| Date: | Jun. 25 | th, 2022 | | | |
|--|---------------|---|--|--|--|
| Your N | Name: | Michele Costa de Oliveira Ribeiro | | | |
| Manu | script Title: | Hepatic epithelioid hemangioendothelioma: how fast does it grow and which findings could have | | | |
| preve | nted diagno | ostic delay? A case report | | | |
| Manuscript number (if known): TGH-22-48-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>.

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

| - | Deverant and have a serie for | V Nove | | | |
|------|---|--------|--|--|--|
| 5 | Payment or honoraria for lectures, presentations, | XNone | | | |
| | 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 | X_None | | | |
| | 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, | X_None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other services | | | | |
| | | | | | |
| 13 | Other financial or non- | XNone | | | |
| | financial interests | | | | |
| | | | | | |
| | | | | | |
| Plea | Please summarize the above conflict of interest in the following box: | | | | |
| | | | | | |
| N | None. | | | | |

| Date: <u>Jun. 25th, 2022</u> | |
|---|-----------|
| Your Name: Juliana Viana Baião Lemos | |
| Manuscript Title: Hepatic epithelioid hemangioendothelioma: how fast does it grow and which findings co | ould have |
| prevented diagnostic delay? A case report | |
| Manuscript number (if known): TGH-22-48-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. | 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 | |

| - | Deverant and have a serie for | V Nove | | | |
|------|---|--------|--|--|--|
| 5 | Payment or honoraria for lectures, presentations, | XNone | | | |
| | 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 | X_None | | | |
| | 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, | X_None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other services | | | | |
| | | | | | |
| 13 | Other financial or non- | XNone | | | |
| | financial interests | | | | |
| | | | | | |
| | | | | | |
| Plea | Please summarize the above conflict of interest in the following box: | | | | |
| | | | | | |
| N | None. | | | | |

| Date: | <u>Jun. 25</u> | ^{5th} , 2022 | |
|-------|----------------|--|----------|
| Your | Name: | Marcelo Padovani de Toledo Moraes | |
| Manu | script Title | : Hepatic epithelioid hemangioendothelioma: how fast does it grow and which findings cou | ıld have |
| preve | nted diagn | ostic delay? A case report | |
| Manu | script num | ber (if known): TGH-22-48-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>.

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 initia | 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 | |

| - | Deverant and have a serie for | V Nove | | | |
|------|---|--------|--|--|--|
| 5 | Payment or honoraria for lectures, presentations, | XNone | | | |
| | 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 | X_None | | | |
| | 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, | X_None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other services | | | | |
| | | | | | |
| 13 | Other financial or non- | XNone | | | |
| | financial interests | | | | |
| | | | | | |
| | | | | | |
| Plea | Please summarize the above conflict of interest in the following box: | | | | |
| | | | | | |
| N | None. | | | | |

| Date: <u>Jun. 25th, 2022</u> | |
|---|------------------------------------|
| Your Name: Felipe Aguera Oliver | |
| Manuscript Title: <u>Hepatic epithelioid hemangioendothelioma: how fast does it</u> | grow and which findings could have |
| prevented diagnostic delay? A case report | |
| Manuscript number (if known): TGH-22-48-CL | |

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

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

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

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

| - | Deverant and have a serie for | V Nove | | | |
|------|---|--------|--|--|--|
| 5 | Payment or honoraria for lectures, presentations, | XNone | | | |
| | 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 | X_None | | | |
| | 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, | X_None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other services | | | | |
| | | | | | |
| 13 | Other financial or non- | XNone | | | |
| | financial interests | | | | |
| | | | | | |
| | | | | | |
| Plea | Please summarize the above conflict of interest in the following box: | | | | |
| | | | | | |
| N | None. | | | | |

| Date: | Jun. | 25 th , 2022 | |
|--------|------------|---|-----------|
| Your I | Name: | Matheus Alvarez | |
| Manu | script Tit | le: Hepatic epithelioid hemangioendothelioma: how fast does it grow and which findings could have | <u>'e</u> |
| preve | nted diag | gnostic delay? A case report | |
| Manu | script nu | mber (if known): TGH-22-48-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>.

