| Date: <u>או עבסע</u> | |
|-----------------------|---|
| Your Name: Xiaoting | Xi |
| Manuscript Title: | Acteoside protects retinal ganglion cells from experimental glaucoma by |
| | activating the PI3K/AKT signaling pathway via caveolin 1 upregulation |
| Manuscript number (if | |

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) |
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| ECO AL CONTRE ESCALA (CONTRA SA PORTO DE TO | Time frame: Since the initia | planning of the work |
| manuscript (e.g., funding, | None | |
| provision of study materials, medical writing, article | | |
| processing charges, etc.) | | |
| No time limit for this item. | | |
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| | Time frame: past | 36 months |
| Grants or contracts from | _√_None | 3.70.00.000 |
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| Royalties or licenses | <u>√</u> None | |
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| Consulting fees | None | |
| | provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses | whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia 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: past ✓ None Time frame: past ✓ None 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. |

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| 5 | Payment or honoraria for | None | |
| | lectures, presentations, | | |
| | speakers bureaus, | | * |
| | manuscript writing or educational events | | ē. |
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| 6 | Payment for expert testimony | None | |
| | testimony | | |
| 7 | | | |
| 7 | Support for attending meetings and/or travel | None | |
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| 8 | Patents planned, issued or | None | |
| | pending | | |
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| 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 | |
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| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | √ None | |
| 13 | financial interests | None | |
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| I certify that I have answered every question and have not altered the wording of any of the questions on this form. |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: つりした。 | |
|---|--|
| Your Name: Qiam ho Men | |
| Manuscript Title: Acteoside protects retinal ganglion cells from experimental glaucoma by | |
| activating the PI3K/AKT signaling pathway via caveolin 1 upregulation | |
| 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.

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| | | 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 | <u>√</u> None | |
| 4 | Consulting fees | _√_None | |

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| 5 | Payment or honoraria for lectures, presentations, | None | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | _√_None | |
| | testimony | | |
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| 7 | Support for attending meetings and/or travel | <u>√</u> None | |
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| | | | |
| 8 | Patents planned, issued or | _√_None | |
| | pending | 8 | |
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| 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 | | The state of the s |
| 11 | Stock or stock options | _√_None | |
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| 12 | Receipt of equipment, materials, drugs, medical | None | |
| | writing, gifts or other | | |
| | services | | a a |
| 13 | Other financial or non- | _√_None | |
| | financial interests | | |
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| I certify that I have answered every question and have not altered the wording of any of the questions on this form | | | |
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Please place an "X" next to the following statement to indicate your agreement:

| our Name: | Tia Ma |
|-------------------|---|
| Manuscript Title: | Acteoside protects retinal ganglion cells from experimental glaucoma by |
| | activating the PI3K/AKT signaling pathway via caveolin 1 upregulation |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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| | | 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) |
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| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | _√_None | |
| | manuscript (e.g., funding, provision of study materials, | | |
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| | medical writing, article | | |
| | processing charges, etc.) No time limit for this item. | | |
| | No time limit for this item. | | |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | None | |
| | any entity (if not indicated in item #1 above). | | |
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| 3 | Royalties or licenses | None | |
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| _ | Consolting for a | , | |
| 4 | Consulting fees | None | 4 |
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| 5 | Payment or honoraria for lectures, presentations, | None | | | | |
| | speakers bureaus, | | | | | |
| | manuscript writing or | | | | | |
| | educational events | | A) | | | 9 |
| 6 | Payment for expert | _√_None | | | | |
| | testimony | | | | | |
| 7 | Support for attending | / None | | *** | | 3 |
| ′ | meetings and/or travel | _√_None | | | | |
| | 100 | | | | | |
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| 8 | Patents planned, issued or | _√_None | | | | |
| | pending | 5 | | | | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | | | | |
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| 10 | Leadership or fiduciary role | √ None | | | - Tarana and a same | |
| 10 | in other board, society, committee or advocacy | None | | | | |
| | | | | | | |
| | group, paid or unpaid | | | | | |
| 11 | Stock or stock options | None | | | | |
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| 80/80 | | | | | | |
| 12 | Receipt of equipment, materials, drugs, medical | None | | | | |
| | writing, gifts or other | | | | | |
| | services | | | | | |
| 13 | Other financial or non- | _√_None | | | | ************************************** |
| | financial interests | | | | | |
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| Ple | ease summarize the above of | conflict of interest in | the following box: | | | |

| I certify that I have answered every question and have not altered the wording of any of the questions on this form. |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: 2027.].] | |
|---|---|
| Your Name: X We Wei Womb | • |
| Manuscript Title: Acteoside protects retinal ganglion cells from experimental glaucoma by | |
| activating the PI3K/AKT signaling pathway via caveolin 1 upregulation | |
| 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.

