Date:____OCT. 12th, 2023____

Your Name:___Kui Zhang__ Manuscript Title: Prediction of left ventricular ejection fraction improvement in patients with ischemic cardiomyopathy after coronary artery bypass grafting based on cardiac magnetic resonance Manuscript number (if known):_____CDT-23-220_____

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) Time frame: Since the initial | 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. | This study was supported by the Beijing Nova Program (No. 2201100006820088, No. 20220484174), Beijing Natural Science Foundation(L222098, 7232041). | |
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| | Time frame: past 36 months | | | |
|----|---|---------|--|--|
| 2 | Grants or contracts from | XNone | | |
| | any entity (if not indicated | | | |
| | in item #1 above). | | | |
| 3 | Royalties or licenses | XNone | | |
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| | | | | |
| 4 | Consulting fees | XNone | | |
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| - | Deursent er henerenie fer | V. Nere | | |
| 5 | Payment or honoraria for lectures, presentations, | XNone | | |
| | 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 | Leadership or fiduciary role | XNone | | |
| | in other board, society, | | | |
| | committee or advocacy group, paid or unpaid | | | |
| 11 | Stock or stock options | X None | | |
| 11 | | | | |
| | | | | |
| 12 | Receipt of equipment, | X None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | XNone | | |
| | financial interests | | | |
| | | | | |

Date:____OCT. 12th, 2023____

Your Name:___Wei Fu___ Manuscript Title: Prediction of left ventricular ejection fraction improvement in patients with ischemic cardiomyopathy after coronary artery bypass grafting based on cardiac magnetic resonance Manuscript number (if known):_____CDT-23-220_____

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) Time frame: Since the initial | 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. | This study was supported by the Beijing Nova Program (No. 2201100006820088, No. 20220484174), Beijing Natural Science Foundation(L222098, 7232041). | |
| | | | |

| | Time frame: past 36 months | | | |
|----|---|---------|--|--|
| 2 | Grants or contracts from | XNone | | |
| | any entity (if not indicated | | | |
| | in item #1 above). | | | |
| 3 | Royalties or licenses | XNone | | |
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| 4 | Consulting fees | XNone | | |
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| - | Deursent er henerenie fer | V. Nere | | |
| 5 | Payment or honoraria for lectures, presentations, | XNone | | |
| | 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 | | | |
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| 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 | X None | | |
| 11 | | | | |
| | | | | |
| 12 | Receipt of equipment, | X None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | XNone | | |
| | financial interests | | | |
| | | | | |

Date:____OCT. 12th, 2023____ Your Name:___Qinyi Dai___ Manuscript Title: Prediction of left ventricular ejection fraction improvement in patients with ischemic cardiomyopathy after coronary artery bypass grafting based on cardiac magnetic resonance Manuscript number (if known):_____CDT-23-220_____

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

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

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | X_None | |
| 4 | Consulting fees | XNone | |

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

None.

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

Date:____OCT. 12th, 2023____ Your Name:___Taoshaui Liu__ Manuscript Title: Prediction of left ventricular ejection fraction improvement in patients with ischemic cardiomyopathy after coronary artery bypass grafting based on cardiac magnetic resonance Manuscript number (if known):_____CDT-23-220_____

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) Time frame: Since the initial | 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. | This study was supported by the Beijing Nova Program (No. 2201100006820088, No. 20220484174), Beijing Natural Science Foundation(L222098, 7232041). | |
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| | Time frame: past 36 months | | | |
|----|---|---------|--|--|
| 2 | Grants or contracts from | XNone | | |
| | any entity (if not indicated | | | |
| | in item #1 above). | | | |
| 3 | Royalties or licenses | XNone | | |
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| 4 | Consulting fees | XNone | | |
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| 5 | Payment or honoraria for lectures, presentations, | XNone | | |
| | 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 | Leadership or fiduciary role | XNone | | |
| | in other board, society, | | | |
| | committee or advocacy group, paid or unpaid | | | |
| 11 | Stock or stock options | X None | | |
| 11 | | | | |
| | | | | |
| 12 | Receipt of equipment, | X None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | XNone | | |
| | financial interests | | | |
| | | | | |

Date:____OCT. 12th, 2023____ Your Name:___Jubing Zheng___ Manuscript Title: Prediction of left ventricular ejection fraction improvement in patients with ischemic cardiomyopathy after coronary artery bypass grafting based on cardiac magnetic resonance Manuscript number (if known):_____CDT-23-220_____

