| Date: | June. 27 th , 2021 |
|------------------|---|
| Your Nam | ne:Tatsuya Takayama |
| Manuscrip | pt Title: <u>Natural history of asymptomatic renal artery pseudoaneurysm after robot-assisted partial</u> |
| <u>nephrecto</u> | <u>omv</u> |
| Manuscrip | pt 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. | 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 | |

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| 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 | | |
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| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| 9 | Participation on a Data | X None | |
| 5 | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | | V Nono | |
| 11 | Stock or stock options | XNone | |
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| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| 1 | writing, gifts or other | | |
| L | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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None.

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

| Date: June | . 27 th , 2021 |
|-----------------------|--|
| Your Name: | Akifumi Fujita |
| Manuscript Tit | le: Natural history of asymptomatic renal artery pseudoaneurysm after robot-assisted partial |
| <u>nephrectomy</u> | |
| Manuscript nu | mber (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: 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 | |

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| 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 | | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| 9 | Participation on a Data | X None | |
| 5 | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | | V Nono | |
| 11 | Stock or stock options | XNone | |
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| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| 1 | writing, gifts or other | | |
| L | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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None.

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

| Date: | June. | 27 th , 2021 |
|----------|------------|---|
| Your Nai | me: | Toru Sugihara |
| Manuscr | ript Title | e: Natural history of asymptomatic renal artery pseudoaneurysm after robot-assisted partial |
| nephrect | tomy | |
| Manuscr | ript num | 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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| | | Time frame: past | 36 months |
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| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

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| 5 | Payment or honoraria for | XNone | |
| | lectures, presentations, | | |
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| | manuscript writing or | | |
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| 6 | Payment for expert | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| 9 | Participation on a Data | X None | |
| 5 | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | | V Nono | |
| 11 | Stock or stock options | XNone | |
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| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| 1 | writing, gifts or other | | |
| L | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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None.

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

| Date: June | . 27 th , 2021 |
|--------------------|--|
| Your Name: | Akira Fujisaki |
| Manuscript Tit | le: Natural history of asymptomatic renal artery pseudoaneurysm after robot-assisted partial |
| <u>nephrectomy</u> | |
| Manuscript nu | mber (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: 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 | |

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| 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 | | |
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| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| 9 | Participation on a Data | X None | |
| 5 | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | | V Nono | |
| 11 | Stock or stock options | XNone | |
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| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| 1 | writing, gifts or other | | |
| L | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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None.

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

| Date: | June. 2 | 7 th , 2021 |
|---------|--------------|--|
| Your Na | ame: | Masahiro Yamazaki |
| Manuso | cript Title: | Natural history of asymptomatic renal artery pseudoaneurysm after robot-assisted partial |
| nephree | ctomy | |
| Manuso | cript numł | per (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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| | | 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 | |

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| 5 | Payment or honoraria for | XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
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| 6 | Payment for expert | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
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| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| 9 | Participation on a Data | X None | |
| 5 | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | | V Nono | |
| 11 | Stock or stock options | XNone | |
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| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| 1 | writing, gifts or other | | |
| L | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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None.

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

| Date: June. | ate: June. 27 th , 2021 | | | | |
|--------------------|---|--|--|--|--|
| Your Name: | Tomohiro Kameda | | | | |
| Manuscript Title | e: Natural history of asymptomatic renal artery pseudoaneurysm after robot-assisted partial | | | | |
| <u>nephrectomy</u> | | | | | |
| Manuscript nun | ıber (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. | 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 | |

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| | | | |
| 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 | | |
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| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | X None | |
| 5 | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | | V Nono | |
| 11 | Stock or stock options | XNone | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| 1 | writing, gifts or other | | |
| L | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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None.

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

| Date: <u>June. 27th, 202</u> | 21 |
|---|---|
| Your Name: Jun Ka | amei |
| Manuscript Title: Natur | al history of asymptomatic renal artery pseudoaneurysm after robot-assisted partial |
| <u>nephrectomy</u> | |
| Manuscript number (if I | 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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| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

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| 5 | Payment or honoraria for | XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
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| 6 | Payment for expert | XNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| 9 | Participation on a Data | X None | |
| 5 | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | | V Nono | |
| 11 | Stock or stock options | XNone | |
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| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| 1 | writing, gifts or other | | |
| L | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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None.

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

| Date: June. | 27 th , 2021 |
|--------------------|---|
| Your Name: | Satoshi Ando |
| Manuscript Tit | e: Natural history of asymptomatic renal artery pseudoaneurysm after robot-assisted partial |
| <u>nephrectomy</u> | |
| Manuscript nu | mber (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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| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

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| 5 | Payment or honoraria for | XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
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| | testimony | | |
| | | | |
| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| 9 | Participation on a Data | X None | |
| 5 | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | | V Nono | |
| 11 | Stock or stock options | XNone | |
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| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| 1 | writing, gifts or other | | |
| L | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
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None.

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

| Date: Ju | ne. 27 th , 2021 |
|------------|---|
| Your Name: | Shinsuke Kurokawa |
| Manuscript | Title: Natural history of asymptomatic renal artery pseudoaneurysm after robot-assisted partial |
| nephrectom | <u>w</u> |
| 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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| 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 | | |
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| 7 | Support for attending | XNone | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | XNone | |
| | pending | | |
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| 9 | Participation on a Data | X None | |
| 5 | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | | V. Nono | |
| 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: June. | 27 th , 2021 |
|--------------------|---|
| Your Name: | Tetsuya Fujimura |
| Manuscript Titl | e: Natural history of asymptomatic renal artery pseudoaneurysm after robot-assisted partial |
| <u>nephrectomy</u> | |
| Manuscript nui | 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</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 | 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 | XNone | |
| | meetings and/or travel | | |
| | | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | X None | |
| 5 | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | X None | |
| 10 | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | | V. Nono | |
| 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: