Date: <u>01/17</u>	7/2022
Your Name:	Muhammed Alaa Moukhtar Hammad
Manuscript Titl	e: Long-term Assessment of the Safety and Effectivity of the Mini-jupette Sling:
5-Year Follow-u	p of the Original Series
Manuscript nur	nber (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		
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	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests	_	

None.			

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

Date:	08/30	/2022
Your N	lame:	David W Barham
Manus	script Title	e: Long-term Assessment of the Safety and Effectivity of the Mini-jupette Sling:
5-Year	Follow-u	p of the Original Series
Manus	script nun	nber (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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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) 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	
2	Grants or contracts from	Time frame: past X None	36 months
	any entity (if not indicated in item #1 above).		
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	XNone	
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	
	ose summarize the above co	nflict of interest in the follo	owing box:

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

Date: _	01/17/	<u>′2023</u>				
Your N	ame:	_Daniar Osmonov				
Manus	Manuscript Title: Long-term Assessment of the Safety and Effectivity of the Mini-jupette Sling:					
5-Year Follow-up of the Original Series						
Manus	/lanuscript 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) 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	Coloplast, Intuitive Surgical, Fidelis	

_	December of homographs for	V None	
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	X None	
'	meetings and/or travel		
	G ,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board 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,	X_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

DO receives consulting fees from Coloplast, Intuitive Surgical, Fidelis

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

Date	e: <u>01/1//2023</u>			
You	r Name:Georgios Ha	tzichristodoulou		
			and Effectivity of the Mini-Jupette Sling: 5-year F	ollow-
	of the Original Series		and Encountry of the firm dapone omigro your r	0011
•	•			
IVIAI	nuscript number (if known):			
rela part to ti	ted to the content of your nices whose interests may be	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
	following questions apply to nuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>	
to tl med In it	he epidemiology of hyperter lication, even if that medica	nsion, you should declare at the state of th	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertension he manuscript. It in this manuscript without time limit. For all other ite	e
		Name all antities with	Specifications/Comments	
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initia	al planning of the work	
1	All support for the present	X None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: past	t 36 months	
2	Grants or contracts from	X None		
-	any entity (if not indicated			
	in item #1 above).		 	
3	Royalties or licenses	X None		
5	Noyalties of licelises	NOTIE		
4	Consulting fees	X None		
-	בטווטמונווון וככט			

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	XNone	
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	
	ose summarize the above co	nflict of interest in the follo	owing box:

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

Date	e: <u>01/17/2023</u>			
You	Name:Koenraad va	n Renterghem		
Mar	uscript Title Long-term As of the Original Series	ssessment of the Safety	and Effectivity of the Mini-Jupette Sling: 5-year	Follow-
Mar	uscript number (if known):			
relat part to tr	ed to the content of your mies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
	following questions apply to uscript only.	o the author's relationshi	os/activities/interests as they relate to the <u>current</u>	
to th	-	nsion, you should declare	defined broadly. For example, if your manuscript perta all relationships with manufacturers of antihypertensi he manuscript.	
	em #1 below, report all sup cime frame for disclosure is		d in this manuscript without time limit. For all other it	ems,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed) Time frame: Since the initia	al planning of the work	
		Time trame. Since the lints	in planning of the work	
1	All support for the present	XNone		
	manuscript (e.g., funding, provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: pas	t 36 months	
2	Grants or contracts from	XNone		
	any entity (if not indicated			
	in item #1 above).			
3	Royalties or licenses	X None		

Boston Scientific, Coloplast, Rigicon

Consulting fees

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
	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	X None	
10	in other board, society,	XNOTIC	
	committee or advocacy		
	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		

Koenraad van Renterghem receives consulting fees from Boston Scientific, Coloplast, Rigicon	

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

Date	: <u>01/17/2022</u>			
Your	Name:Robert Andr	ianne		
Man	uscript Title Long-term As	ssessment of the Safety	and Effectivity of the Mini-Jupette Sling: 5-year Foll	ow-
	f the Original Series			
Man	uscript number (if known):			
relat parti to tra relat The a man The a to th medi	ed to the content of your mes whose interests may be ansparency and does not not ionship/activity/interest, it following questions apply to uscript only. Buthor's relationships/active epidemiology of hyperterication, even if that medical	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do to the author's relationship wities/interests should be insion, you should declare tion is not mentioned in the	os/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive	,
		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 initia	al 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: pas	t 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone		
3	Royalties or licenses	XNone		

