Date:_____ July 5th, 2022_____

Your Name:___ Zhengtu Li ___

Manuscript Title:_____ Development and clinical application of an Electronic Health Record quality control system for pulmonary aspergillosis based on guidelines and Natural Language Processing technology____ Manuscript number (if known): JTD-22-532-MS-1994

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>.

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 honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	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			
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.

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

Date:_____ July 5th, 2022_____

Your Name:____ Xidong Wang ___

Manuscript Title:_____ Development and clinical application of an Electronic Health Record quality control system for pulmonary aspergillosis based on guidelines and Natural Language Processing technology____ Manuscript number (if known): JTD-22-532-MS-1994

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>.

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 honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	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			
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.

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

Date:_____ July 5th, 2022_____

Your Name:___ Mengke Xu __

Manuscript Title:_____ Development and clinical application of an Electronic Health Record quality control system for pulmonary aspergillosis based on guidelines and Natural Language Processing technology____ Manuscript number (if known): JTD-22-532-MS-1994

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>.

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 honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	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			
12		V N	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	YES	Mengke Xu is an employee of Guangzhou Tianpeng
	financial interests		Technology Co., Ltd., Guangzhou, China.

Mengke Xu is an employee of Guangzhou Tianpeng Technology Co., Ltd., Guangzhou, China.

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

Date:_____ July 5th, 2022_____

Your Name:___ Yongming Li __

Manuscript Title:_____ Development and clinical application of an Electronic Health Record quality control system for pulmonary aspergillosis based on guidelines and Natural Language Processing technology_____ Manuscript number (if known): JTD-22-532-MS-1994

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>.

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 honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	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			
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.

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

Date:_____ July 5th, 2022_____ Your Name:____ Yinguang Wang ___ Manuscript Title:_____ Development and clinical application of an Electronic Health Record quality control system for pulmonary aspergillosis based on guidelines and Natural Language Processing technology____ Manuscript number (if known): JTD-22-532-MS-1994

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>.

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 honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
	C ,		
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			
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	YES	Yinguang Wang is an employee of Guangzhou Tianpeng
	financial interests		Technology Co., Ltd., Guangzhou, China.
L			

Yinguang Wang is an employee of Guangzhou Tianpeng Technology Co., Ltd., Guangzhou, China.

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

Date:_____ July 5th, 2022_____

Your Name:____ Yijun Chen ___

Manuscript Title:_____ Development and clinical application of an Electronic Health Record quality control system for pulmonary aspergillosis based on guidelines and Natural Language Processing technology____ Manuscript number (if known): JTD-22-532-MS-1994

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>.

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 honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	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			
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.

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

Date:_____ July 5th, 2022____

Your Name:____ Shaoqiang Li ___

Manuscript Title:_____ Development and clinical application of an Electronic Health Record quality control system for pulmonary aspergillosis based on guidelines and Natural Language Processing technology____ Manuscript number (if known): JTD-22-532-MS-1994

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>.

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 honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	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			
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.

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

Date:_____ July 5th, 2022_____

Your Name:___ Zhun Li __

Manuscript Title:_____ Development and clinical application of an Electronic Health Record quality control system for pulmonary aspergillosis based on guidelines and Natural Language Processing technology____ Manuscript number (if known): JTD-22-532-MS-1994

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>.

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 honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	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			
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.

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

Date:_____ July 5th, 2022_____

Your Name:___ Jinglu Yang ___

Manuscript Title:_____ Development and clinical application of an Electronic Health Record quality control system for pulmonary aspergillosis based on guidelines and Natural Language Processing technology_____ Manuscript number (if known): JTD-22-532-MS-1994

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>.

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 honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	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			
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.

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

Date:_____ July 5th, 2022_____

Your Name:___ Chun Tang ___

Manuscript Title:_____ Development and clinical application of an Electronic Health Record quality control system for pulmonary aspergillosis based on guidelines and Natural Language Processing technology____ Manuscript number (if known): JTD-22-532-MS-1994

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>.

