Da	te:_2021-6-14				
Yo	ur Name:Xiaonan Cui_				
Ma	Manuscript Title: A Contrast-Enhanced-CT-Based Classification Tree Model for Classifying malignancy of Solid Lung				
Tu	Tumors in a Chinese Clinical Population				
		•			
	anuscript number (if known)		 Il relationships/activities/interests listed below that are		
		·	eans any relation with for-profit or not-for-profit third		
			of the manuscript. Disclosure represents a commitment		
-	-		. If you are in doubt about whether to list a		
	ationship/activity/interest,	•	•		
	ationship, activity, interest,	it is preferable that you a	5 50.		
	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current		
			defined broadly. For example, if your manuscript pertains		
		· •	e all relationships with manufacturers of antihypertensive		
me	edication, even if that medic	ation is not mentioned in	the manuscript.		
		• •	ed in this manuscript without time limit. For all other items,		
the	e time frame for disclosure is	s the past 36 months.			
		Name all entities with	Specifications/Comments		
		whom you have this	(e.g., if payments were made to you or to your		
		relationship or indicate	institution)		
		none (add rows as			
		needed)			
		Time frame: Since the initia	al 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.				
		Time frame: pas	t 36 months		
2	Grants or contracts from	None			
	any entity (if not indicated				
	l · · · · · · · · · · · ·				
	in item #1 above).				
3	Royalties or licenses	None			
3	-	None			
3	-	None None			

1			
;	Decimand on horses de fer	None	
	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	None	
	testimony		
	Support for attending	None	
	meetings and/or travel		
	Patents planned, issued or	None	
	pending		
	F 2 2011		
	Participation on a Data	None	
	Safety Monitoring Board or	NOTIC	
	Advisory Board		
0	Leadership or fiduciary role	None	
J	in other board, society,	NOTIE	
	committee or advocacy		
1	group, paid or unpaid	None	
1	Stock or stock options	None	
2	Receipt of equipment,	None	
-	materials, drugs, medical	None	
	writing, gifts or other		
	services		
3	Other financial or non-	None	
,	financial interests	None	
	illialiciai litterests		
NI.		andlist of interest in the	a fallowing how
-16	ase summarize the above co	minut of interest in the	tionowing box.
	I have no conflicts of inter	est to declare	
'	i have no conjucts of inter-	esi io aeciale	
Ple	ase place an "X" next to the	following statement to	o indicate your agreement:
	X I certify that I have answ	ered every question ar	nd have not altered the wording of any of the questions on
			2

form.

Da	te:_2021-6-14		
Yo	ur Name: Marjolein A	. Heuvelmans	
			ification Tree Model for Classifying malignancy of Solid Lung
	mors in a Chinese Clinical Po	•	
	nuscript number (if known)		U valationabios / attivities / intervents listed below that are
			Ill relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third
			of the manuscript. Disclosure represents a commitment
-		-	s. If you are in doubt about whether to list a
	ationship/activity/interest,	-	•
	,	,	
	e following questions apply inuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current
to		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i	•	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate none (add rows as	institution)
		needed) Time frame: Since the initi	al planning of the work
1	All support for the present	None	u. pramming of the front
-	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	st 26 months
)	Grants or contracts from	None	St 30 months
_	any entity (if not indicated in item #1 above).	None	

Royalties or licenses

Payment or honoraria for

Consulting fees

4

5

None

None

None

_	la atuura a musaa mtatia ma		
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	N1	
	Payment for expert	None	
	testimony		
	Support for attending	None	
	meetings and/or travel		
;	Patents planned, issued or	None	
	pending		
	10		
	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
.0	Leadership or fiduciary role	None	
-	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
1	Stock or stock options	None	
2	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
L3	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the	following box:
	I have no conflicts of inter	est to declare	
Ple	ease place an "X" next to the	following statement to	o indicate your agreement:
	_X I certify that I have answ form.	ered every question an	d have not altered the wording of any of the questions on

Date:_2021-06-17
Your Name:_Grigory Sidorenkov
Manuscript Title:_ A Contrast-Enhanced-CT-Based Classification Tree Model for Classifying malignancy of Solid Lung
Tumors in a Chinese Clinical Population
Manuscript number (if known):JTD-21-588-CL
La bla distance of the common common common to disclose all relationships / a sticking // a to disclose the land balance black and

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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
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	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 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	
	ease summarize the above conflicts of inter		llowing box:
Ple	ase place an "X" next to the _X I certify that I have answ		ndicate your agreement: have not altered the wording of any of the questions on the

form.

