Date:____11/January 2024_____

Your Name:_Lei Cao____

Manuscript Title:_ Hand skeletal features of children and adolescents with different growth statuses and periods__ Manuscript number (if known):_____QIMS-23-26-R2_____

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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|---|--|--|---|
| | | 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 | None | Data collection, analysis, approval and writing of the article |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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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 | Conculting foor | √ None | |
| 4 | Consulting fees | | |
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| 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 |
| 9 | Safety Monitoring Board or | |
| | Advisory Board | |
| 10 | Leadership or fiduciary role | None |
| | in other board, society, | |
| | committee or advocacy group, paid or unpaid | |
| 11 | Stock or stock options | None |
| | | |
| | - | |
| 12 | Receipt of equipment, materials, drugs, medical | None |
| | writing, gifts or other | |
| | services | |
| 13 | Other financial or non- | _√None |
| | financial interests | |
| | | |

No conflicts of interest in publication of this article.

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

Date: 11/January 2024

Your Name:_Chang Liu__

Manuscript Title:_ Hand skeletal features of children and adolescents with different growth statuses and periods__ Manuscript number (if known):_____QIMS-23-26-R2_____

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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| | any entity (if not indicated | | |
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| 3 | Royalties or licenses | _√None | |
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| 4 | Consulting fees | √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 |
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| 9 | Participation on a Data | √ None |
| 9 | Safety Monitoring Board or | |
| | Advisory Board | |
| 10 | Leadership or fiduciary role | None |
| | in other board, society, | |
| | committee or advocacy group, paid or unpaid | |
| 11 | Stock or stock options | None |
| | | |
| | - | |
| 12 | Receipt of equipment, materials, drugs, medical | None |
| | writing, gifts or other | |
| | services | |
| 13 | Other financial or non- | _√None |
| | financial interests | |
| | | |

No conflicts of interest in publication of this article.

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

Date:____11/January 2024___

Your Name:_Tian-Hao Wu__

Manuscript Title:_ Hand skeletal features of children and adolescents with different growth statuses and periods___ Manuscript number (if known):_____QIMS-23-26-R2_____

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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| 8 | Patents planned, issued or | None | |
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| 9 | Participation on a Data | None | |
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| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | √ None | |
| | financial interests | | |
| | | | |
| - | | | |

No conflicts of interest in publication of this article.

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

Date:____11/January 2024____

Your Name:_Liang Shi___

Manuscript Title:_ Hand skeletal features of children and adolescents with different growth statuses and periods__ Manuscript number (if known):_____QIMS-23-26-R2_____

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 | None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
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| 4 | Consulting fees | √None | |
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| 5 | Payment or honoraria for | _√None | |

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| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | None | |
| | | | |
| | | | |
| 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 | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | √ None | |
| | financial interests | | |
| | | | |
| - | | | |

No conflicts of interest in publication of this article.

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

Date:____11/January 2024____

Your Name:_Jin-Xu Wen___

Manuscript Title:_ Hand skeletal features of children and adolescents with different growth statuses and periods__ Manuscript number (if known):_____QIMS-23-26-R2_____

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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| | No time limit for this item. | | |
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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 | |
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| | | | |
| 5 | Payment or honoraria for | _√None | |

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

No conflicts of interest in publication of this article.

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

Date:____11/January 2024_____

Your Name:_Zhe Guo___

Manuscript Title:_ Hand skeletal features of children and adolescents with different growth statuses and periods__ Manuscript number (if known):_____QIMS-23-26-R2_____

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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| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | _√None | |
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| 4 | Consulting fees | √None | |
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| 5 | Payment or honoraria for | _√None | |

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

No conflicts of interest in publication of this article.

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

Date:____11/January 2024___

Your Name:_Zhi-Wei Zhong__

Manuscript Title:_ Hand skeletal features of children and adolescents with different growth statuses and periods__ Manuscript number (if known):_____QIMS-23-26-R2_____

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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| | speakers bureaus, | | |
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| 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 | | |
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| 10 | Leadership or fiduciary role | None | |
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| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
| | | | |

No conflicts of interest in publication of this article.