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 honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	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			
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.

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

Date:_____ July 5th, 2022____ Your Name:____ Fangshu Xiong ___ Manuscript Title:_____ Development and clinical application of an Electronic Health Record quality control system for pulmonary aspergillosis based on guidelines and Natural Language Processing technology____ Manuscript number (if known): JTD-22-532-MS-1994

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>.

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 honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
	C .		
		N N	
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,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	YES	Fangshu Xiong is an employee of Guangzhou Tianpeng
	financial interests		Technology Co., Ltd., Guangzhou, China.

Fangshu Xiong is an employee of Guangzhou Tianpeng Technology Co., Ltd., Guangzhou, China.

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

Date:_____ July 5th, 2022_____

Your Name:___ Wenhua Jian ___

Manuscript Title:_____ Development and clinical application of an Electronic Health Record quality control system for pulmonary aspergillosis based on guidelines and Natural Language Processing technology____ Manuscript number (if known): JTD-22-532-MS-1994

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>.

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 honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	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			
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

None.

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

Date:_____ July 5th, 2022_____

Your Name:____ Peimei He ___

Manuscript Title:_____ Development and clinical application of an Electronic Health Record quality control system for pulmonary aspergillosis based on guidelines and Natural Language Processing technology____ Manuscript number (if known): JTD-22-532-MS-1994

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>.

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 honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
	C .		
_	Detente alemand in order	N. News	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data Safety Monitoring Board or	XNone	
	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	
12			
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	YES	Peimei He is an employee of Guangzhou Tianpeng
	financial interests		Technology Co., Ltd.,Guangzhou, China.

Peimei He is an employee of Guangzhou Tianpeng Technology Co., Ltd., Guangzhou, China.

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

Date:_____ July 5th, 2022_____ Your Name:____ Yangqing Zhan ___ Manuscript Title:_____ Development and clinical application of an Electronic Health Record quality control system for pulmonary aspergillosis based on guidelines and Natural Language Processing technology____ Manuscript number (if known): JTD-22-532-MS-1994

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>.

