

#### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

## 1. Identifying information.

## 2. The work under consideration for publication.

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## 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1.	Identifying Inform	nation		
1. Given Name (Fii Carolyn	rst Name)	2. Surname (Last Name) Crandall		3. Date 21-May-2019
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Na JoAnn Manson	me
5. Manuscript Title Menopausal Estr Randomized Tria	ogen-Alone Therapy a	nd Health Outcomes in \	Vomen with and without Bila	ateral Oophorectomy: A
6. Manuscript Ider M19-0274	ntifying Number (if you k	now it)		

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

🖌 No

Are there any relevant conflicts of interest?	Yes	
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Are there any relevant conflicts of interest?  $\Box$  Yes  $\checkmark$  No

# Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\;[$	Yes	🖌 No	
bo you have any patents, whether planned, penaing of issued, broadly relevant to the work.	1.05		



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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Crandall has nothing to disclose.

#### **Evaluation and Feedback**



Section 1. Identifying Inform	ation	
1. Given Name (First Name) Thomas	2. Surname (Last Name) Rohan	3. Date 21-May-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name
5. Manuscript Title Menopausal Estrogen-Alone Therapy ar Randomized Trial	nd Health Outcomes in Wo	omen with and without Bilateral Oophorectomy: A
6. Manuscript Identifying Number (if you kn M19-0274	ow it)	
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Section 3. Relevant Gran in La		
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1. Given Name (Fin Jacques	rst Name)	2. Surname (Last Name) Rossouw	3. Date 21-May-2019
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name JoAnn E Manson
5. Manuscript Title Menopausal Estr Randomized Tria	ogen-Alone Therapy a	nd Health Outcomes in Wo	omen with and without Bilateral Oophorectomy: A
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Are there any relevant conflicts of interest?		Yes	
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$\mathbf{v}$	Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\; [$	Yes	🖌 No	
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1. Given Name (Fir Garnet	rst Name)	2. Surname (Last Name) Anderson	3. Date 21-May-2019	
4. Are you the corresponding author? Yes ✓ No Corresponding Author's Name Manson				
5. Manuscript Title Menopausal Estr Randomized Tria	ogen-Alone Therapy a	nd Health Outcomes in W	omen with and without Bilateral Oophorectomy: A	
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees <sup>?</sup>	Non-Financial Support <mark>?</mark>	Other?	Comments	
National Heart Lung and Blood Institute	$\checkmark$				NHLBI provided funding for the WHI Clinical Coordinating Center	

#### Section 3. Relevant

Relevant financial activities outside the submitted work.

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 Section 4.
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 Yes



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Dr. Anderson reports grants from National Heart Lung and Blood Institute, during the conduct of the study; .

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Section 1.				
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4. Are you the co	rresponding author?	Yes 🖌 No	Corresponding Author's Na Manson	ame
5. Manuscript Titl Menopausal est		nd health outcomes in w	romen with and without bilat	teral oophorectomy
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1. Given Name (Fir Aladdin	rst Name)	2. Surname (Last Name) Shadyab	-	. Date 11-May-2019
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name JoAnn Manson, MD, DrPH	2
5. Manuscript Title Menopausal Estr Randomized Tria	ogen-Alone Therapy a	nd Health Outcomes in W	omen with and without Bilate	ral Oophorectomy: A
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Section 1.	Identifying Inform	nation	
1. Given Name (Fir Gretchen	st Name)	2. Surname (Last Name) Wells	3. Date 22-May-2019
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name JoAnn e. Manson
5. Manuscript Title Menopausal Estr Randomized Tria	ogen-Alone Therapy a	nd Health Outcomes in Wo	omen with and without Bilateral Oophorectomy: A
6. Manuscript Ider M19-0274	itifying Number (if you k	now it)	

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🖌 No

Are there any relevant conflicts of interest?	Yes	
---	-----	--

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No

Are there any relevant conflicts of interest?		Yes	$\checkmark$	1
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# Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	$\checkmark$	No



# Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Wells has nothing to disclose.