Da	ite:_2021-6-14			
	ur Name: Yingru Zhao)		
				a
	mors in a Chinese Clinical Po		, , , ,	•
	anuscript number (if known)	•		
	•		Il relationships/activities/interests listed below that are	
	-	· ·	eans any relation with for-profit or not-for-profit third	
			of the manuscript. Disclosure represents a commitment	
to	transparency and does not	necessarily indicate a bias	s. If you are in doubt about whether to list a	
re	ationship/activity/interest,	it is preferable that you d	lo so.	
	e following questions apply anuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>	
	<u>-</u>			
Th	e author's relationships/act	ivities/interests should be	e defined broadly. For example, if your manuscript pertains	;
			e all relationships with manufacturers of antihypertensive	
m	edication, even if that medic	cation is not mentioned in	the manuscript.	
In	item #1 below, report all su	pport for the work report	ed in this manuscript without time limit. For all other item	s,
th	e time frame for disclosure i	s the past 36 months.		
	T		0 15 11 10	
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate none (add rows as	institution)	
		needed)		
		Time frame: Since the initi	al planning of the work	
	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.			
		Time frame: pas	st 36 months	
)	Grants or contracts from	None		
	any entity (if not indicated			
	in item #1 above).			
,	Povalties or licenses	None		

Consulting fees

Payment or honoraria for

None

None

4

_	la atuura a musaa mtatia ma		
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	N1	
	Payment for expert	None	
	testimony		
	Support for attending	None	
	meetings and/or travel		
;	Patents planned, issued or	None	
	pending		
	10		
	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
.0	Leadership or fiduciary role	None	
-	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
1	Stock or stock options	None	
2	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
L3	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the	following box:
	I have no conflicts of inter	est to declare	
Ple	ease place an "X" next to the	following statement to	o indicate your agreement:
	_X I certify that I have answ form.	ered every question an	d have not altered the wording of any of the questions on

Da	te:_2021-6-15		
	ur Name: Shuxuan Fa		
	mors in a Chinese Clinical Po		, ,, , , , , , ,
	anuscript number (if known)	•	
	•		Il relationships/activities/interests listed below that are
		-	eans any relation with for-profit or not-for-profit third
	<u> </u>	-	of the manuscript. Disclosure represents a commitment
-	-		i. If you are in doubt about whether to list a
	ationship/activity/interest,	-	
	,	, , , , , , , , , , , , , , , , , , , ,	
Th	e following questions apply	to the author's relationsh	nips/activities/interests as they relate to the current
	anuscript only.		
Th	e author's relationships/acti	ivities/interests should be	e <u>defined broadly</u> . For example, if your manuscript pertains
			e all relationships with manufacturers of antihypertensive
	edication, even if that medic	· •	· · · · · · · · · · · · · · · · · · ·
	•		·
In	item #1 below, report all su	pport for the work report	ed in this manuscript without time limit. For all other items,
	e time frame for disclosure is	•	•
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initial	al planning of the work
L	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.		
		Time frame: pas	st 36 months
<u> </u>	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	

Consulting fees

Payment or honoraria for

None

None

4

_	la atuura a musaa mtatia ma		
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	N1	
	Payment for expert	None	
	testimony		
	Support for attending	None	
	meetings and/or travel		
;	Patents planned, issued or	None	
	pending		
	10		
	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
.0	Leadership or fiduciary role	None	
-	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
1	Stock or stock options	None	
2	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
L3	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the	following box:
	I have no conflicts of inter	est to declare	
Ple	ease place an "X" next to the	following statement to	o indicate your agreement:
	_X I certify that I have answ form.	ered every question an	d have not altered the wording of any of the questions on

Date: 14-06-2021	Date:	14-06-2021
------------------	-------	------------

Your Name: Harry J M Groen

Manuscript Title: A Contrast-Enhanced-CT-Based Classification Tree Model for Classifying malignancy of Solid Lung

Tumors in a Chinese Clinical Population

Manuscript number (if known):___JTD-21-588-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</u> manuscript only.

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.	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	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	Nana	
13	Other financial or non- financial interests	None	
	illialiciai liiterests		

I have no conflicts of interest to	o declare	

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: 16-6-2021
Your Name:Monique D. Dorrius
Manuscript Title:_ A Contrast-Enhanced-CT-Based Classification Tree Model for Classifying malignancy of Solid Lung
Tumors in a Chinese Clinical Population
Manuscript number (if known):JTD-21-588-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)	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 lectures, presentations,	None	
	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	Descript of anythmetal	News	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

I ha	I have no conflicts of interest to declare			

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

form.			