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 honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events XNone 6 Payment for expert testimony XNone 7 Support for attending meetings and/or travel XNone 8 Patents planned, issued or pending XNone 9 Patticipation on a Data Safety Monitoring Board or Advisory Board XNone 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid XNone 11 Stock or stock options XNone 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services XNone 13 Other financial or non- financial interests XNone			1	
lectures, presentations, speakers bureaus, manuscript writing or educational events				
lectures, presentations, speakers bureaus, manuscript writing or educational events				
speakers bureaus, manuscript writing or educational events X_None 6 Payment for expert testimony _X_None 7 Support for attending meetings and/or travel _X_None 8 Patents planned, issued or pending _X_None 9 Patricipation on a Data Safety Monitoring Board or Advisory Board _X_None 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid _X_None 11 Stock or stock options _X_None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services _X_None 13 Other financial or non- _X_None	5		XNone	
manuscript writing or educational events X_None 6 Payment for expert testimony X_None 7 Support for attending meetings and/or travel X_None 7 Support for attending meetings and/or travel X_None 8 Patents planned, issued or pending X_None 9 Participation on a Data Safety Monitoring Board or Advisory Board X_None 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid X_None 11 Stock or stock options X_None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services X_None 13 Other financial or non X_None				
educational events X_None 6 Payment for expert testimony X_None 7 Support for attending meetings and/or travel X_None 7 Support for attending meetings and/or travel X_None 8 Patents planned, issued or pending X_None 9 Participation on a Data Safety Monitoring Board or Advisory Board X_None 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid X_None 11 Stock or stock options X_None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services X_None 13 Other financial or non- X_None				
6 Payment for expert testimony XNone 7 Support for attending meetings and/or travel XNone 8 Patents planned, issued or pending XNone 9 Participation on a Data Safety Monitoring Board or Advisory Board XNone 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid XNone 11 Stock or stock options XNone 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services XNone 13 Other financial or non- XNone				
testimony				
7 Support for attending meetings and/or travel XNone 8 Patents planned, issued or pending XNone 9 Participation on a Data Safety Monitoring Board or Advisory Board XNone 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid XNone 11 Stock or stock options XNone 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services XNone 13 Other financial or non- XNone	6	Payment for expert	XNone	
meetings and/or travel		testimony		
meetings and/or travel				
8 Patents planned, issued or pending XNone 9 Participation on a Data Safety Monitoring Board or Advisory Board XNone 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid XNone 11 Stock or stock options XNone 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services XNone 13 Other financial or non- XNone	7	Support for attending	XNone	
pending		meetings and/or travel		
pending				
pending				
pending				
pending	0	Batants planned issued or	X Nono	
9 Participation on a Data Safety Monitoring Board or Advisory Board XNone 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid XNone 11 Stock or stock options XNone 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services X_None 13 Other financial or non- XNone	0			
Safety Monitoring Board or Advisory Board		pending		
Safety Monitoring Board or Advisory Board				
Advisory Board X_None 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid X_None 11 Stock or stock options X_None 11 Stock or stock options X_None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services X_None 13 Other financial or non- X_None	9	-	XNone	
10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid XNone 11 Stock or stock options XNone 11 Stock or stock options XNone 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services X_None 13 Other financial or non- X_None				
in other board, society,		Advisory Board		
committee or advocacy	10	Leadership or fiduciary role	XNone	
group, paid or unpaid X_None 11 Stock or stock options X_None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services X_None 13 Other financial or non- X_None		in other board, society,		
11 Stock or stock options XNone 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services X_None 13 Other financial or non- X_None		committee or advocacy		
12 Receipt of equipment, materials, drugs, medical writing, gifts or other services X_None 13 Other financial or non- X_None		group, paid or unpaid		
12 Receipt of equipment, materials, drugs, medical writing, gifts or other services X_None 13 Other financial or non- X_None	11	Stock or stock options	X None	
materials, drugs, medical writing, gifts or other services				
materials, drugs, medical writing, gifts or other services				
materials, drugs, medical writing, gifts or other services	12	Receipt of equipment	X None	
writing, gifts or other services XNone 13 Other financial or non- XNone	12			
services 13 Other financial or non- X_None				
13 Other financial or non- X_None				
financial interests	13		XNone	
		financial interests		
	13	Other financial or non-	XNone	

None.

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

Date:_____ July 5th, 2022_____

Your Name:____ Jinping Zheng __

Manuscript Title:_____ Development and clinical application of an Electronic Health Record quality control system for pulmonary aspergillosis based on guidelines and Natural Language Processing technology_____ Manuscript number (if known): JTD-22-532-MS-1994

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>.

