

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Benjamin

2. Surname (Last Name)
Landré

3. Date
05-July-2021

4. Are you the corresponding author? Yes No

5. Manuscript Title
Terminal decline in objective and self-reported measures of motor function before death: 10-year follow-up of Whitehall II cohort study.

6. Manuscript Identifying Number (if you know it)
BMJ-2021-065492.R2

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Dr. Landré has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Aurore

2. Surname (Last Name)

Fayosse

3. Date

01-July-2021

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Benjamin Landré

5. Manuscript Title

Terminal decline in objective and self-reported measures of motor function before death: 10-year follow-up of Whitehall II cohort study.

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Section 1. Identifying Information

1. Given Name (First Name)
Céline

2. Surname (Last Name)
Ben Hassen

3. Date
01-July-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Benjamin Landré

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name)

Marcos D.

2. Surname (Last Name)

Machado-Fragua

3. Date

01-July-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Benjamin Landré

5. Manuscript Title

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Julien

2. Surname (Last Name)
Dumurgier

3. Date
01-July-2021

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Yes No

Corresponding Author's Name
Benjamin Landré

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Mika

2. Surname (Last Name)
Kivimaki

3. Date
05-July-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Benjamin Landré

5. Manuscript Title
Terminal decline in objective and self-reported measures of motor function before death: 10-year follow-up of Whitehall II cohort study.

6. Manuscript Identifying Number (if you know it)

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

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NordForsk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	75021
Academy of Finland	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	311492
Wellcome Trust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	221854/Z/20/Z
National Institute on Aging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R01AG056477, RF1AG062553
Medical Research Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R024227, S011676

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Kivimaki reports grants from NordForsk, grants from Academy of Finland, grants from Wellcome Trust, grants from National Institute on Aging, grants from Medical Research Council, outside the submitted work; .

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1. Identifying information.

2. The work under consideration for publication.

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

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

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4. Intellectual Property.

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Definitions.

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

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

Other: Anything not covered under the previous three boxes

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) S�verine	2. Surname (Last Name) Sabia	3. Date 01-July-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Benjamin Landr�
5. Manuscript Title Terminal decline in objective and self-reported measures of motor function before death: 10-year follow-up of Whitehall II cohort study.		
6. Manuscript Identifying Number (if you know it) BMJ-2021-065492.R2		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
French National Research Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ANR-19-CE36-0004-01

Section 4. Intellectual Property -- Patents & Copyrights

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



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Dr. Sabia reports grants from French National Research Agency , outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Archana

2. Surname (Last Name)
Singh-Manoux

3. Date
05-July-2021

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Benjamin Landré

5. Manuscript Title
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Are there any relevant conflicts of interest? Yes No

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Dr. Singh-Manoux has nothing to disclose.

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