| Date: August 3,2022 | | | |
|------------------------------------------------------------------------------------------------------------|--|--|--|
| Your Name: Ying Liu | | | |
| Manuscript Title: The clinical efficacy and limitations of dutasteride-regulated abiraterone metabolism in | | | |
| abiraterone-resistant patients: a prospective single-arm clinical trial in Chinese patients | | | |
| 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) 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. | 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 lectures, presentations, speakers bureaus, | None | | |
|-----|----------------------------------------------------------------------------|------|--|--|
| | manuscript writing or educational events | | | |
| 6 | Payment for expert testimony | None | | |
| | testimony | | | |
| 7 | 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 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 | | |
| | financial interests | | | |
| Ple | Please summarize the above conflict of interest in the following box: | | | |
| | NONE | | | |
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| Date: August 3,2022 |
|-------------------------------------------------------------------------------------------------------------------------|
| Your Name: Tao Yang |
| Manuscript Title: The clinical efficacy and limitations of dutasteride-regulated abiraterone metabolism in abiraterone- |
| resistant patients: a prospective single-arm clinical trial in Chinese patients |
| Manuscript number (if known): |
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| 5 | Payment or honoraria for | None | |
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| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | None | |
| U | testimony | None | |
| | testimony | | |
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| 7 | Support for attending | None | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | None | |
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| | 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 | |
| 12 | materials, drugs, medical | None | |
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| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| Ple | ease summarize the above c | onflict of interest in the fol | lowing box: |
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| Date: August 3,2022 | | |
|------------------------------------------------------------------------------------------------------------|--|--|
| Your Name: Chengdang Xu | | |
| Manuscript Title: The clinical efficacy and limitations of dutasteride-regulated abiraterone metabolism in | | |
| abiraterone-resistant patients: a prospective single-arm clinical trial in Chinese patients | | |
| Manuscript number (if known): | | |

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| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for | None | | | |
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| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| | educational events | | | | |
| 6 | Payment for expert | None | | | |
| U | testimony | None | | | |
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| 7 | Support for attending | None | | | |
| | meetings and/or travel | | | | |
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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 | | | |
| | financial interests | | | | |
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| Ple | Please summarize the above conflict of interest in the following box: | | | | |
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| Date: August 3,2022 | | | |
|------------------------------------------------------------------------------------------------------------|--|--|--|
| Your Name: Xi Chen | | | |
| Manuscript Title: The clinical efficacy and limitations of dutasteride-regulated abiraterone metabolism in | | | |
| abiraterone-resistant patients: a prospective single-arm clinical trial in Chinese patients | | | |
| Manuscript number (if known) | | | |

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| 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 | | | |
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| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| | educational events | | | | |
| 6 | Payment for expert | None | | | |
| U | testimony | None | | | |
| | testimony | | | | |
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| 7 | Support for attending | None | | | |
| | meetings and/or travel | | | | |
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| 0 | Detents planned travel | Nama | | | |
| 8 | Patents planned, issued or | None | | | |
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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 | | | |
| | Stock of Stock options | | | | |
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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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| Ple | Please summarize the above conflict of interest in the following box: | | | | |
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| Date: | August3,2022 |
|-------------------|----------------------------------------------------------------------------------------------------|
| | e: Yongnan Chi |
| Manuscrip | ot Title: The clinical efficacy and limitations of dutasteride-regulated abiraterone metabolism in |
| <u>abirateron</u> | e-resistant patients: a prospective single-arm clinical trial in Chinese patients |
| | ot number (if known): |

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| | | 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 meetings and/or travel | None | | | |
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| 8 | Patents planned, issued or | None | | | |
| | pending | | | | |
| 9 | Participation on a Data | None | | | |
| 9 | Safety Monitoring Board or | None | | | |
| | 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 | | | |
| 12 | materials, drugs, medical | None | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | None | | | |
| | financial interests | | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | | |
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| Date: A | August3,2022 |
|-------------|-------------------------------------------------------------------------------------------------|
| Your Name | : Weidong Zhou |
| Manuscript | Title: The clinical efficacy and limitations of dutasteride-regulated abiraterone metabolism in |
| abiraterone | e-resistant patients: a prospective single-arm clinical trial in Chinese patients |
| | number (if known): |

