

ICMJE DISCLOSURE FORM

Date: 2022/2/9

Your Name: Dongsheng Yue

Manuscript Title: Circulating Tumor DNA Predicts Neoadjuvant Immunotherapy Efficacy and Recurrence-Free Survival in Surgical Non-Small Cell Lung Cancer Patients

Manuscript number (if known): _____

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

The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

The author's relationships/activities/interests should be **defined broadly**. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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

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

None

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.

ICMJE DISCLOSURE FORM

Date: 2022/2/9

Your Name: Weiran Liu

Manuscript Title: Circulating Tumor DNA Predicts Neoadjuvant Immunotherapy Efficacy and Recurrence-Free Survival in Surgical Non-Small Cell Lung Cancer Patients

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/2/9

Your Name: Chen chen

Manuscript Title: Circulating Tumor DNA Predicts Neoadjuvant Immunotherapy Efficacy and Recurrence-Free Survival in Surgical Non-Small Cell Lung Cancer Patients

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/2/9

Your Name: Tao Zhang

Manuscript Title: Circulating Tumor DNA Predicts Neoadjuvant Immunotherapy Efficacy and Recurrence-Free Survival in Surgical Non-Small Cell Lung Cancer Patients

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ICMJE DISCLOSURE FORM

Date: 2022/2/9
 Your Name: Yuchen Ma
 Manuscript Title: Circulating Tumor DNA Predicts Neoadjuvant Immunotherapy Efficacy and Recurrence-Free Survival in Surgical Non-Small Cell Lung Cancer Patients
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022/2/9

Your Name: Longgang Cui

Manuscript Title: Circulating Tumor DNA Predicts Neoadjuvant Immunotherapy Efficacy and Recurrence-Free Survival in Surgical Non-Small Cell Lung Cancer Patients

Manuscript number (if known): _____

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| 13 | Other financial or non-financial interests | <u> </u> Yes He is an employee of 3D Medicines Inc. | |

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Dr. Cui reports he is an employee of 3D Medicines Inc.

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ICMJE DISCLOSURE FORM

Date: 2022/2/9

Your Name: Yajun Gu

Manuscript Title: Circulating Tumor DNA Predicts Neoadjuvant Immunotherapy Efficacy and Recurrence-Free Survival in Surgical Non-Small Cell Lung Cancer Patients

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

Dr. Gu reports she is an employee of 3D Medicines Inc.

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.

ICMJE DISCLOSURE FORM

Date: 2022/2/9

Your Name: Ting Bei

Manuscript Title: Circulating Tumor DNA Predicts Neoadjuvant Immunotherapy Efficacy and Recurrence-Free Survival in Surgical Non-Small Cell Lung Cancer Patients

Manuscript number (if known): _____

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Dr. Bei reports she is an employee of 3D Medicines Inc.

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ICMJE DISCLOSURE FORM

Date: 2022/2/9
 Your Name: Xiaochen Zhao
 Manuscript Title: Circulating Tumor DNA Predicts Neoadjuvant Immunotherapy Efficacy and Recurrence-Free Survival in Surgical Non-Small Cell Lung Cancer Patients
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ICMJE DISCLOSURE FORM

Date: 2022/2/9

Your Name: Bei Zhang

Manuscript Title: Circulating Tumor DNA Predicts Neoadjuvant Immunotherapy Efficacy and Recurrence-Free Survival in Surgical Non-Small Cell Lung Cancer Patients

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| 4 | Consulting fees | <u>None</u> | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <u> </u> None | |
| 6 | Payment for expert testimony | <u> </u> None | |
| 7 | Support for attending meetings and/or travel | <u> </u> None | |
| 8 | Patents planned, issued or pending | <u> </u> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <u> </u> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <u> </u> None | |
| 11 | Stock or stock options | <u> </u> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <u> </u> None | |
| 13 | Other financial or non-financial interests | <u> </u> Yes She is an employee of 3D Medicines Inc. | |

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

Dr. Zhang reports she is an employee of 3D Medicines Inc.

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.

ICMJE DISCLOSURE FORM

Date: 2022/2/9
 Your Name: Yuezong Bai
 Manuscript Title: Circulating Tumor DNA Predicts Neoadjuvant Immunotherapy Efficacy and Recurrence-Free Survival in Surgical Non-Small Cell Lung Cancer Patients
 Manuscript number (if known): _____

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

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Time frame: Since the initial planning of the work | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | __ None | |
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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 | |
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| 4 | Consulting fees | __ None | |
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| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <u> </u> None | |
| 6 | Payment for expert testimony | <u> </u> None | |
| 7 | Support for attending meetings and/or travel | <u> </u> None | |
| 8 | Patents planned, issued or pending | <u> </u> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <u> </u> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <u> </u> None | |
| 11 | Stock or stock options | <u> </u> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <u> </u> None | |
| 13 | Other financial or non-financial interests | <u> </u> Yes He is an employee of 3D Medicines Inc. | |

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

Dr. Bai reports he is an employee of 3D Medicines Inc.

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.

ICMJE DISCLOSURE FORM

Date: _____ 29th January 2022 _____

Your Name: _____ Atocha Romero _____

Manuscript Title: Circulating Tumor DNA Predicts Neoadjuvant Immunotherapy Efficacy and Recurrence-Free Survival in Surgical Non-Small Cell Lung Cancer Patients

Manuscript number (if known): _____

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

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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

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| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ___ None | |
| 6 | Payment for expert testimony | | AstraZeneca |
| 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 | |

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

The author reports personal fees from AstraZeneca, outside the submitted work.

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.

ICMJE DISCLOSURE FORM

Date: 1/25/2022
 Your Name: Meng Xu-Welliver
 Manuscript Title: Circulating Tumor DNA Predicts Neoadjuvant Immunotherapy Efficacy and Recurrence-Free Survival in Surgical Non-Small Cell Lung Cancer Patients
 Manuscript number (if known): _____

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

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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

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

None

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.

ICMJE DISCLOSURE FORM

Date: 2022/2/9
 Your Name: Changli Wang
 Manuscript Title: Circulating Tumor DNA Predicts Neoadjuvant Immunotherapy Efficacy and Recurrence-Free Survival in Surgical Non-Small Cell Lung Cancer Patients
 Manuscript number (if known): _____

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

The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

The author's relationships/activities/interests should be **defined broadly**. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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

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

None

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.

ICMJE DISCLOSURE FORM

Date: 2022/2/9
 Your Name: Zhenfa Zhang
 Manuscript Title: Circulating Tumor DNA Predicts Neoadjuvant Immunotherapy Efficacy and Recurrence-Free Survival in Surgical Non-Small Cell Lung Cancer Patients
 Manuscript number (if known): _____

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

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

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

None

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.

ICMJE DISCLOSURE FORM

Date: 2022/2/9
 Your Name: Bin Zhang
 Manuscript Title: Circulating Tumor DNA Predicts Neoadjuvant Immunotherapy Efficacy and Recurrence-Free Survival in Surgical Non-Small Cell Lung Cancer Patients
 Manuscript number (if known): _____

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

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

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

None

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.