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 honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events XNone 6 Payment for expert testimony XNone 7 Support for attending meetings and/or travel XNone 8 Patents planned, issued or pending XNone 9 Patticipation on a Data Safety Monitoring Board or Advisory Board XNone 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid XNone 11 Stock or stock options XNone 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services XNone 13 Other financial or non- financial interests XNone			1	
lectures, presentations, speakers bureaus, manuscript writing or educational events				
lectures, presentations, speakers bureaus, manuscript writing or educational events				
speakers bureaus, manuscript writing or educational events X_None 6 Payment for expert testimony _X_None 7 Support for attending meetings and/or travel _X_None 8 Patents planned, issued or pending _X_None 9 Patricipation on a Data Safety Monitoring Board or Advisory Board _X_None 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid _X_None 11 Stock or stock options _X_None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services _X_None 13 Other financial or non- _X_None	5		XNone	
manuscript writing or educational events X_None 6 Payment for expert testimony X_None 7 Support for attending meetings and/or travel X_None 7 Support for attending meetings and/or travel X_None 8 Patents planned, issued or pending X_None 9 Participation on a Data Safety Monitoring Board or Advisory Board X_None 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid X_None 11 Stock or stock options X_None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services X_None 13 Other financial or non X_None				
educational events X_None 6 Payment for expert testimony X_None 7 Support for attending meetings and/or travel X_None 7 Support for attending meetings and/or travel X_None 8 Patents planned, issued or pending X_None 9 Participation on a Data Safety Monitoring Board or Advisory Board X_None 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid X_None 11 Stock or stock options X_None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services X_None 13 Other financial or non- X_None				
6 Payment for expert testimony XNone 7 Support for attending meetings and/or travel XNone 8 Patents planned, issued or pending XNone 9 Participation on a Data Safety Monitoring Board or Advisory Board XNone 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid XNone 11 Stock or stock options XNone 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services XNone 13 Other financial or non- XNone				
testimony				
7 Support for attending meetings and/or travel XNone 8 Patents planned, issued or pending XNone 9 Participation on a Data Safety Monitoring Board or Advisory Board XNone 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid XNone 11 Stock or stock options XNone 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services XNone 13 Other financial or non- XNone	6	Payment for expert	XNone	
meetings and/or travel		testimony		
meetings and/or travel				
8 Patents planned, issued or pending XNone 9 Participation on a Data Safety Monitoring Board or Advisory Board XNone 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid XNone 11 Stock or stock options XNone 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services XNone 13 Other financial or non- XNone	7	Support for attending	XNone	
pending		meetings and/or travel		
pending				
pending				
pending				
pending	0	Batants planned issued or	X Nono	
9 Participation on a Data Safety Monitoring Board or Advisory Board XNone 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid XNone 11 Stock or stock options XNone 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services X_None 13 Other financial or non- XNone	0			
Safety Monitoring Board or Advisory Board		pending		
Safety Monitoring Board or Advisory Board				
Advisory Board X_None 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid X_None 11 Stock or stock options X_None 11 Stock or stock options X_None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services X_None 13 Other financial or non- X_None	9	-	XNone	
10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid XNone 11 Stock or stock options XNone 11 Stock or stock options XNone 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services X_None 13 Other financial or non- X_None				
in other board, society,		Advisory Board		
committee or advocacy	10	Leadership or fiduciary role	XNone	
group, paid or unpaid X_None 11 Stock or stock options X_None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services X_None 13 Other financial or non- X_None		in other board, society,		
11 Stock or stock options XNone 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services X_None 13 Other financial or non- X_None		committee or advocacy		
12 Receipt of equipment, materials, drugs, medical writing, gifts or other services X_None 13 Other financial or non- X_None		group, paid or unpaid		
12 Receipt of equipment, materials, drugs, medical writing, gifts or other services X_None 13 Other financial or non- X_None	11	Stock or stock options	X None	
materials, drugs, medical writing, gifts or other services				
materials, drugs, medical writing, gifts or other services				
materials, drugs, medical writing, gifts or other services	12	Receipt of equipment	X None	
writing, gifts or other services XNone 13 Other financial or non- XNone	12			
services 13 Other financial or non- X_None				
13 Other financial or non- X_None				
financial interests	13		XNone	
		financial interests		
	13	Other financial or non-	XNone	

None.

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

Date:_____ July 5th, 2022_____

Your Name:___ Feng Ye _

Manuscript Title:_____ Development and clinical application of an Electronic Health Record quality control system for pulmonary aspergillosis based on guidelines and Natural Language Processing technology_____ Manuscript number (if known): JTD-22-532-MS-1994

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>.

