Da	te: <u>Jan. 30^{tn}, 2022</u>					
Yo	ur Name: <u>Jongchan Lee</u>	e				
Ma	nuscript Title: <u>Effect of out</u>	patient physician involvem	ent on the physician orders for life-sustaining treatment			
cor	npleted by hospitalists: A cr	ross-sectional study				
Ma	nuscript number (if known));				
relator relator me	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 current manuscript only. The author's relationships/activities/interests should be defined broadly. 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.					
		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,	XNone				
	medical writing, article					
	processing charges, etc.)					
	No time limit for this item.					
		Time frame: past	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	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		
0	Determination of the state of	V. Nana	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	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	
	Stock of Stock options		
4.0			
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the follo	owing box:
	None.	·	
- 1			

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

Da	te: <u>Jan. 30th, 2022</u>						
You	ur Name: <u>Eun Sun Kim</u>						
Ma	nuscript Title: Effect of out	patient physician involvem	ent on the physician orders for life-sustaining treatment				
<u>cor</u>	npleted by hospitalists: A cr	ross-sectional study					
Ma	nuscript number (if known)):					
In the relation of the relatio	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. 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.						
		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	X None					
	manuscript (e.g., funding,						
	provision of study materials,						
	medical writing, article						
	processing charges, etc.) No time limit for this item.						
	No time innit for this item.						
		Time frame: past	36 months				
2	Grants or contracts from	XNone					
	any entity (if not indicated in item #1 above).						
3	Royalties or licenses	X None					
,	noyalties of ficerises						
4	Consulting fees	XNone					

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

te: <u>Jan. 30th, 2022</u>					
ur Name: <u>Jung Hun Oh</u>	n				
nuscript Title: Effect of out	patient physician involvem	ent on the physician orders for life-sustaining treatment			
npleted by hospitalists: A cr	ross-sectional study				
nuscript number (if known)):				
Manuscript number (if known):					
	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			
All support for the present manuscript (e.g., funding,	XNone				
· ·					
processing charges, etc.)					
No time limit for this item.					
	Time frame: past	36 months			
Grants or contracts from	XNone				
any entity (if not indicated					
in item #1 above).					
Royalties or licenses	XNone				
Consulting fees	X None				
	In Name: Jung Hun Ohenuscript Title: Effect of out impleted by hospitalists: A connuscript number (if known in the interest of transparency ated to the content of your ities whose interests may be transparency and does not ationship/activity/interest, at following questions apply nuscript only. It author's relationships/activity interest, and it is a time frame for disclosure in the provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated)	ar Name:			

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

Da	te: <u>Jan. 30^{tn}, 2022</u>					
Yo	ur Name: <u>Nak-Hyun Ki</u>	m				
Ma	nuscript Title: <u>Effect of out</u>	patient physician involvem	ent on the physician orders for life-sustaining treatment			
COI	npleted by hospitalists: A cr	ross-sectional study				
Ma	nuscript number (if known)):				
relipanto relibration ma	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 current manuscript only. The author's relationships/activities/interests should be defined broadly. 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.					
		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 initia	l planning of the work			
1	All cupport for the process	1				
T	All support for the present manuscript (e.g., funding,	XNone				
	provision of study materials,					
	medical writing, article					
	processing charges, etc.)					
	No time limit for this item.					
		Time frame: past	36 months			
2	Grants or contracts from	X None	- So months			
2	any entity (if not indicated					
	in item #1 above).					
3	Royalties or licenses	X None				
	, artico or mocnoco					
4	Consulting fees	XNone				

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

Da	te: <u>Jan. 30^{tn}, 2022</u>						
Yo	ur Name: Yejee Lim						
Ma	nuscript Title: Effect of out	patient physician involvem	ent on the physician orders for life-sustaining treatment				
COI	mpleted by hospitalists: A cr	ross-sectional study					
In the relation of the relatio	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 current manuscript only. The author's relationships/activities/interests should be defined broadly. 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.						
		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				
4	All I C	1					
1	All support for the present manuscript (e.g., funding,	XNone					
	provision of study materials,						
	medical writing, article						
	processing charges, etc.)						
	No time limit for this item.						
		Time frame: past	36 months				
2	Grants or contracts from	X None					
_	any entity (if not indicated						
	in item #1 above).						
3	Royalties or licenses	XNone					
4	Consulting fees	XNone					

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

Da	te: <u>Jan. 30^{tn}, 2022</u>					
Yo	ur Name: <u>Hye Won Kin</u>	n				
Ma	nuscript Title: Effect of out	patient physician involvem	ent on the physician orders for life-sustaining treatment			
COI	mpleted by hospitalists: A cr	ross-sectional study				
Ma	nuscript number (if known));				
In the relation of the relatio	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 current manuscript only. The author's relationships/activities/interests should be defined broadly. 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.					
		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	T				
T	All support for the present manuscript (e.g., funding,	XNone				
	provision of study materials,					
	medical writing, article					
	processing charges, etc.)					
	No time limit for this item.					
		Time frame: past	36 months			
2	Grants or contracts from	XNone				
	any entity (if not indicated					
	in item #1 above).					
3	Royalties or licenses	XNone				
	C h: C	V N				
4	Consulting fees	XNone				

