| Date:2022-9-30 | | | | |
|-------------------------------|--|--|--|--|
| Your Name: | Yihua Dai | | | |
| Manuscript Title: pandemic | Infection control management strategy for operating room during COVID-19 | | | |
| Manuscript number (if known): | | | | |

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 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. | 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 | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | lectures, presentations, | X None | | | |
|-----|--|-------------------------------|-------------|--|--|
| | speakers bureaus, manuscript writing or educational events | | | | |
| 6 | Payment for expert | X None | | | |
| | testimony | | | | |
| | | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | | |
| | | | | | |
| | | | | | |
| 8 | Patents planned, issued or | XNone | | | |
| | pending | | | | |
| _ | | | | | |
| 9 | Participation on a Data Safety Monitoring Board or | XNone | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | XNone | | | |
| | in other board, society, | x | | | |
| | committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | XNone | | | |
| | | | | | |
| 12 | Receipt of equipment, | X None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| 13 | services Other financial or non- | V N | | | |
| 13 | financial interests | X None | | | |
| | interests | | | | |
| | | | | | |
| PIE | ease summarize the above co | onflict of interest in the fo | lowing box: | | |
| | | | | | |
| | None | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Date:2022-9-3 | 30 |
|----------------------------|--|
| Your Name: | _Ru Zhang |
| Manuscript Title: pandemic | Infection control management strategy for operating room during COVID-19 |
| Manuscript number | er (if known): |

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 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. | 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 | XNone | |
| 4 | Consulting fees | X None | |

| 5 | lectures, presentations, | X None | | | |
|-----|--|-------------------------------|-------------|--|--|
| | speakers bureaus, manuscript writing or educational events | | | | |
| 6 | Payment for expert | X None | | | |
| | testimony | | | | |
| | | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | | |
| | | | | | |
| | | | | | |
| 8 | Patents planned, issued or | XNone | | | |
| | pending | | | | |
| _ | | | | | |
| 9 | Participation on a Data Safety Monitoring Board or | XNone | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | XNone | | | |
| | in other board, society, | x | | | |
| | committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | XNone | | | |
| | | | | | |
| 12 | Receipt of equipment, | X None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| 13 | services Other financial or non- | V N | | | |
| 13 | financial interests | X None | | | |
| | interests | | | | |
| | | | | | |
| PIE | ease summarize the above co | onflict of interest in the fo | lowing box: | | |
| | | | | | |
| | None | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Date:2022-9-30 | | | | |
|-------------------------------|--|--|--|--|
| Your Name: | Yanhua Jiang | | | |
| Manuscript Title: pandemic | Infection control management strategy for operating room during COVID-19 | | | |
| Manuscript numbe | er (if known): | | | |

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) |
|---|---|--|---|
| 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. | Time frame: Since the initialXNone | planning of the work |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | X None | |

| 5 | lectures, presentations, | X None | | | |
|-----|--|-------------------------------|-------------|--|--|
| | speakers bureaus, manuscript writing or educational events | | | | |
| 6 | Payment for expert | X None | | | |
| | testimony | | | | |
| | | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | | |
| | | | | | |
| | | | | | |
| 8 | Patents planned, issued or | XNone | | | |
| | pending | | | | |
| _ | | | | | |
| 9 | Participation on a Data Safety Monitoring Board or | XNone | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | XNone | | | |
| | in other board, society, | x | | | |
| | committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | XNone | | | |
| | | | | | |
| 12 | Receipt of equipment, | X None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| 13 | services Other financial or non- | V N | | | |
| 13 | financial interests | X None | | | |
| | interests | | | | |
| | | | | | |
| PIE | ease summarize the above co | onflict of interest in the fo | lowing box: | | |
| | | | | | |
| | None | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Date:2022-9- | 30 |
|----------------------------|--|
| Your Name: | _Huidan Jin |
| Manuscript Title: pandemic | Infection control management strategy for operating room during COVID-19 |
| Manuscript numb | er (if known): |

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 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. | 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 | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | lectures, presentations, | X None | | | |
|-----|--|-------------------------------|-------------|--|--|
| | speakers bureaus, manuscript writing or educational events | | | | |
| 6 | Payment for expert | X None | | | |
| | testimony | | | | |
| | | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | | |
| | | | | | |
| | | | | | |
| 8 | Patents planned, issued or | XNone | | | |
| | pending | | | | |
| _ | | | | | |
| 9 | Participation on a Data Safety Monitoring Board or | XNone | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | XNone | | | |
| | in other board, society, | x | | | |
| | committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | XNone | | | |
| | | | | | |
| 12 | Receipt of equipment, | X None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| 13 | services Other financial or non- | V N | | | |
| 13 | financial interests | X None | | | |
| | interests | | | | |
| | | | | | |
| PIE | ease summarize the above co | onflict of interest in the fo | lowing box: | | |
| | | | | | |
| | None | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Date:2022-9-3 | 30 |
|----------------------------|--|
| Your Name: | _Jingya Zhao |
| Manuscript Title: pandemic | Infection control management strategy for operating room during COVID-19 |
| Manuscript number | er (if known): |

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> manuscript only.

