| Date:Sept. 18 <sup>th</sup> , 2021   |
|--|
| Your Name:Lin Zhang  |
| Manuscript Title: Classification and quantification of double superior vena cava evaluated by CT imaging |
| Manuscript number (if known):QIMS-20-1387  |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

|   |   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|--|---|
|   |   | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item. | XNone  |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | XNone  |   |
| 3 | Royalties or licenses   | XNone  |   |
| 4 | Consulting fees   | XNone  |   |

| 5 Payment or ho | 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                         |             |
|                 | Safety Monitoring Board or   |                                |             |
|                 | Advisory Board               |                                |             |
| 10              | Leadership or fiduciary role | X None                         |             |
|                 | in other board, society,     |                                |             |
|                 | committee or advocacy        |                                |             |
|                 | group, paid or unpaid        |                                |             |
| 11              | Stock or stock options       | X None                         |             |
|                 |                              |                                |             |
|                 |                              |                                |             |
| 12              | Receipt of equipment,        | X None                         |             |
|                 | materials, drugs, medical    |                                |             |
|                 | writing, gifts or other      |                                |             |
|                 | services                     |                                |             |
| 13              | Other financial or non-      | X None                         |             |
| 13              | financial interests          | XNone                          |             |
|                 | manda micrests               |                                |             |
|                 |                              |                                |             |
|                 |                              |                                |             |
| Ple             | ease summarize the above o   | onflict of interest in the fol | lowing box: |
| _               |                              |                                |             |
|                 | None.                        |                                |             |
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| Date:Sept. 18 <sup>th</sup> , 2021   |
|--|
| Your Name:Gonghao Ling   |
| Manuscript Title: Classification and quantification of double superior vena cava evaluated by CT imaging |
| Manuscript number (if known):QIMS-20-1387  |

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|---|---|--|---|
|   |   | Time frame: Since the initia   | planning of the work  |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item. | XNone  |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | XNone  |   |
| 3 | Royalties or licenses   | XNone  |   |
| 4 | Consulting fees   | XNone  |   |

| 5 Payment or ho | 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                         |             |
|                 | Safety Monitoring Board or   |                                |             |
|                 | Advisory Board               |                                |             |
| 10              | Leadership or fiduciary role | X None                         |             |
|                 | in other board, society,     |                                |             |
|                 | committee or advocacy        |                                |             |
|                 | group, paid or unpaid        |                                |             |
| 11              | Stock or stock options       | X None                         |             |
|                 |                              |                                |             |
|                 |                              |                                |             |
| 12              | Receipt of equipment,        | X None                         |             |
|                 | materials, drugs, medical    |                                |             |
|                 | writing, gifts or other      |                                |             |
|                 | services                     |                                |             |
| 13              | Other financial or non-      | X None                         |             |
| 13              | financial interests          | XNone                          |             |
|                 | manda micrests               |                                |             |
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| Ple             | ease summarize the above o   | onflict of interest in the fol | lowing box: |
| _               |                              |                                |             |
|                 | None.                        |                                |             |
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| Date:Sept. 18 <sup>th</sup> , 2021   |
|--|
| Your Name:Yadong Gang  |
| Manuscript Title: Classification and quantification of double superior vena cava evaluated by CT imaging |
| Manuscript number (if known):QIMS-20-1387  |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

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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. | XNone  |   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | Time frame: pastXNone  | 36 months   |
| 3 | Royalties or licenses   | XNone  |   |
| 4 | Consulting fees   | XNone  |   |

| 5 Payment or ho | 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                         |             |
|                 | Safety Monitoring Board or   |                                |             |
|                 | Advisory Board               |                                |             |
| 10              | Leadership or fiduciary role | X None                         |             |
|                 | in other board, society,     |                                |             |
|                 | committee or advocacy        |                                |             |
|                 | group, paid or unpaid        |                                |             |
| 11              | Stock or stock options       | X None                         |             |
|                 |                              |                                |             |
|                 |                              |                                |             |
| 12              | Receipt of equipment,        | X None                         |             |
|                 | materials, drugs, medical    |                                |             |
|                 | writing, gifts or other      |                                |             |
|                 | services                     |                                |             |
| 13              | Other financial or non-      | X None                         |             |
| 13              | financial interests          | XNone                          |             |
|                 | manda micrests               |                                |             |
|                 |                              |                                |             |
|                 |                              |                                |             |
| Ple             | ease summarize the above o   | onflict of interest in the fol | lowing box: |
| _               |                              |                                |             |
|                 | None.                        |                                |             |
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|                 |                              |                                |             |
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| Date:Sept. 18 <sup>th</sup> , 2021   |
|--|
| Your Name:Zhaoxia Yang   |
| Manuscript Title: Classification and quantification of double superior vena cava evaluated by CT imaging |
| Manuscript number (if known):QIMS-20-1387  |

