Date: 30-12-700							
Your Name:	RICCA	RD	12 CHIN	606			
Manuscript Title:	A	NSW	QM	For	nce		
Manuscript numb	er (if kno	wn):					

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

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.

		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 initi	al 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.	None	
		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

	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	
11	Stock or stock options	None	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
Ple			
	ase summarize the above o	onflict of interest in the f	following box:

Payment or honoraria for

lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert

testimony

None

None

Date: 30-11 - 75	22		
Your Name: PISA~I	ANTONIO	RO PAINO	
Manuscript Title: A	NEW EN	FOR MCC	
Manuscript number (if known	wn):		

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	11/ 4 416	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	None None	I planning or the work
19	subdols !	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	None
	testimony	
7	Support for attending	No.
•	meetings and/or travel	None
	meetings and/or traver	
	4.0	
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8	Patents planned, issued or	None
	pending	Hone
9	Participation on a Data	None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	None
	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	None
		A SECURITY OF THE PROPERTY OF
2	Receipt of equipment,	None
	materials, drugs, medical	
	writing gifts or other	
2	service:	
13	Other financial or non- financial interests	None
	imancial interests	

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.

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Date:_30-12-2012							
Your Name: NICOLA	DZ' AN	65(1)					
Manuscript Title:	NOW RIV	FOL	HCC				
Manuscript number (if kn	own):						

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	WHAT .	Time frame: Since the initi	al planning of the work
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(A)	pport	Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None
	speakers bureaus, manuscript writing or educational events	
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
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:

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Micha de Angels

Date: 30-12-7012	
Your Name: MI CHE CO ATMS POLO	
Manuscript Title: A N5W 5M FOR	
Manuscript number (if known):	

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10	CALLETTE CONTRACTOR	Mon. Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royaltles or licenses	None	
1	Consulting fees	None	

5	Payment or honoraria for	None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
5	Payment for expert testimony	None
7	Cupa and far and the	
•	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Deal's all and a	
9	Participation on a Data	None
	Safety Monitoring Board or Advisory Board	
10	Leadership or fiduciary role	None
	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	None
2	Receipt of equipment,	None
	materia's, drugs, medical writing gifts or other services	TOTAL
13	Other fir ancial or non- financial interests	None

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

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Am (_ M__

Date: 30 - 12 - 7022	
Your Name: MEMEO RICARDO	
Manuscript Title: A NTW SM For	na
Manuscript number (if known):	

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179		Time frame: pas	t 36 months
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or	3574 - SENIO	
	educational eyents		
6	Payment for expert testimony	None	
1	Support for attending	None	
	meetings and/or travel	10000	
		-	
B	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	None	
-	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	None	
	services		
13	Other financial or non-	None	
	financial Interests		
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