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 initia | 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 | |

| - | Deverant and have a serie for | V Nove | | | | |
|------|---|--------|--|--|--|--|
| 5 | Payment or honoraria for lectures, presentations, | XNone | | | | |
| | 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 | X_None | | | | |
| | 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, | X_None | | | | |
| | materials, drugs, medical | | | | | |
| | writing, gifts or other services | | | | | |
| | | | | | | |
| 13 | Other financial or non- | XNone | | | | |
| | financial interests | | | | | |
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| | | | | | | |
| Plea | Please summarize the above conflict of interest in the following box: | | | | | |
| | | | | | | |
| N | None. | | | | | |

| Date: | Jun. 25 th , 2022 | |
|--------|---|-----|
| Your I | lame: Giovanni Faria Silva | _ |
| Manu | script Title: <u>Hepatic epithelioid hemangioendothelioma: how fast does it grow and which findings could h</u> | ave |
| preve | nted diagnostic delay? A case report | |
| Manu | script number (if known): TGH-22-48-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.

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

| - | Deverant and have a serie for | V Nove | | | | |
|------|---|--------|--|--|--|--|
| 5 | Payment or honoraria for lectures, presentations, | XNone | | | | |
| | 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 | X_None | | | | |
| | 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, | X_None | | | | |
| | materials, drugs, medical | | | | | |
| | writing, gifts or other services | | | | | |
| | | | | | | |
| 13 | Other financial or non- | XNone | | | | |
| | financial interests | | | | | |
| | | | | | | |
| | | | | | | |
| Plea | Please summarize the above conflict of interest in the following box: | | | | | |
| | | | | | | |
| N | None. | | | | | |

| Date: _ | Jun. 25 th , 2022 | |
|---------|--|-------------|
| Your N | Name: Xingshun Qi | |
| Manus | script Title: Hepatic epithelioid hemangioendothelioma: how fast does it grow and which findings could | <u>have</u> |
| preven | ented diagnostic delay? A case report | |
| Manus | script number (if known): TGH-22-48-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.

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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). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| - | Deverant and have a serie for | V Nove | | | | |
|------|---|--------|--|--|--|--|
| 5 | Payment or honoraria for lectures, presentations, | XNone | | | | |
| | 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 | X_None | | | | |
| | 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, | X_None | | | | |
| | materials, drugs, medical | | | | | |
| | writing, gifts or other services | | | | | |
| | | | | | | |
| 13 | Other financial or non- | XNone | | | | |
| | financial interests | | | | | |
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| | | | | | | |
| Plea | Please summarize the above conflict of interest in the following box: | | | | | |
| | | | | | | |
| N | None. | | | | | |

| Date: _ | Jul | ly 13 th | , 2022 | |
|---------|--------|---------------------|---|----|
| Your Na | me: | | Fernando Gomes Romeiro | |
| Manus | ript ' | Title: <u>I</u> | Hepatic epithelioid hemangioendothelioma: how fast does it grow and which findings could have | /e |
| prevent | ted d | iagnos | stic delay? A case report | |
| Manuso | ript : | numb | er (if known): TGH-22-48-CL | |

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| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present manuscript (e.g., funding, | São Paulo Research | The study was funded by São Paulo Research Cientific |
| | provision of study materials, | Cientific Foundation | Foundation (FAPESP; grant no. 2017/25592-9). Only the |
| | medical writing, article processing charges, etc.) No time limit for this item. | (FAPESP) and | Institution received payments (not the researcher). |
| | | Conselho Nacional | I declare that I have received funding from Conselho |
| | | de Desenvolvimento | Nacional de Desenvolvimento Científico e Tecnológico |
| | | Científico e Tecnológico | (CNPq). The funding is a scholarship for researchers |
| | | (CNPq). | who were selected by the agency due to their scientific |
| | | | production and the quality of their projects. |
| | | 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 | XNone | |
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| _ | educational events | V N | |
| 6 | Payment for expert testimony | XNone | |
| | testimony | | |
| 7 | Support for attending | XNone | |
| , | 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 | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | XNone | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
| | | | |

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

The study was funded by São Paulo Research Cientific Foundation (FAPESP; grant no. 2017/25592-9), but only the Institution received the payments. None of them was done for the researcher. The researcher has received funding from Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPq). The funding is a scholarship for researchers according to their scientific production.

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