| Date:2021.11.2_    |  |
|--------------------|--|
| Your Name:         | Bin Fan  |
| Manuscript Title:_ | Expanded validation of the effect and quality of a pathogen inactivation system based on |
| riboflavin photo   | chemistry on platelet bacterial contamination  |
| 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 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. | None   |   |
|   |   | 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   |   |

|     |   |                               | <del>-</del> |
|-----|---|-------------------------------|--------------|
|     |   |                               |              |
| 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                                 | None                          |              |
|     | meetings and/or travel                                |                               |              |
|     |   |                               |              |
|     |   |                               |              |
| 8   | Patents planned, issued or                            | None                          |              |
|     | pending   |                               |              |
|     |   |                               |              |
| 9   | Participation on a Data                               | None                          |              |
|     | Safety Monitoring Board or                            |                               |              |
|     | Advisory Board  |                               |              |
| 10  | Leadership or fiduciary role in other board, society, | None                          |              |
|     | committee or advocacy                                 |                               |              |
|     | group, paid or unpaid                                 |                               |              |
| 11  | Stock or stock options                                | None                          |              |
|     |   |                               |              |
| 4.0 |   |                               |              |
| 12  | Receipt of equipment, materials, drugs, medical       | None                          |              |
|     | writing, gifts or other                               |                               |              |
|     | services  |                               |              |
| 13  | Other financial or non-                               | None                          |              |
|     | financial interests                                   |                               |              |
|     |   |                               |              |
| Ple | ease summarize the above c                            | onflict of interest in the fo | llowing box: |
|     | None  |                               |              |
|     |   |                               |              |

| Date:            | . 2021.11.2   |
|------------------|---|
| <b>Your Name</b> | : Meng Yi   |
| Manuscript       | Title: Expanded validation of the effect and quality of a pathogen inactivation system based on |
| riboflavin       | photochemistry on platelet bacterial contamination  |
| 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 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<br> <br> <br> | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None   |   |
|                 | No time limit for this item.  |  |   |
|                 |   |  |   |
|                 |   | 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   |   |

|     |   |                               | <del>-</del> |
|-----|---|-------------------------------|--------------|
|     |   |                               |              |
| 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                                 | None                          |              |
|     | meetings and/or travel                                |                               |              |
|     |   |                               |              |
|     |   |                               |              |
| 8   | Patents planned, issued or                            | None                          |              |
|     | pending   |                               |              |
|     |   |                               |              |
| 9   | Participation on a Data                               | None                          |              |
|     | Safety Monitoring Board or                            |                               |              |
|     | Advisory Board  |                               |              |
| 10  | Leadership or fiduciary role in other board, society, | None                          |              |
|     | committee or advocacy                                 |                               |              |
|     | group, paid or unpaid                                 |                               |              |
| 11  | Stock or stock options                                | None                          |              |
|     |   |                               |              |
| 4.0 |   |                               |              |
| 12  | Receipt of equipment, materials, drugs, medical       | None                          |              |
|     | writing, gifts or other                               |                               |              |
|     | services  |                               |              |
| 13  | Other financial or non-                               | None                          |              |
|     | financial interests                                   |                               |              |
|     |   |                               |              |
| Ple | ease summarize the above c                            | onflict of interest in the fo | llowing box: |
|     | None  |                               |              |
|     |   |                               |              |

| Date: 2021.11.2  |
|--|
| Your Name: Liguo Zhu   |
| Manuscript Title: Expanded validation of the effect and quality of a pathogen inactivation system based or |
| riboflavin photochemistry on platelet bacterial contamination  |
| 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 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. | None   |   |
|   |   | 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   |   |

|     |   |                               | <del>-</del> |
|-----|---|-------------------------------|--------------|
|     |   |                               |              |
| 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                                 | None                          |              |
|     | meetings and/or travel                                |                               |              |
|     |   |                               |              |
|     |   |                               |              |
| 8   | Patents planned, issued or                            | None                          |              |
|     | pending   |                               |              |
|     |   |                               |              |
| 9   | Participation on a Data                               | None                          |              |
|     | Safety Monitoring Board or                            |                               |              |
|     | Advisory Board  |                               |              |
| 10  | Leadership or fiduciary role in other board, society, | None                          |              |
|     | committee or advocacy                                 |                               |              |
|     | group, paid or unpaid                                 |                               |              |
| 11  | Stock or stock options                                | None                          |              |
|     |   |                               |              |
| 4.0 |   |                               |              |
| 12  | Receipt of equipment, materials, drugs, medical       | None                          |              |
|     | writing, gifts or other                               |                               |              |
|     | services  |                               |              |
| 13  | Other financial or non-                               | None                          |              |
|     | financial interests                                   |                               |              |
|     |   |                               |              |
| Ple | ease summarize the above c                            | onflict of interest in the fo | llowing box: |
|     | None  |                               |              |
|     |   |                               |              |