Date:17-6
Your Name:_Geertruida H de Bock
Manuscript Title:_ A Contrast-Enhanced-CT-Based Classification Tree Model for Classifying malignancy of Solid Lung
Tumors in a Chinese Clinical Population
Manuscript number (if known):JTD-21-588-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)	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	
	meetings and/or traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests	None	
	illialiciai liitelests		

I	I have no conflicts of interest to declare	
9		

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

Dat	te:2021.6.21			
	ır Name:Matthijs Oudl			
Ma	nuscript Title:_ A Contrast	-Enhanced-CT-Based Cl	assification Tree Model for Classifying malignancy	of
So	lid Lung Tumors in a Chir	nese Clinical Population		
Ma	nuscript number (if known)	:JTD-21-588-CL		
rela wh to t	ated to the content of your ose interests may be affected	manuscript. "Related" me ed by the content of the m necessarily indicate a bias	Il relationships/activities/interests listed below that ar eans any relation with for-profit or not-for-profit third nanuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.	
	e following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current	
the		sion, you should declare a	defined broadly. For example, if your manuscript pert relationships with manufacturers of antihypertensive the manuscript.	
	tem #1 below, report all su time frame for disclosure i	• •	ed in this manuscript without time limit. For all other i	tems,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initia	al planning of the work	
L	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.			
		Time frame: pas	t 36 months	
2	Grants or contracts from	None		
	any entity (if not indicated		-	

in item #1 above).

Consulting fees

Royalties or licenses

Payment or honoraria for

_None

None

None

3

4

6	lectures, presentations, speakers bureaus, manuscript writing or educational events 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	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 have no conflicts of interest to declare.

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.

Dun

D-	to: 2021 6 1F			
	te:_2021-6-15	Viliaganthant		
	ur Name: Rozemarijn			
			fication Tree Model for Classifying malignancy of Solid	Lung
	mors in a Chinese Clinical Po	•		
	nuscript number (if known)			
	-	·	ll relationships/activities/interests listed below that are	<u>;</u>
		-	ans any relation with for-profit or not-for-profit third	
-		•	of the manuscript. Disclosure represents a commitmen	t
	· ·	-	. If you are in doubt about whether to list a	
rel	ationship/activity/interest,	it is preferable that you d	0 SO.	
		to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
ma	inuscript only.			
			defined broadly. For example, if your manuscript pertage	
		· •	e all relationships with manufacturers of antihypertensi	ve
me	edication, even if that medic	cation is not mentioned in	the manuscript.	
In i	item #1 below, report all su	pport for the work reporto	ed in this manuscript without time limit. For all other it	ems,
the	e time frame for disclosure i	s the past 36 months.		
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initia	al planning of the work	
L	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.			
		Time frame: pas	t 36 months	
2	Grants or contracts from	None		
	any entity (if not indicated			
	in item #1 above).			
2	Povalties or licenses	None		

Consulting fees

Payment or honoraria for

None

None

4

	la atuura a musaa mtatia ma		
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	N.	
	Payment for expert	None	
	testimony		
	Support for attending	None	
	meetings and/or travel		
;	Patents planned, issued or	None	
	pending		
	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
.0	Leadership or fiduciary role	None	
-	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
1	Stock or stock options	None	
2	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
L3	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in th	he following box:
	I have no conflicts of inter	est to declare	
L			
Ple	ease place an "X" next to the	following statement	to indicate your agreement:
	V I contifue that I have success	d a	and have not altered the wording of any of the averti-
		erea every question a	and have not altered the wording of any of the questions on
	form.		

Da	te:_2021-6-14			
	ur Name: Zhaoxiang Ye			
			 ification Tree Model for Classifying malignancy of Solid Lung	
	mors in a Chinese Clinical Po		, , , , , , , ,	
	anuscript number (if known)	-		
			Il relationships/activities/interests listed below that are	
			eans any relation with for-profit or not-for-profit third	
		-	of the manuscript. Disclosure represents a commitment	
-			. If you are in doubt about whether to list a	
	ationship/activity/interest,	•	•	
	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>	
to	•	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.	
	item #1 below, report all su e time frame for disclosure i	• •	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		needed)		
		Time frame: Since the initia	al planning of the work	
L	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.			
	Cuento en contra da francia	Time frame: pas	t 36 months	
<u>-</u>	Grants or contracts from	None		
	any entity (if not indicated in item #1 above).			
)	Royalties or licenses	None		
,	Noyalties of ficelises	INUTIE		

Consulting fees

Payment or honoraria for

None

None

4

	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
5	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
3	Patents planned, issued or	None	
)	pending	None	
	pending		
	Participation on a Data	Name	
9	Participation on a Data	None	
	Safety Monitoring Board or		
1.0	Advisory Board	NI-	
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
1 1	group, paid or unpaid	News	
11	Stock or stock options	None	
	-		
		A.	
.2	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
1 2	services	Name	
13	Other financial or non-	None	
	financial interests		
	ease summarize the above c		ne following box:
	I have no conflicts of inter	est to declare	
Ple	ease place an "X" next to the	e following statement	to indicate your agreement:
Ple		-	to indicate your agreement: and have not altered the wording of any of the questions