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

Da	Date: <u>Jan. 30th, 2022</u>				
Yo	our Name: Hee-Sun Park				
Ma	Manuscript Title: Effect of outpatient physician involvement on the physician orders for life-sustaining treatment				
cor	completed by hospitalists: A cross-sectional study				
Ma	nuscript number (if known)):			
In the relation of the relatio	the interest of transparency ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply muscript only. The author's relationships/activity epidemiology of hypertedication, even if that medications are content to the epidemiology of the epidemiology of hypertedication, even if that medication, even if that medication.	r, we ask you to disclose all manuscript. "Related" mea e affected by the content of necessarily indicate a bias. it is preferable that you do to the author's relationshi ivities/interests should be ension, you should declare eation is not mentioned in the poort for the work reporte	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive		
		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).	X_None			
3	Royalties or licenses	XNone			
4	Consulting fees	XNone			

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

Da	te: <u>Jan. 30''', 2022</u>					
Your Name: Jae Ho Cho						
Manuscript Title: Effect of outpatient physician involvement on the physician orders for life-sustaining treatment						
_	completed by hospitalists: A cross-sectional study					
Ma	anuscript number (if known));				
rel par to rel The ma	ated to the content of your ries whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/act the epidemiology of hypertedication, even if that medications	manuscript. "Related" means affected by the content of the author's relationship in the content of the content	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript perfall relationships with manufacturers of antihypertens	nt tains sive		
		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			
	All account from the	1		-		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	XNone				
	No time limit for this item.			1		
		Time frame: past	36 months	ĺ		
2	Grants or contracts from	X None				
	any entity (if not indicated			1		
	in item #1 above).]		
3	Royalties or licenses	XNone				
1	Consulting for-	V. None		-		
4	Consulting fees	XNone				

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

Da	Date: <u>Jan. 30th, 2022</u>				
You	our Name: Sun-wook Kim				
Ma	Manuscript Title: Effect of outpatient physician involvement on the physician orders for life-sustaining treatment				
<u>cor</u>	npleted by hospitalists: A ci	ross-sectional study			
Ma	nuscript number (if known)):			
In the relation of the relatio	the interest of transparency ated to the content of your ries whose interests may be transparency and does not eationship/activity/interest, ationship/activity/interest, at following questions apply nuscript only. The author's relationships/activity equipment of the epidemiology of hypertodication, even if that medication, even if that medication.	we ask you to disclose all manuscript. "Related" mea e affected by the content of necessarily indicate a bias. It is preferable that you do to the author's relationship ivities/interests should be ension, you should declare eation is not mentioned in the poort for the work reported.	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive		
		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	1			
1	All support for the present manuscript (e.g., funding,	XNone			
	provision of study materials,				
	medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				
		Time frame: past	36 months		
2	Grants or contracts from	X None			
	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses	XNone			
4	Consulting fees	XNone			

	Payment or honoraria for lectures, presentations,	XNone	
	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	
11	Stock of Stock Options		
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Pام	ease summarize the above co	onflict of interest in the foll	owing hox:
- 10	.asc sammanze the above to		owing box.
	None.		
	None.		

Dat	te: <u>Jan. 30th, 2022</u>				
You	our Name: Jiwon Ryu				
Ma	Manuscript Title: Effect of outpatient physician involvement on the physician orders for life-sustaining treatment				
	npleted by hospitalists: A cr				
Ma	nuscript number (if known)):			
related to the relate	ated to the content of your ries whose interests may be transparency and does not entionship/activity/interest, at following questions apply nuscript only.	manuscript. "Related" mede e affected by the content of necessarily indicate a bias. it is preferable that you do to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>		
to to to me	the epidemiology of hypertodication, even if that medic	ension, you should declare cation is not mentioned in to poort for the work reporte	<u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. d in this manuscript without time limit. For all other item		
		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 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			

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

Da	Date: Jan. 30 th , 2022				
You	our Name: Hak Chul Jang				
Ma	Manuscript Title: Effect of outpatient physician involvement on the physician orders for life-sustaining treatment				
<u>cor</u>	npleted by hospitalists: A cr	ross-sectional study			
Ma	nuscript number (if known)):			
In the relation of the relatio	the interest of transparency ated to the content of your rties whose interests may be transparency and does not a transparency and does not a transparency and	r, we ask you to disclose all manuscript. "Related" mea e affected by the content of necessarily indicate a bias. it is preferable that you do to the author's relationship ivities/interests should be ension, you should declare eation is not mentioned in the poort for the work reported.	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive		
		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.)	XNone			
	No time limit for this item.	—	26		
,	Constant L	Time frame: past	36 MONTAS		
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone			
3	Royalties or licenses	XNone			
4	Consulting fees	XNone			

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