Date: June 13	s th 2021
Your Name:	Iris Martine Blom
Manuscript Title: pandemic	A descriptive study exploring the worldwide involvement of medical students in the COVID-19
Manuscript num	ber (if known):
related to the co	transparency, we ask you to disclose all relationships/activities/interests listed below that are ntent of your manuscript. "Related" means any relation with for-profit or not-for-profit third terests may be affected by the content of the manuscript. Disclosure represents a commitment

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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 <u>defined broadly</u>. 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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations, speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending	X None		
,	meetings and/or travel	XNotie		
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8	Patents planned, issued or	XNone		
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9	Participation on a Data Safety Monitoring Board or	XNone		
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment, materials, drugs, medical	X_None		
	writing, gifts or other		-	
	services			
13	Other financial or non-	X None		
	financial interests			
Plea	se summarize the above co	nflict of interest in the	following box:	
N	one.			
Plea	se place an "X" next to the	following statement to	indicate your agreement:	

Date: <u>June 13th 2021</u>	
Your Name: Anastasia Martin	
Manuscript Title: A descriptive study exploring the worldwide involvement of medical students in the CO	OVID-19
<u>pandemic</u>	
Manuscript number (if known):	_
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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.

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Date	e: <u>June 13th 2021</u>		
You	r Name: <u>Maria Ines Fra</u>	ancisco Viva	
Mar	nuscript Title: <u>A descriptive</u> :	study exploring the worlds	wide involvement of medical students in the COVID-19
<u>pan</u>	<u>demic</u>		
Mar	nuscript number (if known):		
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Consulting fees

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Date: <u>June 13th 2021</u>

Consulting fees

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Mar	nuscript Title: <u>A descriptive</u>	study exploring the world	wide involvement of medical students in the COVID-19
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5	Payment or honoraria for	XNone		
	lectures, presentations,			
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7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
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9	Participation on a Data Safety Monitoring Board or	XNone		
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10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
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Date: _____June 13th 2021

Royalties or licenses

Consulting fees

X__None

You	r Name: <u>Karan Sanjay I</u>	Parikh	
Maı	nuscript Title: <u>A descriptive s</u>	study exploring the world	wide involvement of medical students in the COVID-19
<u>pan</u>	<u>demic</u>		
Maı	nuscript number (if known):		
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1	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
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2	Grants or contracts from	XNone	r 30 months
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5	Payment or honoraria for	XNone		
	lectures, presentations, speakers bureaus,			
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Plea	se place an "X" next to the	following statement to	indicate your agreement:	

Date: <u>June 13th 2021</u>

Consulting fees

You	r Name: <u>Alaa Abusufia</u>	ın E. Dafallah	
Mar	nuscript Title: <u>A descriptive</u> :	study exploring the world	wide involvement of medical students in the COVID-19
<u>pan</u>	<u>demic</u>		
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