| Date: 2021.11.2   |
|---|
| Your Name: Lu Yang  |
| Manuscript Title: Expanded validation of the effect and quality of a pathogen inactivation system based |
| on riboflavin photochemistry on platelet bacterial contamination  |
| 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 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  |
|   | 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: 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                             | None                           |             |
|     | meetings and/or travel                            |                                |             |
|     |   |                                |             |
|     |   |                                |             |
|     |   |                                |             |
| 8   | Patents planned, issued or                        | None                           |             |
|     | pending   |                                |             |
|     |   |                                |             |
| 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                           |             |
|     |   |                                |             |
|     |   |                                |             |
| 12  | Receipt of equipment,                             | None                           |             |
|     | materials, drugs, medical writing, gifts or other |                                |             |
|     | services  |                                |             |
| 13  | Other financial or non-                           | None                           |             |
| 13  | financial interests                               | None                           |             |
|     |   |                                |             |
|     |   |                                |             |
|     |   |                                |             |
| ρla | ease summarize the above co                       | onflict of interest in the fol | lowing hox: |
| ric | Lase sammanize the above to                       | ommet of miterest in the lo    | iowing son. |
|     | None  |                                |             |
|     |   |                                |             |
|     |   |                                |             |
| - 1 |   |                                |             |

|  | ICIVIJE DISC   | LUSURE FORIVI   |
|--|--|---|
| Date: 2021.11.2  |  |   |
| Your Name: Shang W   | ei   |   |
|  |  | ect and quality of a pathogen inactivation system based   |
| on riboflavin photochemist Manuscript number (if known         |  |   |
|  |  |   |
| related to the content of your parties whose interests may b   | manuscript. "Related" me<br>be affected by the content<br>necessarily indicate a bias    | Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so. |
| The following questions apply manuscript only.                 | to the author's relationsh   | ips/activities/interests as they relate to the <u>current</u>   |
| to the epidemiology of hypert<br>medication, even if that medi | tension, you should declare<br>cation is not mentioned in<br>upport for the work reporte | e defined broadly. For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.  ed in this manuscript without time limit. For all other items,                          |
|  | T  |   |
|  | Name all entities with   | Specifications/Comments   |
|  | whom you have this relationship or indicate  | (e.g., if payments were made to you or to your institution)   |
|  | none (add rows as  | mstrationy  |
|  | needed)  |   |
|  | Time frame: Since the initia   | al planning of the work   |
| All support for the present                                    | None   |   |
| manuscript (e.g., funding,                                     |  |   |
| provision of study materials,                                  |  |   |
| medical writing, article                                       |  |   |
| processing charges, etc.)  No time limit for this item.        |  |   |
| ivo time minit for this item.                                  |  | <u> </u>  |
|  |  |   |
|  | Time frame: pas  | t 36 months   |

2

3

4

Grants or contracts from

in item #1 above).

Royalties or licenses

Consulting fees

any entity (if not indicated

None

None

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                             | None                          |              |
|     | meetings and/or travel                            |                               |              |
|     |   |                               |              |
|     |   |                               |              |
| 8   | Patents planned, issued or                        | None                          |              |
|     | pending   |                               |              |
|     |   |                               |              |
| 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                          |              |
|     |   |                               |              |
| 4.0 |   |                               |              |
| 12  | Receipt of equipment,                             | None                          |              |
|     | materials, drugs, medical writing, gifts or other |                               |              |
|     | services  |                               |              |
| 13  | Other financial or non-                           | None                          |              |
|     | financial interests                               |                               |              |
|     |   |                               |              |
| Ple | ease summarize the above c                        | onflict of interest in the fo | llowing box: |
|     | None  |                               |              |
|     |   |                               |              |

| Da              | ite: 2021.11.2   |   |   |
|-----------------|--|---|---|
|                 | ur Name: Yi Liu  |   |   |
| on              |  | stry on platelet bacterial  | ect and quality of a pathogen inactivation system based contamination   |
| rel<br>pa<br>to | lated to the content of you<br>rties whose interests may<br>transparency and does no   | or manuscript. "Related" me<br>be affected by the content                                     | Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so. |
|                 | e following questions app  | ly to the author's relationsh   | nips/activities/interests as they relate to the <u>current</u>  |
| to<br>me        | the epidemiology of hype edication, even if that med   | rtension, you should declare<br>lication is not mentioned in<br>support for the work report   | e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.  ed in this manuscript without time limit. For all other items,                  |
|                 |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as | Specifications/Comments (e.g., if payments were made to you or to your institution)   |
|                 |  | needed) Time frame: Since the initia  | al planning of the work   |
|                 | 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: pas   |   |

Grants or contracts from

in item #1 above).