Boston Scientific, Coloplast

Consulting fees

1		T	
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	XNone	
	meetings and/or travel		
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	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

Robert Andrianne receives consulting fees from Boston Scientific, Coloplast

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

Date	e: <u>08/30/2022</u>		
You	r Name:Sung Hun Pa	ark	
Mar	nuscript Title Long-term As	ssessment of the Safety	and Effectivity of the Mini-Jupette Sling: 5-year Follow
up d	of the Original Series		
Mar	nuscript number (if known):		
related to the man	ted to the content of your name ies whose interests may be cansparency and does not not ionship/activity/interest, it following questions apply to cuscript only. author's relationships/activity e epidemiology of hyperterication, even if that medical	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. It is preferable that you do to the author's relationship wities/interests should be go nsion, you should declare ation is not mentioned in t	os/activities/interests as they relate to the <u>current</u> defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
	em #1 below, report all sup time frame for disclosure is	•	a in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	al planning of the work
1	All support for the present	X None	
-	manuscript (e.g., funding,	<u></u>	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	

Consulting fees

_X__None

5	Payment or honoraria for lectures, presentations,	Coloplast	
	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	
	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		

Sung Hun Park receives consulting fees from Coloplast

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

Date: _	01/17/2023
Your N	lame:Tobias S Kohler
Manus	script Title Long-term Assessment of the Safety and Effectivity of the Mini-Jupette Sling: 5-year Follov
up of	the Original Series
Manus	script 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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time traine. 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	Coloplast	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	XNone	
	testimony		
7	Command for additional times	V. Name	
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	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

Tobias S Kohler receives consulting fees from Coloplast

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

Date:	01/17	/2023		
Your Nar	ne:	Wayne J G Hellstrom		
Manuscr	ipt Title	:: Long-term Assessment of the Safety and Effectivity of the Mini-jupette Slir	ng:	
5-Year Follow-up of the Original Series				
Manuscr	ipt num	iber (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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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) 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	Acerus Pharma, Boston Scientific, Coloplast,	

-		Endo, Jazz Pharmaceuticals Gilead, Promescent Theralogix
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	XNone
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

Wayne J G Hellstrom receives consulting fees from Acerus Pharma, Boston Scientific, Coloplast, Endo, Jazz Pharmaceuticals, Gilead, Promescent, Theralogix

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

the

Date	e: <u>01/17/2023</u>		
	Name: <u>Lawrence Jen</u>		
	uscript Title Long-term Assi inal Series	essment of the Safety and	d Effectivity of the Mini-jupette Sling 5-Year Follow-up of the
Man	uscript number (if known):		
relat part to tr	ted to the content of your nies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply t uscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to th		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	em #1 below, report all sup time frame for disclosure is	-	d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initi	al planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 26 months
2	Grants or contracts from	X None	oc 30 months
_	any entity (if not indicated		+
	in item #1 above).		
3	Royalties or licenses	XNone	

Consulting fees

Hims &Hers Health Inc

			T
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
	ğ ,		
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	
	•		
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
	financial interests		

Lawrence Jenkins receives consulting fees from Hims & Hers Health Inc	

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

Date	e: <u>01/17/2023</u>		
	r Name:Faysal A Yaf		
		essment of the Safety and	Effectivity of the Mini-jupette Sling 5-Year Follow-up of the
_	inal Series		
Mar	nuscript number (if known):		
relate part to to relate	ted to the content of your named to the content of your named to the content of your named to the content of th	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. I is preferable that you do	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.
<u>man</u>	nuscript only.		
to the	ne epidemiology of hyperte lication, even if that medica	nsion, you should declare a tion is not mentioned in th port for the work reported	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. In this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	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	Colonlast	
4	COUSUIDIS IEES	LLOIONIBCE	1

Clarus Therapeutics

		Antares Pharma
		Acerus
5	Payment or honoraria for	XNone
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
_	educational events	
6	Payment for expert testimony	XNone
-	C	N. Al
7	Support for attending meetings and/or travel	XNone
	G .	
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
4.2	D	W AI
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X_None
	services	
13	Other financial or non-	X None
	financial interests	
		·

Faysal A Yafi receives consulting fees from Coloplast, Clarus Therapeutics, Antares Pharma, Acerus

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