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| | | 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) |
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| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, | _√_None | |
| | medical writing, article processing charges, etc.) No time limit for this item. | | |
| | The time time tensor tensor tensor | | |
| 7 16 | | 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 | |



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| 5 | Payment or honoraria for | None | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| - | educational events | | |
| 6 | Payment for expert testimony | None | |
| | testimony | | |
| 7 | Company for attackling | , , , | X X |
| / | Support for attending meetings and/or travel | _√_None | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | _√_None | |
| | pending | * | |
| | | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| 20000000 | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| 11 | group, paid or unpaid Stock or stock options | / N | |
| 11 | Stock of 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 | | |
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| I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | | | | |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: |
|---|
| Your Name: Yuan Xia |
| Manuscript Title: Acteoside protects retinal ganglion cells from experimental glaucoma by |
| activating the PI3K/AKT signaling pathway via caveolin 1 upregulation |
| 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 | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| | | needed) | |
| | | Time frame: Since the initial | planning of the work |
| 1 | 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. | | |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | _√_None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | <u>√</u> None | |
| | * | | |
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| 4 | Consulting fees | _√_None | |
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| 5 | Payment or honoraria for | None | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | ar . |
| - | educational events | 1 | |
| 6 | Payment for expert | None | |
| | testimony | | |
| _ | | <u> </u> | |
| 7 | Support for attending meetings and/or travel | None | |
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| 8 | Patents planned, issued or | None | |
| | pending | * | |
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| 9 | Participation on a Data | _√_None | |
| | Safety Monitoring Board or | | y . |
| | 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 | |
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| 12 | Receipt of equipment, | _√_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | √ None | |
| | financial interests | | |
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| DI. | | files - f less s les | Alia Callandina Irani |

| I certify that I have answered every question and have not altered the wording of any of the questions on the | nis form. |
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Please place an "X" next to the following statement to indicate your agreement:

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| Date: 2022.1.7 | |
|-----------------------|---|
| Your Name: Xue we; | Wen |
| Manuscript Title: | Acteoside protects retinal ganglion cells from experimental glaucoma by |
| | activating the PI3K/AKT signaling pathway via caveolin 1 upregulation |
| 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.

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| | | 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 | |
| R. Co | | 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 | |

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| 5 | Payment or honoraria for | _√_None | |
| | lectures, presentations, | | |
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| | manuscript writing or educational events | | e e |
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| 6 | Payment for expert testimony | None | |
| | testimony | | |
| 7 | Company for attackling | 1 | |
| / | Support for attending meetings and/or travel | None | |
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| 8 | Patents planned, issued or | None | |
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| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| Townson I | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| 11 | group, paid or unpaid Stock or stock options | / N | |
| 11 | Stock of 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 | | |
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| I certify that I have answered every question and have not altered the wording of any of the questions on th | is form. |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: 2022 | .] | |
|-------------------|---|--|
| Your Name: | Bin Cai | |
| Manuscript Title: | Acteoside protects retinal ganglion cells from experimental glaucoma by | |
| | activating the PI3K/AKT signaling pathway via caveolin 1 upregulation | |
| 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.

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|---|---|--|---|
| | | 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 | |

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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, | _√_None | |
| | manuscript writing or educational events | | er e |
| 6 | Payment for expert | _√_None | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | <u>√</u> None | |
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| | | | |
| 8 | Patents planned, issued or | None | |
| | pending | * | |
| | | <u> </u> | |
| 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 | |
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| | | | |
| 12 | Receipt of equipment, | _√_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | _√_None | |
| | financial interests | | |
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| I certify that I have answered every question and have not altered the wording of any of the questions on this form. |
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Please place an "X" next to the following statement to indicate your agreement:

| Date: <u> </u> | | |
|-----------------------|---|--|
| Your Name: You La | | |
| Manuscript Title: | Acteoside protects retinal ganglion cells from experimental glaucoma by | |
| | activating the PI3K/AKT signaling pathway via caveolin 1 upregulation | |
| Manuscript number (if | | |

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|---|---|--|---|
| 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 initial _√_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 | * |

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| 5 | Payment or honoraria for | _√_None | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert testimony | _√_None | |
| | | | |
| _ | | | 1 |
| 7 | Support for attending | None | |
| | meetings and/or travel | | |
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| | | | |
| _ | | | |
| 8 | Patents planned, issued or | None | |
| | pending | N 8 | |
| | | | |
| 9 | Participation on a Data Safety Monitoring Board or | None | |
| | | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, | None | " |
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| | committee or advocacy | | |
| 11 | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| 12 | Descipt of anytings and | I N | |
| 12 | Receipt of equipment, materials, drugs, medical | None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- financial interests | √ None | |
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| Ple | ease summarize the above o | onflict of interest in the fo | ollowing hox: |

| I certify that I have answered every question and have not altered the wording of any of the questions on this form. |
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Please place an "X" next to the following statement to indicate your agreement: