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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Zachary

2. Surname (Last Name)  
   Hawley

3. Date  
   09-July-2020

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

Corresponding Author’s Name  
   Michael J Strong

5. Manuscript Title  
   MiR-129-5p: A novel therapeutic target for ALS?

6. Manuscript Identifying Number (if you know it)  
   NCRI-20-5

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   No [x]

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Section 6. Disclosure Statement

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Dr. Hawley has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Campos-Melo</td>
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1. **Given Name (First Name)**
   - Michael

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

3. **Date**
   - 09-July-2020

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

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