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)  Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution)  planning of the work |
|---|---|---|---|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item. | XNone   |   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | Time frame: pastXNone   | 36 months   |
| 3 | Royalties or licenses   | XNone   |   |
| 4 | Consulting fees   | XNone   |   |

| 5 Payment or ho | 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                         |             |
|                 | Safety Monitoring Board or   |                                |             |
|                 | Advisory Board               |                                |             |
| 10              | Leadership or fiduciary role | X None                         |             |
|                 | in other board, society,     |                                |             |
|                 | committee or advocacy        |                                |             |
|                 | group, paid or unpaid        |                                |             |
| 11              | Stock or stock options       | X None                         |             |
|                 |                              |                                |             |
|                 |                              |                                |             |
| 12              | Receipt of equipment,        | X None                         |             |
|                 | materials, drugs, medical    |                                |             |
|                 | writing, gifts or other      |                                |             |
|                 | services                     |                                |             |
| 13              | Other financial or non-      | X None                         |             |
| 13              | financial interests          | XNone                          |             |
|                 | manda micrests               |                                |             |
|                 |                              |                                |             |
|                 |                              |                                |             |
| Ple             | ease summarize the above o   | onflict of interest in the fol | lowing box: |
| _               |                              |                                |             |
|                 | None.                        |                                |             |
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| Date:Sept. 18 <sup>th</sup> , 2021   |
|--|
| Your Name:Zhibing Lu   |
| Manuscript Title: Classification and quantification of double superior vena cava evaluated by CT imaging |
| Manuscript number (if known):QIMS-20-1387  |

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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. | XNone  |   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | Time frame: pastXNone  | 36 months   |
| 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                         |             |
|     | Safety Monitoring Board or   |                                |             |
|     | Advisory Board               |                                |             |
| 10  | Leadership or fiduciary role | X None                         |             |
|     | in other board, society,     |                                |             |
|     | committee or advocacy        |                                |             |
|     | group, paid or unpaid        |                                |             |
| 11  | Stock or stock options       | X None                         |             |
|     |                              |                                |             |
|     |                              |                                |             |
| 12  | Receipt of equipment,        | X None                         |             |
|     | materials, drugs, medical    |                                |             |
|     | writing, gifts or other      |                                |             |
|     | services                     |                                |             |
| 13  | Other financial or non-      | X None                         |             |
| 13  | financial interests          | XNone                          |             |
|     | manda micrests               |                                |             |
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| Ple | ease summarize the above o   | onflict of interest in the fol | lowing box: |
| _   |                              |                                |             |
|     | None.                        |                                |             |
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|     |                              |                                |             |
|     |                              |                                |             |

| Date:Sept. 18 <sup>th</sup> , 2021   |
|--|
| Your Name:Xuedong Gan  |
| Manuscript Title: Classification and quantification of double superior vena cava evaluated by CT imaging |
| Manuscript number (if known):QIMS-20-1387  |

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  | plaining 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   | X_None   |   |
| 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       |                                |             |
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|     |                              |                                |             |
| 8   | Patents planned, issued or   | XNone                          |             |
|     | pending                      |                                |             |
|     |                              |                                |             |
| 9   | Participation on a Data      | X None                         |             |
|     | Safety Monitoring Board or   |                                |             |
|     | Advisory Board               |                                |             |
| 10  | Leadership or fiduciary role | X None                         |             |
|     | in other board, society,     |                                |             |
|     | committee or advocacy        |                                |             |
|     | group, paid or unpaid        |                                |             |
| 11  | Stock or stock options       | X None                         |             |
|     |                              |                                |             |
|     |                              |                                |             |
| 12  | Receipt of equipment,        | X None                         |             |
|     | materials, drugs, medical    |                                |             |
|     | writing, gifts or other      |                                |             |
|     | services                     |                                |             |
| 13  | Other financial or non-      | X None                         |             |
| 13  | financial interests          | XNone                          |             |
|     | manda micrests               |                                |             |
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| Ple | ease summarize the above o   | onflict of interest in the fol | lowing box: |
| _   |                              |                                |             |
|     | None.                        |                                |             |
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|     |                              |                                |             |

| Date:Sept. 18 <sup>th</sup> , 2021   |
|--|
| Your Name:Hongqin Liang  |
| Manuscript Title: Classification and quantification of double superior vena cava evaluated by CT imaging |
| Manuscript number (if known):QIMS-20-1387  |

