Date: 4/2/2024	
Your Name: Nipun V	/erma
Manuscript Title: A Sing	gle Arm Phase 2 Clinical Trial of YIV-906 with Neoadjuvant Concurrent Chemo-Radiation
Therapy in Patients wit	th Locally Advanced Rectal Cancer
Manuscript number (if k	nown):JGO-24-23

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

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	G ,		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board	Al a a a	
10	Leadership or fiduciary role in other board, society,	None	
	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		
DI.	usa summariza tha ahaya sa	ufitar afturanar turbu Call	outura la com

None.

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: <u>3/29/24</u>		
Your Name: <u>Kimberly Johung</u>		
Manuscript Title: <u>A Single Arm I</u>	Phase 2 Clinical Trial of YIV	-906 with Neoadjuvant Concurrent Chemo-Radiation
Therapy in Patients with Locally	Advanced Rectal Cancer_	•
Manuscript number (if known): _	JGO-24-23	

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

I am a member of the NCCN colorectal cancer guidelines panel and NCCN provides reimbursement to travel to meetings at their headquarters to review the guidelines.

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

_x__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	April-15-2024
Your Name:	Jeremy Kortmansky
Manuscript Titl	e: A Single Arm Phase 2 Clinical Trial of YIV-906 with Neoadjuvant Concurrent Chemo-Radiation
Therapy in Par	tients with Locally Advanced Rectal Cancer
Manuscript nui	mber (if known):JGO-24-23-CL

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		Time frame: Since the initial	planning of the work
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
5	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
C		None	
6	Payment for expert	None	
	testimony		
	-		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
	0		
9	Participation on a Data	None	
5	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	NOTIC	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
11	Stock of Stock Options	140110	
12	Receipt of equipment,	None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
13	financial interests	INUITE	
	ilialiciai liiterests		
DI	an aumananian tha abassa sas	afliat of intovert in the fell	ouring how
riea	se summarize the above co	milict of interest in the follo	owing bux:

"X" I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 4/2/202	24
Your Name:	Wajih Kidwai Zaheer
Manuscript Ti	tle: A Single Arm Phase 2 Clinical Trial of YIV-906 with Neoadjuvant Concurrent Chemo-Radiation
Therapy in Pa	atients with Locally Advanced Rectal Cancer
Manuscript nu	Imber (if known): JGO-24-23-CL

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

<u>.</u>	Payment or honoraria for	None		
	lectures, presentations, speakers bureaus,	None		
	manuscript writing or educational events			
	Payment for expert testimony	None		
	Support for attending meetings and/or travel	None		
	Patents planned, issued or pending	None		
	Participation on a Data Safety Monitoring Board or Advisory Board	None		
.0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None		
1	Stock or stock options	None		
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
.3	Other financial or non- financial interests	None		
Please summarize the above conflict of interest in the following box:				
Please place an "X" next to the following statement to indicate your agreement:				

Date: March 29, 2024
Your Name: Jill Lacy
Manuscript Title: A Single Arm Phase 2 Clinical Trial of YIV-906 with Neoadjuvant Concurrent Chemo-Radiation
Therapy in Patients with Locally Advanced Rectal Cancer_
Manuscript number (if known): JGO-24-23

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	First World, Techspert, Guidepoint,	

		Ipsen, BMS, MarketPlus, Equinox, KeyUwest, FirstWord Group, Genentech, AptitudeHealth, Novartis, Deciphera	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_lpsen, Genentech, BMS (advistory boards)	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	ASCO, Editor SEP	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
Plea	se summarize the above co	onflict of interest in the foll	owing box:

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

Date: 3/29/2	4
Your Name: _	Michael Cecchini
Manuscript T	itle: A Single Arm Phase 2 Clinical Trial of YIV-906 with Neoadjuvant Concurrent Chemo-Radiation
Therapy in P	Patients with Locally Advanced Rectal Cancer
Manuscript n	umber (if known): JGO-24-23

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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,	None National Cancer Institute	Dr. Cecchini is supported by a NCI Mentored
	provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		Clinical Scientist Research Career Development Award (1K08CA255465-01A1).
		Time frame: past	26 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None	

E4	Consulting fees	None	
	Consuming rees	Daiichi Sankyo	Honoraria for advisory board.
		Seattle Genetics	Honoraria for advisory board.
		Taiho	Honoraria for advisory board.
		Regeneron	Honoraria for advisory board.
		Agenus	Honoraria for advisory board.
		Elevate Oncology	Honoraria for advisory board.
		Loxo@Lilly	Honoraria for advisory board.
		I-MAB	Honoraria for advisory board.
		Bayer	Honoraria for advisory board.
			Honoraria for advisory board.
		Macrogenics	·
-	Decimand and have a single feat	Incendia Therapeutics	Honoraria for advisory board.
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
		Nama	
6	Payment for expert	None	
	testimony		
7	Company for attackling	NI a va a	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy	None	
	group, paid or unpaid		
11	Stock or stock options	None	
	,		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-	None	
	financial interests		

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

Date:	4/12/2024
Your Name:	Stacey Stein, MD
Manuscript Title:	A Single Arm Phase 2 Clinical Trial of YIV-906 with Neoadjuvant Concurrent Chemo-Radiation
Therapy in Patie	nts with Locally Advanced Rectal Cancer
Manuscript num	er (if known): JGO-24-23-CL

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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	_XNone			
4	Consulting fees	_XNone			