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

Date:____11/January 2024___

Your Name:_Hui-Zhao Wu___

Manuscript Title:_ Hand skeletal features of children and adolescents with different growth statuses and periods__ Manuscript number (if known):_____QIMS-23-26-R2_____

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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| 4 | Consulting fees | √None | |
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| | 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 | | |
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| 10 | Leadership or fiduciary role | None | |
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| 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 | | |
| | | | |
| - | | | |

No conflicts of interest in publication of this article.

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

Date:____11/January 2024____

Your Name:_Bao-Hai Yu___

Manuscript Title:_ Hand skeletal features of children and adolescents with different growth statuses and periods__ Manuscript number (if known):_____QIMS-23-26-R2_____

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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| | | | |
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| 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 | |
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| 10 | Leadership or fiduciary role | None | |
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| 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 | | |
| | | | |

No conflicts of interest in publication of this article.

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

Date:____11/January 2024_____

Your Name:_Ji-Cun Liu___

Manuscript Title:_ Hand skeletal features of children and adolescents with different growth statuses and periods__ Manuscript number (if known):_____QIMS-23-26-R2_____

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, | None | Data collection, approval and writing of the article |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | None | |
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| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
| | | | |
| | | | |
| 4 | Consulting fees | √None | |
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| | | | |
| 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 | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | √ None | |
| | financial interests | | |
| | | | |
| - | | | |

No conflicts of interest in publication of this article.

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Date:____11/January 2024___

Your Name:_Bu-Lang Gao___

Manuscript Title:_ Hand skeletal features of children and adolescents with different growth statuses and periods__ Manuscript number (if known):_____QIMS-23-26-R2_____

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| | any entity (if not indicated | | |
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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 |
| 9 | Safety Monitoring Board or | |
| | Advisory Board | |
| 10 | Leadership or fiduciary role | None |
| | in other board, society, | |
| | committee or advocacy group, paid or unpaid | |
| 11 | Stock or stock options | None |
| | | |
| | - | |
| 12 | Receipt of equipment, materials, drugs, medical | None |
| | writing, gifts or other | |
| | services | |
| 13 | Other financial or non- | _√None |
| | financial interests | |
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No conflicts of interest in publication of this article.

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

Date:____11/January 2024___

Your Name:_Wen-Juan Wu___

Manuscript Title:_ Hand skeletal features of children and adolescents with different growth statuses and periods__ Manuscript number (if known):_____QIMS-23-26-R2_____

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| | medical writing, article | | |
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| 2 | Grants or contracts from | _√None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
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| 5 | Payment or honoraria for | _√None |
|----|---|--------|
| | lectures, presentations, | |
| | speakers bureaus, | |
| | manuscript writing or | |
| 6 | educational events | |
| 6 | Payment for expert | None |
| | testimony | |
| 7 | Support for attending | √ None |
| / | meetings and/or travel | |
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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 | |
| 11 | group, paid or unpaid Stock or stock options | √ None |
| 11 | | |
| | | |
| 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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Please place an "X" next to the following statement to indicate your agreement:

Date:____11/January 2024___

Your Name:_Shu-Man Han__

Manuscript Title:_ Hand skeletal features of children and adolescents with different growth statuses and periods__ Manuscript number (if known):_____QIMS-23-26-R2_____

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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 | Concept, design, approval, analysis, and writing of the article | | |
| | | | | | |
| | Time frame: past 36 months | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | √None | | | |
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| | lectures, presentations, | |
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| 7 | Support for attending meetings and/or travel | None |
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| 8 | Patents planned, issued or pending | None |
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| 9 | Darticipation on a Data | Nono |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None |
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| 10 | Leadership or fiduciary role | None |
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| | | |
| | - | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other | None |
| | | |
| | services | |
| 13 | Other financial or non- financial interests | _√None |
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