	Date:July 1,2023				
	r Name:Aijie Wang				
	suscript Title: Dual-layer spectral CT aortography using 75% reduced iodine dose				
pro	ocol and multi-parameter spectral images: Comparison with conventional CT imaging				
Ma	uscript number (if known): QIMS-23-101-R1				
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	ne interest of transparency, we ask you to disclose all relationships/activities/interests listed below are				
rel thi	ted to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit				
-	ies whose interests may be affected by the content of the manuscript. Disclosure represents a mitment				
	ansparency and does not necessarily indicate a bias. If you are in doubt about whether to list a tionship/activity/interest, it is preferable that you do so.				
cu	The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.				
	author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript ains				
to	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.				
	em #1 below, report all support for the work reported in this manuscript without time limit. For all er items,				
the	the time frame for disclosure is the past 36 months.				
	Name all entities with Specifications/Comments				
	Name all entities with specifications/Comments (e.g., if payments were made to you or to your				
	whom you have this tery, it payments were made to you or to you				

		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)
	li li	me 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 chave)	XNone
3	in item #1 above). Royalties or licenses	XNone
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

None.		

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

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	Date: <u>July 1,2023</u> Your Name: Wanjiang Li					
		I CT aortography using 75% reduced iodine dose				
	protocol and multi-parameter spectral images: 0					
Ma	Manuscript number (if known): QIMS	S-23-101-R1				
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	In the interest of transparency, we ask you to dis that are	sclose all relationships/activities/interests listed below				
	related to the content of your manuscript. "Relat third	ted" means any relation with for-profit or not-for-profit				
-	parties whose interests may be affected by the c commitment	content of the manuscript. Disclosure represents a				
	to transparency and does not necessarily indicate relationship/activity/interest, it is preferable that	ate a bias. If you are in doubt about whether to list a t you do so.				
<u>cu</u>	The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.					
	The author's relationships/activities/interests sh	The author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript				
to	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.					
otł	In item #1 below, report all support for the work other items, the time frame for disclosure is the past 36 months.	reported in this manuscript without time limit. For all				
-111	and and frame for disclosure is the past of mon	me time name for disclosure is the past of months.				
	Name all entities with					
	whom you have this	(e.g., if payments were made to you or to your				

		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)
	Ti	me frame: Since the initia	l 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	

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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

None.		

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

_	Date:   Indeed 2000				
	Date: <u>July 1,2023</u> Your Name: Wen-yu Huang				
	uscript Title: Dual-layer spectral CT aortography using 75% reduced iodine dose				
	ocol and multi-parameter spectral images: Comparison with conventional CT imaging				
Ma	uscript number (if known): QIMS-23-101-R1				
	e interest of transparency, we ask you to disclose all relationships/activities/interests listed below are				
rel thi	ed to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit				
-	es whose interests may be affected by the content of the manuscript. Disclosure represents a mitment				
	ensparency and does not necessarily indicate a bias. If you are in doubt about whether to list a conship/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 current manuscript only.					
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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.				
In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,					
	the time frame for disclosure is the past 36 months.				
	and the state of the property of the state o				
	Name all entities with Specifications/Comments				
	whom you have this (e.g., if payments were made to you or to your				

	Ti	Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	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.	XNone	

		Time frame: past 36 months
2	Grants or contracts from any entity (if not indicated in item #1 chave)	XNone
3	in item #1 above). Royalties or licenses	XNone
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

None.		

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

Date: July 1,2023		
Your Name: Mao Luo		
	pectral	CT aortography using 75% reduced iodine dose
protocol and multi-parameter spectral im		
Manuscript number (if known):	QIMS-	-23-101-R1
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In the interest of transparency, we ask yo that are	u to dis	close all relationships/activities/interests listed below
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parties whose interests may be affected be commitment	by the co	ontent of the manuscript. Disclosure represents a
to transparency and does not necessarily relationship/activity/interest, it is preferat		e a bias. If you are in doubt about whether to list a you do so.
<u>current</u>	or's rela	ationships/activities/interests as they relate to the
manuscript only.		
The author's relationships/activities/interdictions	ests sho	ould be <u>defined broadly</u> . For example, if your manuscript
to the epidemiology of hypertension, you antihypertensive medication, even if that		declare all relationships with manufacturers of tion is not mentioned in the manuscript.
In item #1 below, report all support for the other items,	e work r	reported in this manuscript without time limit. For all
the time frame for disclosure is the past 3	36 montl	ns.
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	Ti	Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	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 chave)	XNone
3	in item #1 above). Royalties or licenses	XNone
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

None.		

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

_						
	Date: <u>July 1,2023</u> Your Name: Wendan Xiao					
	Manuscript Title: Dual-layer spectral CT aortography using 75% reduced iodine	- e dose				
	protocol and multi-parameter spectral images: Comparison with conventional CT imaging	<u>/ 4000</u>				
Ma	Manuscript number (if known): QIMS-23-101-R1					
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	In the interest of transparency, we ask you to disclose all relationships/activities/interests l that are	listed below				
	related to the content of your manuscript. "Related" means any relation with for-profit or no third	ot-for-profit				
-	parties whose interests may be affected by the content of the manuscript. Disclosure repre commitment	esents a				
	to transparency and does not necessarily indicate a bias. If you are in doubt about whethe relationship/activity/interest, it is preferable that you do so.	r to list a				
cu	The following questions apply to the author's relationships/activities/interests as they relat <u>current</u> manuscript only.	e to the				
1116	manuscript only.					
	The author's relationships/activities/interests should be <u>defined broadly</u> . For example, if yo pertains	ur manuscript				
	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.					
In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,						
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	Name all entities with Specifications/Comments					
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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.	XNone	

		Time frame: past 36 months
2	Grants or contracts from any entity (if not indicated in item #1 chave)	XNone
3	in item #1 above). Royalties or licenses	XNone
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

None.		