#### **Evaluation and Feedback**



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Section 1.	Identifying Info	mation	
1. Given Name (F Charles	irst Name)	2. Surname (Last Name) Eaton	3. Date 22-May-2019
4. Are you the co	rresponding author?	Yes 🖌 No	Corresponding Author's Name JoAnn E. Manson, MD, DrPH,
5. Manuscript Titl Menopausal Est Randomized Tri	rogen-Alone Therapy	and Health Outcomes in \	Nomen with and without Bilateral Oophorectomy: A
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Are there any relevant conflicts of interest? ✓ Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row	ι.
Excess rows can be removed by pressing the "X" button.	

Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
NIH-WHI	$\checkmark$					

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Are there any relevant conflicts of interest? Yes

✓ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes ✓ No



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Dr. Eaton reports grants from NIH-WHI, during the conduct of the study; .

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1. Given Name (Fi Ross	rst Name)	2. Surname (Last Name) Prentice	3. Date 22-May-2019
4. Are you the co	responding author?	Yes 🖌 No	Corresponding Author's Name JoAnn Manson
5. Manuscript Titl Menopausal est randomized tria	rogen-alone therapy	and health outcomes in we	omen with and without bilateral oophorectomy: A
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Are there any relevant conflicts of interest?		Yes
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No

Are there any relevant conflicts of interest?		Yes	$\checkmark$	1
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# Section 4. Intellectual Property -- Patents & Copyrights

$\mathbf{v}$	Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\; [$	Yes	🖌 No	
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Dr. Prentice has nothing to disclose.

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1. Given Name (Fi Juhua	rst Name)	2. Surname (Last Name) Luo		Date May-2019
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name JoAnn Manson	
5. Manuscript Title Menopausal Estr		and Health Outcomes in V	/omen with and without Bilateral	l Oophorectomy
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✓ No

Yes

Are there any relevant conflicts of interest?	Y	es 🗸	/	No
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Are there any relevant conflicts of interest?

# Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	$\square$	Yes	V No	о
	1 1			



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1. Given Name (Fi Jean	rst Name)	2. Surname (Last Name) Wactawski-Wende	3. Date 18-July-2019
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Manson, JoAnn
5. Manuscript Title Menopausal Estr Randomized Tria	ogen-Alone Therapy	and Health Outcomes in W	/omen with and without Bilateral Oophorectomy: A
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NIH/NHLBI	$\checkmark$				WHI contract as PI	

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Dr. Wactawski-Wende reports grants from NIH/NHLBI, during the conduct of the study; .

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1. Given Name (Fi Rowan	rst Name)	2. Surname (Last Name) Chlebowski	3. Date 18-July-2019
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name JoAnn Manson
5. Manuscript Title Menopausal Estr Randomized Tria	ogen-Alone Therapy a	nd Health Outcomes in <sup>y</sup>	Nomen with and without Bilateral Oophorectomy: A
6. Manuscript Ider	ntifying Number (if you k	now it)	

M19-0274

## Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  $\checkmark$  Yes  $\square$  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees	Non-Financial Support <mark>?</mark>	Other?	Comments	
AstraZeneca		$\checkmark$				
Novartis		$\checkmark$				
Genentech		$\checkmark$				
PUMA		$\checkmark$				
Immunomedics		$\checkmark$				
Amgen		$\checkmark$				

Section 3.

#### Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  $\checkmark$  Yes  $\checkmark$  No



## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V No

## Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

Yes, the following relationships/conditions/circumstances are present (explain below):

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

## Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Chlebowski reports personal fees from AstraZeneca, personal fees from Novartis, personal fees from Genentech, personal fees from PUMA, personal fees from Immunomedics, personal fees from Amgen, during the conduct of the study; .

#### **Evaluation and Feedback**



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Section 1.	Identifying Inform	nation	
1. Given Name (Fir Andrew	st Name)	2. Surname (Last Name) Kaunitz	3. Date 18-July-2019
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name JE Manson
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Are there any relevant conflicts of interest? Yes

$\checkmark$	No	

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No

Are there any relevant conflicts of interest?  $\checkmark$  Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees <b>?</b>	Non-Financial Support <mark>?</mark>	Other?	Comments	
Bayer	$\checkmark$	$\checkmark$				
Allergan	$\checkmark$					
Mithra	$\checkmark$	$\checkmark$				
Pfizer		$\checkmark$				
TherapeuticsMD	$\checkmark$					



### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Ves

### Section 5. Relationships not covered above

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Dr. Kaunitz reports grants and personal fees from Bayer, grants from Allergan, grants and personal fees from Mithra, personal fees from Pfizer, from TherapeuticsMD, outside the submitted work; .

