Date: Dec,29,2023 Your Name: Bin Jiang

Manuscript Title: Arterial spin labeling combined with T1 mapping for assessment of kidney function and

histopathology in patients with long-term renal transplant survival after kidney transplantation

Manuscript number (if known): QIMS-23-1577-R1

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. | 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 | 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 | |
| | - | | |
| | | | |
| 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 | |
| | | | |
| 42 | | A.I | |
| 12 | Receipt of equipment, materials, drugs, medical | None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| P | ease summarize t | he abo | ove confl | ict of | interest i | in t | he fo | llowi | ng l | XOC |
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| There is no conflict of interest to declare. | | |
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Date: Dec,29,2023 Your Name: Jie Li

Manuscript Title: Arterial spin labeling combined with T1 mapping for assessment of kidney function and

histopathology in patients with long-term renal transplant survival after kidney transplantation

Manuscript number (if known): QIMS-23-1577-R1

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) |
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| 1 | All support for the present | None | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article processing charges, etc.) | | |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
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| | | | |
| 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 | | |
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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 | |
| | | | |
| 42 | | A.I | |
| 12 | Receipt of equipment, materials, drugs, medical | None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| P | ease summarize t | he abo | ove confl | ict of | interest i | in t | he fo | llowi | ng l | XOC |
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| There is no conflict of interest to declare. | | |
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Date: Dec,29,2023 Your Name: Jiayi Wan

Manuscript Title: Arterial spin labeling combined with T1 mapping for assessment of kidney function and

histopathology in patients with long-term renal transplant survival after kidney transplantation

Manuscript number (if known): QIMS-23-1577-R1

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: 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 | |
| | 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 | |
| | | | |
| 42 | | A.I | |
| 12 | Receipt of equipment, materials, drugs, medical | None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| P | ease summarize t | he abo | ove confl | ict of | interest i | in t | he fo | llowi | ng l | XOC |
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| There is no conflict of interest to declare. | | |
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Date: Dec,29,2023

Your Name: Yangyang Tian

Manuscript Title: Arterial spin labeling combined with T1 mapping for assessment of kidney function and

histopathology in patients with long-term renal transplant survival after kidney transplantation

Manuscript number (if known): QIMS-23-1577-R1

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 | 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 | |
| | - | | |
| | | | |
| 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 | |
| | | | |
| 42 | | A.I | |
| 12 | Receipt of equipment, materials, drugs, medical | None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| There is no conflict of interest to declare. | | |
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Date: Dec,29,2023 Your Name: Peng Wu

Manuscript Title: Arterial spin labeling combined with T1 mapping for assessment of kidney function and

histopathology in patients with long-term renal transplant survival after kidney transplantation

Manuscript number (if known): QIMS-23-1577-R1

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) |
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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 | |
| | 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 | |
| | | | |
| 42 | | A.I | |
| 12 | Receipt of equipment, materials, drugs, medical | None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| P | ease summarize t | he abo | ove confl | ict of | interest i | in t | he fo | llowi | ng l | XOC |
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| There is no conflict of interest to declare. | | |
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Date: Dec,29,2023 Your Name: Rui Xu

Manuscript Title: Arterial spin labeling combined with T1 mapping for assessment of kidney function and

histopathology in patients with long-term renal transplant survival after kidney transplantation

Manuscript number (if known): QIMS-23-1577-R1

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) 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 | 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 | | |
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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 | |
| | | | |
| 42 | | A.I | |
| 12 | Receipt of equipment, materials, drugs, medical | None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| P | ease summarize t | he abo | ove confl | ict of | interest i | in t | he fo | llowi | ng l | XOC |
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| There is no conflict of interest to declare. | | |
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| | | |

Date: Dec,29,2023 Your Name: Yixing Yu

Manuscript Title: Arterial spin labeling combined with T1 mapping for assessment of kidney function and

histopathology in patients with long-term renal transplant survival after kidney transplantation

Manuscript number (if known): QIMS-23-1577-R1

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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 | |
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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 | | |
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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 | |
| | | | |
| 42 | | A.I | |
| 12 | Receipt of equipment, materials, drugs, medical | None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| P | ease summarize t | he abo | ove confl | ict of | interest i | in t | he fo | llowi | ng l | XOC |
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| There is no conflict of interest to declare. | | |
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| | | |

Date: Dec,29,2023

Your Name: Ximing Wang

Manuscript Title: Arterial spin labeling combined with T1 mapping for assessment of kidney function and

histopathology in patients with long-term renal transplant survival after kidney transplantation

Manuscript number (if known): QIMS-23-1577-R1

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: 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 | |
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| 5 | 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 | | |
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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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| There is no conflict of interest to declare. | | |
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Date: Dec,29,2023 Your Name: Linkun Hu

Manuscript Title: Arterial spin labeling combined with T1 mapping for assessment of kidney function and

histopathology in patients with long-term renal transplant survival after kidney transplantation

Manuscript number (if known): QIMS-23-1577-R1

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 | None | |
| 4 | Consulting fees | None | |

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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 | | |
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| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | | |
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| | | | |
| 11 | Stock or stock options | None | |
| | | | |
| 42 | | A.I | |
| 12 | Receipt of equipment, materials, drugs, medical | None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| P | ease summarize t | he abo | ove confl | ict of | interest i | in t | he fo | llowi | ng l | XOC |
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| There is no conflict of interest to declare. | | |
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Date: Dec,29,2023 Your Name: Mo Zhu

Manuscript Title: Arterial spin labeling combined with T1 mapping for assessment of kidney function and

histopathology in patients with long-term renal transplant survival after kidney transplantation

Manuscript number (if known): QIMS-23-1577-R1

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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 | 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 | |
| | | | |
| | | | |
| 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 | |
| | | | |
| 42 | | A.I | |
| 12 | Receipt of equipment, materials, drugs, medical | None | |
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| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| P | ease summarize t | he al | bove co | onflict o | f interest | in t | he fo | ollow | ing | box |
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| There is no conflict of interest to declare. | | | | | |
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