Date: <u>February 8, 2022</u> Your Name: <u>Qiaojun Zeng</u>

Manuscript Title: Successful combinatorial therapy of sirolimus and neuraminidase inhibitors in a patient

with highly pathogenic avian influenza A (H5N6) virus: a case report

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.	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, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
0	Dankining king and a Data	V. News	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
4.4	group, paid or unpaid	, , , , , , , , , , , , , , , , , , ,	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
_			
	None.		
Ple	ease place an "X" next to the	e following statement to in	dicate your agreement:

Date: <u>February 8, 2022</u> Your Name: <u>Jiwen Wang</u>

Manuscript Title: Successful combinatorial therapy of sirolimus and neuraminidase inhibitors in a patient

with highly pathogenic avian influenza A (H5N6) virus: a case report

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

Date: <u>February 8, 2022</u> Your Name: <u>Xiang Zhang</u>

Manuscript Title: Successful combinatorial therapy of sirolimus and neuraminidase inhibitors in a patient

with highly pathogenic avian influenza A (H5N6) virus: a case report

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.	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, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
0	Dankining king and a Data	V. News	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
4.4	group, paid or unpaid	, , , , , , , , , , , , , , , , , , ,	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
_			
	None.		
Ple	ease place an "X" next to the	e following statement to in	dicate your agreement:

Date: <u>February 8, 2022</u> Your Name: <u>Liang Chen</u>

Manuscript Title: Successful combinatorial therapy of sirolimus and neuraminidase inhibitors in a patient

with highly pathogenic avian influenza A (H5N6) virus: a case report

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

Date: February 8, 2022 Your Name: Lin Zhou

Manuscript Title: Successful combinatorial therapy of sirolimus and neuraminidase inhibitors in a patient

with highly pathogenic avian influenza A (H5N6) virus: a case report

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.	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, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
0	Dankining king and a Data	V. News	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
4.4	group, paid or unpaid	, , , , , , , , , , , , , , , , , , ,	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
_			
	None.		
Ple	ease place an "X" next to the	e following statement to in	dicate your agreement:

Date: <u>February 8, 2022</u> Your Name: <u>Fang Kuang</u>

Manuscript Title: Successful combinatorial therapy of sirolimus and neuraminidase inhibitors in a patient

with highly pathogenic avian influenza A (H5N6) virus: a case report

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.	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, speakers bureaus, manuscript writing or educational events	_XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	_XNone	
	Safety Monitoring Board or 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,	X None	
12	materials, drugs, medical	XNone	
	writing, gifts or other services		
13	Other financial or non-	X None	
10	financial interests		
	Pase summarize the above of None.	onflict of interest in the fol	lowing box:

Date: <u>February 8, 2022</u> Your Name: <u>Linjie Huang</u>

Manuscript Title: Successful combinatorial therapy of sirolimus and neuraminidase inhibitors in a patient

with highly pathogenic avian influenza A (H5N6) virus: a case report

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.	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	

		1	
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 meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
_			
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10		V. None	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	·		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
	ease summarize the above o	onflict of interest in the fo	ollowing box:

Date: <u>February 8, 2022</u> Your Name: <u>Fengqin Xu</u>

Manuscript Title: Successful combinatorial therapy of sirolimus and neuraminidase inhibitors in a patient

with highly pathogenic avian influenza A (H5N6) virus: a case report

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

form.

Date: <u>February 8, 2022</u> Your Name: <u>Xun Zhu</u>

Manuscript Title: Successful combinatorial therapy of sirolimus and neuraminidase inhibitors in a patient

with highly pathogenic avian influenza A (H5N6) virus: a case report

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.	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, speakers bureaus,	X_None	
	manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
4.0	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above o	onflict of interest in the fo	llowing box:
	None.		
Ple	ease place an "X" next to the	e following statement to in	dicate your agreement:
_	•	<u> </u>	

Date: <u>February 8, 2022</u> Your Name: <u>Jun Shen</u>

Manuscript Title: Successful combinatorial therapy of sirolimus and neuraminidase inhibitors in a patient

with highly pathogenic avian influenza A (H5N6) virus: a case report

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.	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, speakers bureaus,	X_None	
	manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
4.0	Advisory Board		
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above o	onflict of interest in the fo	llowing box:
	None.		
Ple	ease place an "X" next to the	e following statement to in	dicate your agreement:
_	•	<u> </u>	

Date: February 8, 2022

Your Name: Shanping Jiang

Manuscript Title: Successful combinatorial therapy of sirolimus and neuraminidase inhibitors in a patient

with highly pathogenic avian influenza A (H5N6) virus: a case report

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.	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	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
_			
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
0	5		
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the	following box:
	None.		