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

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	Date: July 1,2023					
	Your Name: <u>Chaoyi Qin</u> Manuscript Title: <u>Dual-layer spectral CT aortograph</u> y	vusing 75% reduced indine dose				
	protocol and multi-parameter spectral images: Comparison with					
<u> </u>	protocol and main parameter opecaral imageor companion with	Toonvertional of imaging				
Ma	Manuscript number (if known): QIMS-23-101-R1					
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	In the interest of transparency, we ask you to disclose all relatio that are	nships/activities/interests listed below				
	related to the content of your manuscript. "Related" means any third	relation with for-profit or not-for-profit				
-	parties whose interests may be affected by the content of the m commitment	anuscript. Disclosure represents a				
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	o the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.					
	In item #1 below, report all support for the work reported in this other items,	manuscript without time limit. For all				
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	Name all entities with Specifications	/Comments				
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	li li	me 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 chave)	XNone
3	in item #1 above). Royalties or licenses	XNone
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

None.		

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

Date: July 1,2023		
Your Name: Shu-shan Dong		<del></del>
·	er spectral (	CT aortography using 75% reduced iodine dose
		omparison with conventional CT imaging
Manuscript number (if known):	QIMS-	·23-101-R1
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In the interest of transparency, we as that are	sk you to disc	close all relationships/activities/interests listed below
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parties whose interests may be affec commitment	ted by the co	ontent of the manuscript. Disclosure represents a
to transparency and does not necess relationship/activity/interest, it is pref	-	e a bias. If you are in doubt about whether to list a you do so.
current	author's rela	tionships/activities/interests as they relate to the
manuscript only.		
The author's relationships/activities/i pertains	interests sho	ould be <u>defined broadly</u> . For example, if your manuscrip
to the epidemiology of hypertension,	•	declare all relationships with manufacturers of ion is not mentioned in the manuscript.
In item #1 below, report all support foother items,	or the work r	eported in this manuscript without time limit. For all
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	Ti	Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	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	

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2	Grants or contracts from any entity (if not indicated in item #1 chave)	XNone
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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

None.		

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

	Date: July 1,2023					
	Your Name: <u>Hai-wei Liu</u> Manuscript Title: Dual-layer s	enactral (	CT aortography using 75% reduced iodine dose			
	protocol and multi-parameter spectral im	-		Ž		
<u> </u>	proteoter and mata parameter opeotrar in	iageoi ee	mparison war conventional of imaging			
Ma	Manuscript number (if known):	QIMS-2	23-101-R1			
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	In the interest of transparency, we ask yo that are	ou to disc	lose all relationships/activities/interests listed	below		
	related to the content of your manuscript third	t. "Relate	d" means any relation with for-profit or not-for	-profit		
-	parties whose interests may be affected commitment	by the co	ntent of the manuscript. Disclosure represents	s a		
	to transparency and does not necessarily relationship/activity/interest, it is preferal		a bias. If you are in doubt about whether to liston do so.	st a		
cu	The following questions apply to the auth current manuscript only.					
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	The author's relationships/activities/inter pertains	rests sho	uld be <u>defined broadly</u> . For example, if your ma	anuscript		
	o the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.					
	In item #1 below, report all support for th other items,	e work re	eported in this manuscript without time limit. F	or all		
	· ·	the time frame for disclosure is the past 36 months.				
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	whom you hav		(e.g., if payments were made to you or to your			

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	Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 chave)	XNone		
3	in item #1 above). Royalties or licenses	XNone		
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		

None.		

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

Date: July 1,2023						
Your Name: Zhen-lin Li						
Manuscript Title: <u>Dual-layer spectral CT aortography using 75% reduced iodine dose</u>						
protocol and multi-parameter spectral images: Comparison with conventional CT imaging						
Manuscript number (if known): QIMS-23-101-R1						
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the time frame for disclosure is the past 36 months.						
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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)
	Ti	me frame: Since the initia	l 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	the National Natural Science Foundation of China (grant number: 82200553, 81900311)

		Time frame: past 36	6 months
aı	Grants or contracts from any entity (if not indicated	XNone	
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
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r	Daymant au hanavaria fau	V. Nana	
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		
8	Patents planned, issued	XNone	
	or pending		
0	Participation on a Data	V None	
9	Participation on a Data Safety Monitoring Board	X_None	
	or Advisory Board		
10	Leadership or fiduciary	XNone	
	role in other board,		
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	XNone	
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10	D	V N	
12	Receipt of equipment, materials, drugs, medical	X_None	
	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:			
_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date: <u>July 1,2023</u>						
Your Name: Kai-yue Dia	<u>o</u>					
Manuscript Title:	Manuscript Title: Dual-layer spectral CT aortography using 75% reduced iodine dose					
protocol and multi-parameter spectral images: Comparison with conventional CT imaging						
Manuscript number (if known): QIMS-23-101-R1						
	· <del>-</del>					

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

manuscript only.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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	the 1.3.5 project for disciplines of excellence-Clinical Research Incubation Project, West China Hospital Sichuan University (grant number: ZYGD18019).

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		Time frame: past	t 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V N	
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
<b>'</b>	meetings and/or travel	None	
	Theetings and/or traver		
8	Patents planned, issued	X_None	
	or pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	XNone	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
4.4	unpaid	V Name	
11	Stock or stock options	X_None	
10	D	V NI	
12	Receipt of equipment,	X_None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		

No	one.	
Plea	se place an "X" next to the following statement to indicate your agreement:	
	I certify that I have answered every question and have not altered the wording of any of the	he
ques	stions on this	
	form.	