licenses

⊠ None

		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)
4	Consulting fees	None	
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	

		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)		
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			
Plea	Please place an "X" next to the following statement to indicate your agreement:				

Date:	7/11/2023			
Your Name:	Michele Costigan			
Manuscript Title:	Effects of AFQ056 on Language Learning in Fragile X Syndrome			
Manuscript Number (if known):	171723-JCI-CMED-1			
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 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 Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution) Time frame: Since the initial planning of the work All support for the □ None present manuscript (e.g., NIH grants U01NS096767, U01NS077179, Funding to institution for trial, funding to funding, provision U01NS077352, U24NS107200, U24NS107209, institutions in the NeuroNEXT network of study materials, U01NS077323, U24NS107183, U24NS107168, medical writing, U24NS107128, U24NS107199, U24NS107198, article processing U24NS107166, U10NS077368, U01NS07736, charges, etc.) U24NS107205, P50HD103526 No time limit for Novartis IIT grant AFQ056X2201T Funding to institution, Drug to NeuroNEXT this item. network pharmacy Click the tab key to add additional rows Time frame: past 36 months Grants or \boxtimes None contracts from any entity (if not indicated in item #1 above). 3 Royalties or \boxtimes None licenses

		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)
4	Consulting fees	None	
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	

		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)		
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			
Plea	Please place an "X" next to the following statement to indicate your agreement:				

Date:		7/11/2023	7/11/2023		
Your Name:		Dixie J. Ecklund	Dixie J. Ecklund		
Manuscript Title:		Effects of AFQ056 on Language Learning	Effects of AFQ056 on Language Learning in Fragile X Syndrome		
Mai	nuscript Number (if k	nown): _ 171723-JCI-CMED-1			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned		ipt. "Related" means any relation with for-profit or of the manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/actives/activities/interests should be defined broadly. For ansion, you should declare all relationships with man entioned in the manuscript. all support for the work reported in this manuscript	rt for the work reported in this manuscript without time limit. For all other items, the time		
		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 planni	g 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.	NIH grants U01NS096767, U01NS077179, U01NS077352, U24NS107200, U24NS107209, U01NS077323, U24NS107183, U24NS107168, U24NS107128, U24NS107199, U24NS107198, U24NS107166, U10NS077368, U01NS07736, U24NS107205, P50HD103526 Novartis IIT grant AFQ056X2201T	Funding to institution for trial, funding to institutions in the NeuroNEXT network Funding to institution, Drug to NeuroNEXT network pharmacy Click the tab key to add additional rows.		
		Time frame: past 36 mor	ths		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Michael J. Fox Foundation	Grant Award to University of Iowa		
3	Royalties or licenses	None Non			

		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)
4	Consulting fees	⊠ None	
		National Eye Institute	Payments made to me
		Department of Defense	Payments made to me
5	Payment or honoraria for lectures,	None ■	
	presentations,		
	speakers		
	bureaus, manuscript		
	writing or		
	educational		
	events		
6	Payment for	⊠ None	
0	expert testimony		
7	Support for attending	□ None	
	meetings and/or	Purpose Pain Network May 2023	Payments made to me
	travel	NHLBI Study Section SSPT June 2023	Payments made to me
		National Institutes of Health	Payments made to my institutions
		Michael J. Fox Foundation	Payments made to my institution
8	Patents planned, issued or	[⊠] None	
	pending		
9	Participation on a Data Safety	None	
	Monitoring Board or	NHLBI Study Section Single Site Pilot Trials June 2023	DOD CDMRP Panel Review May 2021, February 2022
	Advisory Board	National Eye Institute Contract Review August	
		2021	
10	Leadership or fiduciary role in	□ None	
	other board,	Society for Clinical Trials, President 2023-2024	unpaid
	society,	Society for Clinical Trials, President Elect 2022-	unpaid
	committee or	2023	
	advocacy group, paid or unpaid	Society for Clinical Trials Board of Directors 2021- 2025	unpaid
<u> </u>		-	

		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)
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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	7/11/2023			
Your Name:	Brenda Pearson	Brenda Pearson		
Manuscript Title:	Effects of AFQ056 on Language Learning in	Fragile X Syndrome		
Manuscript Number (if know	n): _171723-JCI-CMED-1			
content of your manuscript. "affected by the content of the indicate a bias. If you are in do The author's relationships/act epidemiology of hypertension that medication is not mention."	manuscript. Disclosure represents a commitme oubt about whether to list a relationship/activity ivities/interests should be defined broadly. For early you should declare all relationships with manufined in the manuscript. pport for the work reported in this manuscript we have the commitment of the state of the commitment of the state of the commitment of the state o	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	e all entities with whom you have this ionship 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		
funding, provision of study materials, medical writing, article processing charges, etc.) U0 U2	None I grants U01NS096767, U01NS077179, 1NS077352, U24NS107200, U24NS107209, 1NS077323, U24NS107183, U24NS107168, 4NS107128, U24NS107199, U24NS107198, 4NS107166, U10NS077368, U01NS07736, 4NS107205, P50HD103526 Vartis IIT grant AFQ056X2201T	Funding to institution for trial, funding to institutions in the NeuroNEXT network Funding to institution, Drug to NeuroNEXT network pharmacy Click the tab key to add additional rows.		

2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None None	

		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)
4	Consulting fees	None	
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	

		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)
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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date	e:	7/13/2023			
Your Name:		Trevis Huff	_		
Manuscript Title:		Effects of AFQ056 on Language Learning in	Fragile X Syndrome		
Mar	nuscript Number (if kno	wn):171723-JCI-CMED-1			
content of your manuscript. "Rel affected by the content of the ma		"Related" means any relation with for-profit or no he manuscript. Disclosure represents a commitmen	re ask you to disclose all relationships/activities/interests listed below that are related to the lated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily of about whether to list a relationship/activity/interest, it is preferable that you do so.		
epi	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 suppo frame for disclosure is the past 36		support for the work reported in this manuscript weast 36 months.	ithout time limit. For all other items, the time		
		ame all entities with whom you have this lationship 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 plannin	g of the work		
1		None			
	funding, provision of study materials, medical writing,	NIH grants U01NS096767, U01NS077179, J01NS077352, U24NS107200, U24NS107209, J01NS077323, U24NS107183, U24NS107168, J24NS107128, U24NS107199, U24NS107198,	Funding to institution for trial, funding to institutions in the NeuroNEXT network		
	charges, etc.)	J24NS107166, U10NS077368, U01NS07736, J24NS107205, P50HD103526			
	charges, etc.)		Funding to institution, Drug to NeuroNEXT network pharmacy Click the tab key to add additional rows.		
	charges, etc.) No time limit for	J24NS107205, P50HD103526	network pharmacy Click the tab key to add additional rows.		

1 12/13/2021 ICMJE Disclosure Form

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Royalties or

licenses

 \boxtimes

None

		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)
4	Consulting fees	None ■	
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	

		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)
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	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		