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 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. | 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 | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | lectures, presentations, | X None | | | |
|-----|---|---------------|--|--|--|
| | speakers bureaus, manuscript writing or educational events | | | | |
| 6 | Payment for expert | X None | | | |
| | testimony | | | | |
| | | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | | |
| | | | | | |
| | | | | | |
| 8 | Patents planned, issued or | XNone | | | |
| | pending | | | | |
| _ | | | | | |
| 9 | Participation on a Data Safety Monitoring Board or | XNone | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | XNone | | | |
| | in other board, society, | x | | | |
| | committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | XNone | | | |
| | | | | | |
| 12 | Receipt of equipment, | X None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| 13 | services Other financial or non- | V N | | | |
| 13 | financial interests | X None | | | |
| | interests | | | | |
| | | | | | |
| PIE | Please summarize the above conflict of interest in the following box: | | | | |
| | | | | | |
| | None | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Date:2022-9-3 | 30 | | |
|---|--|--|--|
| Your Name: | _Anshun Guo | | |
| • | Infection control management strategy for operating room during COVID-19 | | |
| pandemic Manuscript number (if known): | | | |

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> manuscript only.

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 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. | 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 | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | lectures, presentations, | X None | | | |
|-----|---|---------------|--|--|--|
| | speakers bureaus, manuscript writing or educational events | | | | |
| 6 | Payment for expert | X None | | | |
| | testimony | | | | |
| | | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | | |
| | | | | | |
| | | | | | |
| 8 | Patents planned, issued or | XNone | | | |
| | pending | | | | |
| _ | | | | | |
| 9 | Participation on a Data Safety Monitoring Board or | XNone | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | XNone | | | |
| | in other board, society, | x | | | |
| | committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | XNone | | | |
| | | | | | |
| 12 | Receipt of equipment, | X None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| 13 | services Other financial or non- | V N | | | |
| 13 | financial interests | X None | | | |
| | interests | | | | |
| | | | | | |
| PIE | Please summarize the above conflict of interest in the following box: | | | | |
| | | | | | |
| | None | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Date:2022-9-3 | |
|-----------------------------|--|
| Manuscript Title: pandemic_ | Infection control management strategy for operating room during COVID-19 |
| Manuscript numb | er (if known): |

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> manuscript only.

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 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. | 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 | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | lectures, presentations, | X None | | | |
|-----|---|---------------|--|--|--|
| | speakers bureaus, manuscript writing or educational events | | | | |
| 6 | Payment for expert | X None | | | |
| | testimony | | | | |
| | | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | | |
| | | | | | |
| | | | | | |
| 8 | Patents planned, issued or | XNone | | | |
| | pending | | | | |
| _ | | | | | |
| 9 | Participation on a Data Safety Monitoring Board or | XNone | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | XNone | | | |
| | in other board, society, | x | | | |
| | committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | XNone | | | |
| | | | | | |
| 12 | Receipt of equipment, | X None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| 13 | services Other financial or non- | V N | | | |
| 13 | financial interests | X None | | | |
| | interests | | | | |
| | | | | | |
| PIE | Please summarize the above conflict of interest in the following box: | | | | |
| | | | | | |
| | None | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Date:2022-9-3 | 30 |
|----------------------------|--|
| Your Name: | _Dongyi Fan |
| Manuscript Title: pandemic | Infection control management strategy for operating room during COVID-19 |
| Manuscript numb | er (if known): |

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> manuscript only.

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 initial | planning of the work |
| 1 | All support for the present | XNone | |
| | manuscript (e.g., funding, provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | X None | |
| any entity | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | X None | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |
| | | | |

| 5 | lectures, presentations, | X None | | | |
|-----|---|---------------|--|--|--|
| | speakers bureaus, manuscript writing or educational events | | | | |
| 6 | Payment for expert | X None | | | |
| | testimony | | | | |
| | | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | | |
| | | | | | |
| | | | | | |
| 8 | Patents planned, issued or | XNone | | | |
| | pending | | | | |
| _ | | | | | |
| 9 | Participation on a Data Safety Monitoring Board or | XNone | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | XNone | | | |
| | in other board, society, | x | | | |
| | committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | XNone | | | |
| | | | | | |
| 12 | Receipt of equipment, | X None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| 13 | services Other financial or non- | V N | | | |
| 13 | financial interests | X None | | | |
| | interests | | | | |
| | | | | | |
| PIE | Please summarize the above conflict of interest in the following box: | | | | |
| | | | | | |
| | None | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Date:2022-9-3 | 30 |
|----------------------------|--|
| Your Name: | _ Lukun Yang |
| Manuscript Title: pandemic | Infection control management strategy for operating room during COVID-19 |
| Manuscript number | er (if known): |

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> manuscript only.

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 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. | 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 | XNone | | | |
| 4 | Consulting fees | XNone | | | |

| 5 | Payment or honoraria for lectures, presentations, | X None | | | | |
|----------|---|---------------|--|--|--|--|
| | speakers bureaus, manuscript writing or educational events | | | | | |
| 6 | Payment for expert | X None | | | | |
| | testimony | | | | | |
| | | | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | | | |
| | | | | | | |
| | | | | | | |
| 8 | Patents planned, issued or pending | XNone | | | | |
| | | | | | | |
| 9 | Participation on a Data | X None | | | | |
| 9 | Safety Monitoring Board or | x none | | | | |
| | Advisory Board | | | | | |
| 10 | eadership or fiduciary role | XNone | | | | |
| | in other board, society, | | | | | |
| | committee or advocacy group, paid or unpaid | | | | | |
| 11 | Stock or stock options | X None | | | | |
| | | | | | | |
| | | | | | | |
| 12 | Receipt of equipment, materials, drugs, medical | XNone | | | | |
| | writing, gifts or other | | | | | |
| | services | | | | | |
| 13 | Other financial or non- financial interests | XNone | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Ple | Please summarize the above conflict of interest in the following box: | | | | | |
| | None | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| <u> </u> | | | | | | |