Royalties or licenses

Consulting fees

3

any entity (if not indicated

None

None

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                             | None                          |              |
|     | meetings and/or travel                            |                               |              |
|     |   |                               |              |
|     |   |                               |              |
| 8   | Patents planned, issued or                        | None                          |              |
|     | pending   |                               |              |
|     |   |                               |              |
| 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                          |              |
|     |   |                               |              |
| 4.0 |   |                               |              |
| 12  | Receipt of equipment,                             | None                          |              |
|     | materials, drugs, medical writing, gifts or other |                               |              |
|     | services  |                               |              |
| 13  | Other financial or non-                           | None                          |              |
|     | financial interests                               |                               |              |
|     |   |                               |              |
| Ple | ease summarize the above c                        | onflict of interest in the fo | llowing box: |
|     | None  |                               |              |
|     |   |                               |              |

| Date: 2021.11.2  |                 |
|--|-----------------|
| Your Name: Xiaolong Zhong  | _               |
| Manuscript Title: Expanded validation of the effect and quality of a pathogen inactivation | system based on |
| riboflavin photochemistry on platelet bacterial contamination                              | -               |
| 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 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. | None   | pranning of the work  |
|   |   | 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   |   |

|     | 1   |      |  |
|-----|---|------|--|
|     |   |      |  |
| 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   | None |  |
|     | meetings and/or travel  |      |  |
|     |   |      |  |
|     |   |      |  |
| 8   | Patents planned, issued or  | None |  |
|     | pending   |      |  |
|     |   |      |  |
| 9   | Participation on a Data   | None |  |
|     | Safety Monitoring Board or Advisory Board                             |      |  |
| 10  | Leadership or fiduciary role  | None |  |
| 10  | in other board, society,  | None |  |
|     | committee or advocacy   |      |  |
|     | group, paid or unpaid   |      |  |
| 11  | Stock or stock options  | None |  |
|     |   |      |  |
| 12  | Receipt of equipment,   | None |  |
| 12  | materials, drugs, medical   | None |  |
|     | writing, gifts or other   |      |  |
|     | services  |      |  |
| 13  | Other financial or non-   | None |  |
|     | financial interests   |      |  |
|     |   |      |  |
|     |   |      |  |
| Ple | Please summarize the above conflict of interest in the following box: |      |  |
| Г   |   |      |  |
|     | None  |      |  |
|     |   |      |  |
|     |   |      |  |

| Date:      | 2021.11.2   |    |
|------------|---|----|
| Your Name  | ne: Deqing Wang   |    |
| Manuscrip  | pt Title: Expanded validation of the effect and quality of a pathogen inactivation system based | on |
| riboflavir | in photochemistry on platelet bacterial contamination   |    |
| Manuscrip  | pt 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 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                             | None   |   |
| ļ      | manuscript (e.g., funding,                              |  |   |
|        | provision of study materials,                           |  |   |
| ļ      | medical writing, article                                |  |   |
|        | processing charges, etc.)  No time limit for this item. |  |   |
| ļ      | ivo time illint for this item.                          |  |   |
| ļ<br>Ī |   |  |   |
|        |   | Time frame: past   | 26 months   |
| 2      | Grants or contracts from                                | None   | 56 months   |
| 2      | any entity (if not indicated                            | None   |   |
| l<br>I | in item #1 above).                                      |  |   |
| 3      | Royalties or licenses                                   | None   |   |
| 3      | Noyalties of ficerises                                  | NOTIC  |   |
|        |   |  |   |
| 4      | Consulting fees   | None   |   |
|        | _   |  |   |

|     | 1   |      |  |
|-----|---|------|--|
|     |   |      |  |
| 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   | None |  |
|     | meetings and/or travel  |      |  |
|     |   |      |  |
|     |   |      |  |
| 8   | Patents planned, issued or  | None |  |
|     | pending   |      |  |
|     |   |      |  |
| 9   | Participation on a Data   | None |  |
|     | Safety Monitoring Board or Advisory Board                             |      |  |
| 10  | Leadership or fiduciary role  | None |  |
| 10  | in other board, society,  | None |  |
|     | committee or advocacy   |      |  |
|     | group, paid or unpaid   |      |  |
| 11  | Stock or stock options  | None |  |
|     |   |      |  |
| 12  | Receipt of equipment,   | None |  |
| 12  | materials, drugs, medical   | None |  |
|     | writing, gifts or other   |      |  |
|     | services  |      |  |
| 13  | Other financial or non-   | None |  |
|     | financial interests   |      |  |
|     |   |      |  |
|     |   |      |  |
| Ple | Please summarize the above conflict of interest in the following box: |      |  |
| Г   |   |      |  |
|     | None  |      |  |
|     |   |      |  |
|     |   |      |  |