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| | | Time frame: Since the initial | planning of the work |
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| | | 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 meetings and/or travel | None | | | |
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| 8 | Patents planned, issued or | None | | | |
| | pending | | | | |
| 9 | Participation on a Data | None | | | |
| 9 | Safety Monitoring Board or | None | | | |
| | 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 | | | |
| 12 | materials, drugs, medical | None | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | None | | | |
| | financial interests | | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | | |
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| Date: August3,2022 |
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| _Your Name: Wei <u>Le</u> |
| Manuscript Title: The clinical efficacy and limitations of dutasteride-regulated abiraterone metabolism in |
| abiraterone-resistant patients: a prospective single-arm clinical trial in Chinese patients |
| Manuscript number (if known): |

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| | | 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 lectures, presentations, | None | | | |
|------|-----------------------------------------------------------------------|---------------------------------|------------|--|--|
| | | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or educational events | | | | |
| 6 | Payment for expert | None | | | |
| | testimony | None | | | |
| | testimony | | | | |
| 7 | Support for attending | None | | | |
| , | meetings and/or travel | | | | |
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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 | | | | |
| 40 | 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 | | | | |
| | Please summarize the above conflict of interest in the following box: | | | | |
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| Date: August3,2022 | | | |
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| Your Name: Cuidong Bian_ | | | |
| Manuscript Title: The clinical efficacy and limitations of dutasteride-regulated abiraterone metabolism in | | | |
| abiraterone-resistant patients: a prospective single-arm clinical trial in Chinese patients | | | |
| Manuscript number (if known): | | | |

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| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for | None | | | |
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| | lectures, presentations, | | | | |
| | speakers bureaus, manuscript writing or | | | | |
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| 6 | Payment for expert | None | | | |
| | testimony | | | | |
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| 7 | Support for attending meetings and/or travel | None | | | |
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| 8 | Patents planned, issued or | None | | | |
| | pending | | | | |
| 9 | Participation on a Data | None | | | |
| 9 | Safety Monitoring Board or | None | | | |
| | 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 | | | |
| 12 | materials, drugs, medical | None | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | None | | | |
| | financial interests | | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | | |
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| Date: | <u>August3,2022</u> | |
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| Your Na | me: Zhenfei Li | |
| Manuscrip | pt Title: The clinical efficacy and limitations of dutasteride-regulated abiraterone metabolism in | |
| abirateror | ne-resistant patients: a prospective single-arm clinical trial in Chinese patients | |
| Manuscript number (if known): | | |

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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 | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, | None | |
|------|---------------------------------------------------------------------|------------------------------|---------------|
| | | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert testimony | None | |
| | testimony | | |
| 7 | Support for attending meetings and/or travel | None | |
| | meetings and/or traver | | |
| | | | |
| 8 | Patents planned, issued or | None | |
| | pending | | |
| 0 | Dauticination on a Data | None | |
| 9 | Participation on a Data Safety Monitoring Board or | None | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| 11 | group, paid or unpaid Stock or stock options | None | |
| | occontrol occontrol | | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
| DI | | | Usanta a hann |
| Piea | ise summarize the above co | nflict of interest in the fo | llowing box: |
| N | ONE | | |
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| Date: | August3,2022 |
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| Your Nam | ne:Shengsong Huang |
| Manuscri | pt Title: The clinical efficacy and limitations of dutasteride-regulated abiraterone metabolism in |
| abiratero | ne-resistant patients: a prospective single-arm clinical trial in Chinese patients |
| Manuscri | ipt 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 |
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| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for | None | | |
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| | lectures, presentations, | | | |
| | speakers bureaus, manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | None | | |
| | testimony | | | |
| | | | | |
| 7 | Support for attending meetings and/or travel | None | | |
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| 8 | Patents planned, issued or | None | | |
| | pending | | | |
| 9 | Participation on a Data | None | | |
| 9 | Safety Monitoring Board or | None | | |
| | 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 | | |
| 12 | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | None | | |
| | financial interests | | | |
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| Plea | Please summarize the above conflict of interest in the following box: | | | |
| | IONE | | | |
| | NONE | | | |
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| Date: August3,2022 | |
|------------------------------------------------------------------------------------|---------------------------|
| Your Name: Denglong Wu | |
| Manuscript Title: The clinical efficacy and limitations of dutasteride-regulated a | abiraterone metabolism in |
| abiraterone-resistant patients: a prospective single-arm clinical trial in Chinese | e patients |
| Manuscript number (if known): | |

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

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

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| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| 13 | services Other financial or non- | None | |
| 15 | financial interests | None | |
| | illialiciai liitelests | | |
| Dia | oca cummaniza tha abassa sa | nflist of interest in the fe | Howing hove |
| riea | ise summarize the above co | milict of interest in the fo | nowing box: |
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