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

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

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | This study was supported by the Beijing Nova Program (No. 2201100006820088, No. 20220484174), Beijing Natural Science Foundation(L222098, 7232041). | |
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| | Time frame: past 36 months | | | |
|----|---|---------|--|--|
| 2 | Grants or contracts from | XNone | | |
| | any entity (if not indicated | | | |
| | in item #1 above). | | | |
| 3 | Royalties or licenses | XNone | | |
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| 4 | Consulting fees | XNone | | |
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| 5 | Payment or honoraria for lectures, presentations, | XNone | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | XNone | | |
| | testimony | | | |
| | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | |
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| | | | | |
| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
| | | | | |
| 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 | X None | | |
| 11 | | | | |
| | | | | |
| 12 | Receipt of equipment, | X None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | XNone | | |
| | financial interests | | | |
| | | | | |

Date:____OCT. 12th, 2023____

Your Name: ___Yue Song ___ Manuscript Title: Prediction of left ventricular ejection fraction improvement in patients with ischemic cardiomyopathy after coronary artery bypass grafting based on cardiac magnetic resonance Manuscript number (if known): _____CDT-23-220_____

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

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| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | 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. | This study was supported by the Beijing Nova Program (No. 2201100006820088, No. 20220484174), Beijing Natural Science Foundation(L222098, 7232041). | |
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| | Time frame: past 36 months | | | |
|----|---|---------|--|--|
| 2 | Grants or contracts from | XNone | | |
| | any entity (if not indicated | | | |
| | in item #1 above). | | | |
| 3 | Royalties or licenses | XNone | | |
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| 4 | Consulting fees | XNone | | |
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| 5 | Payment or honoraria for lectures, presentations, | XNone | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | XNone | | |
| | testimony | | | |
| | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | |
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| | | | | |
| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
| | | | | |
| 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 | X None | | |
| 11 | | | | |
| | | | | |
| 12 | Receipt of equipment, | X None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | XNone | | |
| | financial interests | | | |
| | | | | |

Date:____OCT. 12th, 2023____ Your Name:___Hongkai Zhang__ Manuscript Title: Prediction of left ventricular ejection fraction improvement in patients with ischemic cardiomyopathy after coronary artery bypass grafting based on cardiac magnetic resonance Manuscript number (if known):_____CDT-23-220_____

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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. | 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 | |
| 0 | testimony | | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | XNone | |
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| | | | |
| 8 | Patents planned, issued or | X None | |
| | pending | | |
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| 9 | Participation on a Data | XNone | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
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| 11 | Stock or stock options | XNone | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X_None | |
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| 12 | Others fire are sig! | V Novo | |
| 13 | Other financial or non- financial interests | XNone | |
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None.

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

Date:____OCT. 12th, 2023____ Your Name:____Biekan Jumatay___ Manuscript Title: Prediction of left ventricular ejection fraction improvement in patients with ischemic cardiomyopathy after coronary artery bypass grafting based on cardiac magnetic resonance Manuscript number (if known):______CDT-23-220______

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

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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. | 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 | X_None | |
| 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 Safety Monitoring Board or Advisory Board | XNone | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | Biekan Jumatay is an employee of the Circle Cardiovascular Imaging company. | |
| 11 | Stock or stock options | XNone | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X_None | |
| 13 | Other financial or non- financial interests | XNone | |

Biekan Jumatay is an employee of the Circle Cardiovascular Imaging company.

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

Date:____OCT. 12th, 2023____

Your Name:____Ran Dong___ Manuscript Title: Prediction of left ventricular ejection fraction improvement in patients with ischemic cardiomyopathy after coronary artery bypass grafting based on cardiac magnetic resonance Manuscript number (if known):______CDT-23-220_____

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.

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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. | This study was supported by the Beijing Nova Program (No. 2201100006820088, No. 20220484174), Beijing Natural Science Foundation(L222098, 7232041). | |
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| | Time frame: past 36 months | | | |
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| 2 | Grants or contracts from | XNone | | |
| | any entity (if not indicated | | | |
| | in item #1 above). | | | |
| 3 | Royalties or licenses | XNone | | |
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| 4 | Consulting fees | XNone | | |
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| 5 | Payment or honoraria for lectures, presentations, | XNone | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | XNone | | |
| | testimony | | | |
| | | | | |
| 7 | Support for attending meetings and/or travel | XNone | | |
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| 8 | Patents planned, issued or | XNone | | |
| | pending | | | |
| | | | | |
| 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 | Descipt of any inclusion | V. News | | |
| 12 | Receipt of equipment, | X_None | | |
| | materials, drugs, medical writing, gifts or other | | | |
| | services | | | |
| 13 | 13 Other financial or non- financial interests | XNone | | |
| | | | | |
| | | | | |