Date: 092123 Your Name: Rim SABRI Manuscript Title: Impact of Heatwaves, Demographics, and Environment on Hospitalization Rates in Paris Manuscript number (if known): JHMHP-23-115

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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, | None | |
| | medical writing, article processing charges, etc.) No time limit for this item. | | |
| | | | |
| | | 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, manuscript writing or educational events 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- financial interests | XNone | |

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:____092123___

Your Name:____Manal AHIKKI _

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|---|---|---|---|
| | | | |
| 1 | All support for the present | None | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | | Time frame: past | 26 months |
| 2 | Grants or contracts from | None | 38 11011113 |
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| | any entity (if not indicated in item #1 above). | | |
| 3 | Royalties or licenses | None | |
| З | Royalles of licenses | | |
| | | | |
| 4 | Conculting foor | Nana | |
| 4 | Consulting fees | None | |
| | | | |
| | | | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony | XNone XNone | |
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| Date:092: | 123 |
|------------------|---|
| Your Name: | Baehr Christophe |
| Manuscript Title | e: Impact of Heatwaves, Demographics, and Environment on Hospitalization Rates in Paris |
| Manuscript nun | nber (if known): |

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| | 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 | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone | |
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| 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 meetings and/or travel | _XNone | |
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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 | _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 | | |
| 12 | services | V Nana | |
| 13 | Other financial or non- | _XNone | |
| | financial interests | | |
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| 4 | | | |
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| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | _XNone | |
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| 4 | Consulting fees | _XNone | |
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| 5 | Payment or honoraria for | _XNone | |
|----|---|--------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | _XNone | |
| | testimony | | |
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| 7 | Support for attending meetings and/or travel | _XNone | |
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| | | | |
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| | pending | | |
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| 9 | Participation on a Data | _XNone | |
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| | Advisory Board | | |
| 10 | Leadership or fiduciary role | _XNone | |
| | in other board, society, | | |
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| | group, paid or unpaid | | |
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| | | | |
| | | | |
| 12 | Receipt of equipment, | _XNone | |
| | materials, drugs, medical | | |
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| 12 | services | V Nana | |
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