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
_	educational events	V None		
6	Payment for expert testimony	_XNone		
	testimony			
7	Support for attending	X None		
,	meetings and/or travel	_XNone		
	meetings and, or traver			
8	Patents planned, issued or	X None		
J	pending			
9	Participation on a Data	_XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	_XNone		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid	V Nove		
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			
Plea	Please summarize the above conflict of interest in the following box:			

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 4/1/2024
Your Name: Yung-Chi Cheng
Manuscript Title: A Single Arm Phase 2 Clinical Trial of YIV-906 with Neoadjuvant Concurrent Chemo-Radiation
Therapy in Patients with Locally Advanced Rectal Cancer
Manuscript number (if known): JGO-24-23

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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.	YIV906/KD018/PHY906	1. I am the inventor of YIV-906 (aka PHY906/KD018) for its usage for its usage in cancer treatment. Yale holds the patent. It is licensed to Yiviva which is cofounded with Yale. I did receive funding from the National Foundation of Cancer Research (NFCR) and nominal amount from Yiviva. I received no funding from NIH.
		Time frame: past	36 months
2		None	

	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	No license fee was given.
4	Consulting fees	Stock options	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	NONE
6	Payment for expert testimony	None	NONE
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	YES	New drug discovery patent is being considered with Yale owning the patent
9	Participation on a Data Safety Monitoring Board or Advisory Board	YES	Scientific Advisory Board for Yiviva
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Chair	Consortium for the Globalization of Chinese Medicine (CGCM)
11	Stock or stock options	Yes	Cofounder of Yiviva options
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

I am continuing to explore the potential of YIV906's mechanism OF action and what new usages could be. Any novel discovery patents will be filed by Yale and licensed to Yiviva, which is cofounded by Yale and myself. The study is not supported by government funding. It is supported by a grant from the National Foundation of Cancer Research, small funding form Yiviva, and my professorship (Henry Bronson)

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

Date:	April-11-2024		
Your Name:	Wing Lam		
Manuscript 1	itle: A Single Arm Phase 2 Clinical Trial of YIV-906 with Neoadjuvant Concurrent Chemo-Radiation		
Therapy in Patients with Locally Advanced Rectal Cancer			
Manuscript r	number (if known): JGO-24-23-CL		

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

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, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

I received payments from Yiviva, inc. as a consultant.

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

"X" I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: April 1 st , 2024
Your Name: Shwu-Huey Liu
Manuscript Title: A Single Arm Phase 2 Clinical Trial of YIV-906 with Neoadjuvant Concurrent Chemo-Radiation
Therapy in Patients with Locally Advanced Rectal Cancer
Manuscript number (if known): JGO-24-23

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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)
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.	Study drug YIV-906/KD018/PHY906	I was the co-inventor of YIV-906 (PHY906/KD018) with Prof. Yung-Chi Cheng of Yale School of Medicine when I was his postdoc. I was the employee of Phytoceutica Inc. who licensed the world-wide right of YIV-906 from Yale between 1999-2009, and the consultant for Kadmon from 2011-2013 when Kadmon licensed YIV-906. I am the employee and co-founder of Yiviva Inc. who has owned the world-wide license right of YIV-906 from Yale University since 2017.
	Time frame: past 36 months		
2		None	

	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	Yale University	Co-inventor of YIV-906
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Yiviva Inc.	Employee of Yiviva
8	Patents planned, issued or pending	Yale University Yiviva Inc.	Co-inventor of YIV-906 issued patents
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	Yiviva Inc.	Co-founder and employee
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

I am the co-inventor of YIV-906 patents that Yale University is the patent applicant. I am the Co-founder and employee of Yiviva Inc. who has licensed the YIV-906 world-wide right from Yale University.

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

Date:	April-15-2024
Your Name:	Vikram Reddy
Manuscript T	itle: A Single Arm Phase 2 Clinical Trial of YIV-906 with Neoadjuvant Concurrent Chemo-Radiation
Therapy in I	Patients with Locally Advanced Rectal Cancer
Manuscript r	number (if known): JGO-24-23-CL

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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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	ivo time illint for this item.		
		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	
4	Consulting fees	None	

5	Payment or honoraria for	None	
5	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
C		None	
6	Payment for expert	None	
	testimony		
	-		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
	0		
9	Participation on a Data	None	
5	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	NOTIC	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
11	Stock of Stock Options	140110	
12	Receipt of equipment,	None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
13	financial interests		
	ilialiciai liiterests		
DI	an aumananian tha abassa sas	afliat of intovert in the fell	ouring how
riea	se summarize the above co	milict of interest in the follo	owing bux:

"X" I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	April-15-2024
Your Name:	Howard Hochster
Manuscript T	itle: A Single Arm Phase 2 Clinical Trial of YIV-906 with Neoadjuvant Concurrent Chemo-Radiation
Therapy in I	Patients with Locally Advanced Rectal Cancer
Manuscript r	number (if known): JGO-24-23-CL

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

5	Payment or honoraria for	None	
5	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
C		None	
6	Payment for expert	None	
	testimony		
	-		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
	0		
9	Participation on a Data	None	
5	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	NOTIC	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
11	Stock of Stock Options	140110	
12	Receipt of equipment,	None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
13	financial interests		
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DI	an aumananian tha abassa sas	afliat of intovert in the fell	ouring how
riea	se summarize the above co	milict of interest in the follo	owing bux:

"X" I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: <u>4/2/2024</u>
Your Name: Susan Higgins
Manuscript Title: A Single Arm Phase 2 Clinical Trial of YIV-906 with Neoadjuvant Concurrent Chemo-Radiation
Therapy in Patients with Locally Advanced Rectal Cancer
Manuscript number (if known):

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

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9	Safety Monitoring Board or	None	
	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		
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None.

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.