Date:	11/7/2023	
Your Name:	Marc Spils	
Manuscript Title:	Prognostic factors of recurrence and disease-free survival in radically resected pulmonary carcinoids: a real-world analysis	
Manuscript Number (if known):	JTD-23-1681	

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

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		e all entities with whom you have this onship 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	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	Image: square of the square o	
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	Image: square of the property o	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Image: square of the property o	
13	Other financial or non-financial interests	None	
Plea 🖂	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date: 19.12.2023

Your Name: Thomas Klikovits

Manuscript Title: Prognostic factors of recurrence and disease-free survival in radically resected pulmonary

carcinoids: a real-world analysis

Manuscript number: JTD-23-1681-CL

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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		
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		
	services		
13	Other financial or non-	None	
	financial interests		

No conflicts of interest		

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: 21.01.2024

Your Name: Dagmar Krenbek

Manuscript Title: Prognostic factors of recurrence and disease-free survival in radically resected pulmonary carcinoids: a

real-world analysis

Manuscript number: JTD-23-1681-CL

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

5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
U	testimony		
	testimony		
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7	Support for attending	_XNone	
	meetings and/or travel		
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests	NOITE	
	imanciai interests		
Plea	se summarize the above co	nflict of interest in the follo	owing box:
N	one.		

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.

Data	19/	12/2023		
Date:	(11	. 11	Harlikinie
Your Name		MOXIN	nillah	HOCHMAIR

Manuscript Title: Prognostic factors of recurrence and disease-free survival in radically resected pulmonary carcinoids

Manuscript number: JTD-23-1681-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)
	S A Floor Street, Edge Sky (miles)	Time frame: Since the initi	al 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	
	CHANGE ISMALL WITH THE	Time frame: pas	st 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	

6	lectures, presentations, speakers bureaus, manuscript writing or	Speaker bureaun	Roche, MSD, Takeda, BMS, Lilly, Ashe Zened
6			
	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	None	
.0	Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy	None	
11	group, paid or unpaid Stock or stock options	None	
•	Stock of Stock options		
2	Receipt of equipment,	None	
. 2	materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above o	conflict of interest in the f	ollowing box:
Ple	ease place an "X" next to th	e following statement to	indicate your agreement:
fo	_ I certify that I have answ rm.	ered every question and h	nave not altered the wording of any of the questions or
to	rm.		
			19/12/023

Date: Jan. 21th, 2024 Your Name: Igor Jankovic

Manuscript Title: Prognostic factors of recurrence and disease-free survival in radically resected pulmonary carcinoids: a

real-world analysis

Manuscript number (if known): JTD-23-1681

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

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		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 Safety Monitoring Board or Advisory Board	None	
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	1.10	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
	·	·	

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: 16 01 24

Your Name: Lisa Therese Schulk

Manuscript Title: Prognostic factors of recurrence and disease-free survival in radically resected pulmonary carcinoids

Manuscript number: JTD-23-1681-CL

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	REPERENT SERVICE	Time frame: Since the initi	al planning <u>of the wo</u> rk
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	
10	MILES OF PERSONS	Time frame: pas	st 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 testimony	None	
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,	None	
12	materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	THE PROPERTY OF THE PARTY OF TH
	financial interests		

lease summarize the above conflict of interest in the following box:					

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

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

Date: 19.12.2023 Your Name: Tibor Krajc

Manuscript Title: Prognostic factors of recurrence and disease-free survival in radically resected pulmonary

carcinoids: a real-world analysis
Manuscript number: JTD-23-1681-CL

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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 lectures, presentations, speakers bureaus,	None	

	manuscript writing or educational events		
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	

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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: 20.12.2023

Your Name: Dr. Michal Benej, Ph.D.

Manuscript Title: Prognostic factors of recurrence and disease-free survival in radically resected pulmonary

carcinoids: a real-world analysis

Manuscript number: JTD-23-1681-CL

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

5	Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	testimony		
7	Support for attending meetings and/or travel	x_None	
8	Patents planned, issued or	xNone	
	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		
	group, paid or unpaid		
11	Stock or stock options	x_None	
12	Receipt of equipment,	x_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	xNone	
	financial interests		

No conflict of interest		

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: 21.01.2024

Your Name: Vladyslav Getman

Manuscript Title: Prognostic factors of recurrence and disease-free survival in radically resected pulmonary

carcinoids: a real-world analysis

Manuscript number: JTD-23-1681-CL

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

	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	XNone	
	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 Stock or stock options	V None	
11	Stock of 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		

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

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

form.

Date: 20.12.2023

Your Name: Jose Antonio Ruiz Navarrete

Manuscript Title: Prognostic factors of recurrence and disease-free survival in radically resected pulmonary carcinoids: a

real-world analysis

Manuscript number: JTD-23-1681-CL

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

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or educational events			
6	Payment for expert	X None		
	testimony			
7	Support for attending meetings and/or travel	_XNone		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role	X None		
10	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	X None		
	·			
12	Descint of anylow and	V. Nana		
12	Receipt of equipment, materials, drugs, medical	XNone		
	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:			

. Tease summarize the above commer or interest in the romaning box.

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:

Your Name: Dr. Ahmet Akan

Manuscript Title: Prognostic factors of recurrence and disease-free survival in radically resected pulmonary

carcinoids: a real-world analysis
Manuscript number: JTD-23-1681-CL

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

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

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: Dec 19th, 2023

Your Name: Michael Rolf, MD, PhD

Manuscript Title: Prognostic factors of recurrence and disease-free survival in radically

resected pulmonary carcinoids: a real-world analysis

Manuscript number: JTD-23-1681-CL

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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)
	Tin	ne frame: Since the initia	l planning of the work
1	All support for the present manuscript	None	
	(e.g., funding, provision		
	of study materials, medical writing, article		
	processing charges,		
	etc.) No time limit for this		
	item.		
		Time frame: past	36 months
	Grants or contracts	None	
	from any entity (if not indicated in item #1		
	above).		
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	
	meetings and, or traver		
8	Patents planned, issued or pending	None	
	or penang		
9	Safety Monitoring Board or Advisory	None	
	Board		
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,	None	
	medical writing, gifts or		
	other services		
13	Other financial or non- financial interests	None	
	illialiciai ilitelests		

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: 19.12.2023

Your Name: Clemens Aigner

Manuscript Title: Prognostic factors of recurrence and disease-free survival in radically resected pulmonary

carcinoids: a real-world analysis
Manuscript number: JTD-23-1681-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) 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	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
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	
	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	
	financial interests		
			•

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.

Clemen Aprin

Date: 18/01/2024

Your Name: Stefan Watzka

Manuscript Title: Prognostic factors of recurrence and disease-free survival in radically resected pulmonary carcinoids: a

real-world analysis

Manuscript number: JTD-23-1681-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> <u>manuscript only</u>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	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	

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

None.			

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