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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  |   |

| Payment or honoraria for lectures, presentations, speakers bureaus,  | XNone  |   |
|--|--|---|
| manuscript writing or educational events   |  |   |
| Payment for expert<br>testimony  | XNone  |   |
| Support for attending meetings and/or travel   | XNone  |   |
| Patents planned, issued or pending   | XNone  |   |
| Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board                                    | XNone  |   |
| Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid | XNone  |   |
| Stock or stock options   | XNone  |   |
| Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                  | X_None   |   |
| Other financial or non-<br>financial interests   | XNone  |   |
| one.   |  |   |
| F F C F L i C E C F r V S C f  | Participation on a Data Gafety Monitoring Board or Advisory Board Leadership or fiduciary role In other board, society, Committee or advocacy Group, paid or unpaid Stock or stock options Receipt of equipment, Inaterials, drugs, medical Inviting, gifts or other Inviting, gifts or other Inviting of the provinces Other financial or non- Inancial interests  See summarize the above coone. | Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role In other board, society, Committee or advocacy Group, paid or unpaid Stock or stock options  Receipt of equipment, Inaterials, drugs, medical Writing, gifts or other Services  Other financial or non- Grinancial interests  See summarize the above conflict of interest in the following safety |

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

| Date:Sept. 18 <sup>th</sup> , 2021   |
|--|
| Your Name:Yingting Zeng  |
| Manuscript Title: Classification and quantification of double superior vena cava evaluated by CT imaging |
| Manuscript number (if known):QIMS-20-1387  |

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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 above).  | XNone   |   |
| 3 | Royalties or licenses   | XNone   |   |
| 4 | Consulting fees   | XNone   |   |

| Payment or honoraria for lectures, presentations, speakers bureaus,  | XNone  |   |
|--|--|---|
| manuscript writing or educational events   |  |   |
| Payment for expert<br>testimony  | XNone  |   |
| Support for attending meetings and/or travel   | XNone  |   |
| Patents planned, issued or pending   | XNone  |   |
| Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board                                    | XNone  |   |
| Leadership or fiduciary role<br>in other board, society,<br>committee or advocacy<br>group, paid or unpaid | XNone  |   |
| Stock or stock options   | XNone  |   |
| Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                  | X_None   |   |
| Other financial or non-<br>financial interests   | XNone  |   |
| one.   |  |   |
| F F C F L i C E C F r V S C f  | Participation on a Data Gafety Monitoring Board or Advisory Board Leadership or fiduciary role In other board, society, Committee or advocacy Group, paid or unpaid Stock or stock options Receipt of equipment, Inaterials, drugs, medical Inviting, gifts or other Inviting, gifts or other Inviting of the provinces Other financial or non- Inancial interests  See summarize the above coone. | Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role In other board, society, Committee or advocacy Group, paid or unpaid Stock or stock options  Receipt of equipment, Inaterials, drugs, medical Writing, gifts or other Services  Other financial or non- Grinancial interests  See summarize the above conflict of interest in the following safety |

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

| Date:Sept. 18 <sup>th</sup> , 2021   |
|--|
| Your Name:Xiaochun Zhang   |
| Manuscript Title: Classification and quantification of double superior vena cava evaluated by CT imaging |
| Manuscript number (if known):QIMS-20-1387  |

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   | X_None   |   |  |
| 4  | Consulting fees   | XNone  |   |  |

| 5          | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or         | XNone  |  |  |  |  |
|------------|---|--------|--|--|--|--|
|            |   |        |  |  |  |  |
|            |   |        |  |  |  |  |
|            | educational events  |        |  |  |  |  |
| 6          | Payment for expert testimony  | XNone  |  |  |  |  |
|            |   |        |  |  |  |  |
|            |   |        |  |  |  |  |
| 7          | Support for attending meetings and/or travel  | XNone  |  |  |  |  |
|            |   |        |  |  |  |  |
|            |   |        |  |  |  |  |
|            |   |        |  |  |  |  |
| 8          | Patents planned, issued or pending  | X None |  |  |  |  |
| J          |   |        |  |  |  |  |
|            |   |        |  |  |  |  |
| 9          | Participation on a Data   | XNone  |  |  |  |  |
|            | Safety Monitoring Board or  |        |  |  |  |  |
|            | Advisory Board  |        |  |  |  |  |
| 10         | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone  |  |  |  |  |
|            |   |        |  |  |  |  |
|            |   |        |  |  |  |  |
| 11         | Stock or stock options  | X None |  |  |  |  |
| 11         | Stock of Stock options  | XNone  |  |  |  |  |
|            |   |        |  |  |  |  |
| 12         | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other                     | X_None |  |  |  |  |
|            |   |        |  |  |  |  |
|            |   |        |  |  |  |  |
|            | services  |        |  |  |  |  |
| 13         | Other financial or non-<br>financial interests  | XNone  |  |  |  |  |
|            |   |        |  |  |  |  |
|            |   |        |  |  |  |  |
|            |   |        |  |  |  |  |
| Ple        | Please summarize the above conflict of interest in the following box:                             |        |  |  |  |  |
|            | None.   |        |  |  |  |  |
|            |   |        |  |  |  |  |
|            |   |        |  |  |  |  |
|            |   |        |  |  |  |  |
| <b>-</b> : |   |        |  |  |  |  |
| Ple        | 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

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