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 honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events XNone 6 Payment for expert testimony XNone 7 Support for attending meetings and/or travel XNone 8 Patents planned, issued or pending XNone 9 Patticipation on a Data Safety Monitoring Board or Advisory Board XNone 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid XNone 11 Stock or stock options XNone 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services XNone 13 Other financial or non- financial interests XNone			1	
lectures, presentations, speakers bureaus, manuscript writing or educational events				
lectures, presentations, speakers bureaus, manuscript writing or educational events				
speakers bureaus, manuscript writing or educational events X_None 6 Payment for expert testimony _X_None 7 Support for attending meetings and/or travel _X_None 8 Patents planned, issued or pending _X_None 9 Patricipation on a Data Safety Monitoring Board or Advisory Board _X_None 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid _X_None 11 Stock or stock options _X_None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services _X_None 13 Other financial or non- _X_None	5		XNone	
manuscript writing or educational events X_None 6 Payment for expert testimony X_None 7 Support for attending meetings and/or travel X_None 7 Support for attending meetings and/or travel X_None 8 Patents planned, issued or pending X_None 9 Participation on a Data Safety Monitoring Board or Advisory Board X_None 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid X_None 11 Stock or stock options X_None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services X_None 13 Other financial or non X_None				
educational events X_None 6 Payment for expert testimony X_None 7 Support for attending meetings and/or travel X_None 7 Support for attending meetings and/or travel X_None 8 Patents planned, issued or pending X_None 9 Participation on a Data Safety Monitoring Board or Advisory Board X_None 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid X_None 11 Stock or stock options X_None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services X_None 13 Other financial or non- X_None				
6 Payment for expert testimony XNone 7 Support for attending meetings and/or travel XNone 8 Patents planned, issued or pending XNone 9 Participation on a Data Safety Monitoring Board or Advisory Board XNone 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid XNone 11 Stock or stock options XNone 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services XNone 13 Other financial or non- XNone				
testimony				
7 Support for attending meetings and/or travel XNone 8 Patents planned, issued or pending XNone 9 Participation on a Data Safety Monitoring Board or Advisory Board XNone 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid XNone 11 Stock or stock options XNone 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services XNone 13 Other financial or non- XNone	6	Payment for expert	XNone	
meetings and/or travel		testimony		
meetings and/or travel				
8 Patents planned, issued or pending XNone 9 Participation on a Data Safety Monitoring Board or Advisory Board XNone 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid XNone 11 Stock or stock options XNone 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services XNone 13 Other financial or non- XNone	7	Support for attending	XNone	
pending		meetings and/or travel		
pending				
pending				
pending				
pending	0	Batants planned issued or	X Nono	
9 Participation on a Data Safety Monitoring Board or Advisory Board XNone 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid XNone 11 Stock or stock options XNone 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services X_None 13 Other financial or non- XNone	0			
Safety Monitoring Board or Advisory Board		pending		
Safety Monitoring Board or Advisory Board				
Advisory Board X_None 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid X_None 11 Stock or stock options X_None 11 Stock or stock options X_None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services X_None 13 Other financial or non- X_None	9	-	XNone	
10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid XNone 11 Stock or stock options XNone 11 Stock or stock options XNone 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services X_None 13 Other financial or non- X_None				
in other board, society,		Advisory Board		
committee or advocacy	10	Leadership or fiduciary role	XNone	
group, paid or unpaid X_None 11 Stock or stock options X_None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services X_None 13 Other financial or non- X_None		in other board, society,		
11 Stock or stock options XNone 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services X_None 13 Other financial or non- X_None		committee or advocacy		
12 Receipt of equipment, materials, drugs, medical writing, gifts or other services X_None 13 Other financial or non- X_None		group, paid or unpaid		
12 Receipt of equipment, materials, drugs, medical writing, gifts or other services X_None 13 Other financial or non- X_None	11	Stock or stock options	X None	
materials, drugs, medical writing, gifts or other services				
materials, drugs, medical writing, gifts or other services				
materials, drugs, medical writing, gifts or other services	12	Receipt of equipment	X None	
writing, gifts or other services XNone 13 Other financial or non- XNone	12			
services 13 Other financial or non- X_None				
13 Other financial or non- X_None				
financial interests	13		XNone	
		financial interests		
	13	Other financial or non-	XNone	

None.

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