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Section 1. Identify	ying Information	
1. Given Name (First Name) Simin	2. Surname (Last Name) Liu	3. Date 19-July-2019
4. Are you the corresponding		Corresponding Author's Name JoAnn Manson
5. Manuscript Title Menopausal Estrogen-Alor Randomized Trial	ne Therapy and Health Outcomes in Wom	nen with and without Bilateral Oophorectomy: A
6. Manuscript Identifying Nur	mber (if you know it)	

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✓ No

Are there any relevant conflicts of interest? Yes

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Are there any relevant conflicts of interest? Yes 🗸 No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	V N	lo
)			



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Section 1.	Identifying Inform	nation	
1. Given Name (Fin JoAnn	rst Name)	2. Surname (Last Name) Manson	3. Date 10-June-2019
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Menopausal Estr Randomized Tria	ogen-Alone Therapy a	and Health Outcomes in Women with and without Bil	ateral Oophorectomy: A
6. Manuscript Ider M19-0274	ntifying Number (if you k	now it)	

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🖌 No

Are there any relevant conflicts of interest?	Y	es
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### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  $\Box$  Yes  $\checkmark$  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗌 Yes 🖌 No



### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Manson has nothing to disclose.

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Section 1.	Identifying Inform	nation	
1. Given Name (Fii AARON	rst Name)	2. Surname (Last Name) ARAGAKI	3. Date 03-July-2019
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name JOANN MANSON
5. Manuscript Title Menopausal Estr Randomized Tria	ogen-Alone Therapy a	and Health Outcomes in V	Vomen with and without Bilateral Oophorectomy: A
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🖌 No

Are there any relevant conflicts of interest?	Yes	
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Are there any relevant conflicts of interest?  $\Box$  Yes  $\checkmark$  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗌 Yes 🖌 No



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Mr. ARAGAKI has nothing to disclose.

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🖌 No

Are there any relevant conflicts of interest?	Yes	
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Are there any relevant conflicts of interest?  $\Box$  Yes  $\checkmark$  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\;[$	Yes	🖌 No	



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### 1. Identifying information.

### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

### 3. Relevant financial activities outside the submitted work.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Barbara	rst Name)	2. Surname (Last Name) Howard	3. Date 09-July-2019	
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name JoAnn E. Manson	
5. Manuscript Title Menopausal Est Randomized Tria	rogen-Alone Therapy	and Health Outcomes in W	omen with and without Bilateral Oophorectomy: A	
6. Manuscript Ide M19-0274	ntifying Number (if you	know it)		

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🖌 No

Are there any relevant conflicts of interest?		Yes	
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No

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\;[$	Yes	🖌 No	
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Dr. Howard has nothing to disclose.

### **Evaluation and Feedback**



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administrative support, etc.

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# **ICMJE Form for Disclosure of Potential Conflicts of Interest**

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	Section 1.       Identifying Information         1. Given Name (First Name)       2. Sumane (Last Name)       3. Date         Marcia       3. Date       3. Date         Manuscript Identifying Number (If you know II)       Image: No       Answer         Section 2.       The Work Under Consideration for Publication       Manuscript Identifying Number (If you know II)         Busical analysis, etc.?       The Work Under Consideration for Publication       Manuscript preparation, atc. No         Section 3.       Relevant financial activities outside the grants, data monitoring board, study design, manuscript preparation, atc. No       No         Section 3.       Relevant financial activities outside the submitted work.       No         Place acheck in the appropriate boxes in the table to indicate whether you have financial calculorships (regardless of amount of compensation) with entities as described in the instructionships that were preasent during the 36 months





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**Generate Disclosure Statement** 

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Section 1.	Identifying Info	mation	
1. Given Name (F Shari	irst Name)	2. Surname (Last Name) Bassuk	3. Date 10-July-2019
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Dr. JoAnn Manson
5. Manuscript Titl Menopausal est randomized tria	rogen-alone therapy	and health outcomes in w	omen with and without bilateral oophorectomy: a
6. Manuscript Ide M19-0274	ntifying Number (if you	know it)	

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