Date:	16/07/2021	
Your Name:	Lisa Stamp	
Manuscript Title:	Allopurinol initiation and all-cause mortality among patients with gout and concurrent chronic	c kidney
disease: a popula	on-based cohort study	-
Manuscript numb	r (if known): M21-2347	
-		

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)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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).	x None	
3	Royalties or licenses	UP to Date	To me

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

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

<b>Date:</b> July 16, 2021
Your Name: Natalie McCormick
Manuscript Title: Allopurinol initiation and all-cause mortality among patients with gout and concurrent chronic kidney
disease: a population-based cohort study
Manuscript number (if known): M21-2347

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

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

Date:July 15, 2021			
Your Name:Robert Terkeltaub MD			
Manuscript Title: Allopurinol initiation and all-cause mortality among patients with gout and concurrent chronic kidney disease: a population-based cohort study			
Manuscript number (if known): M21-2347			

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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 Researchgrants from VA Research Service, and NIH/NIAMS (AR060772 and AR075990)		
	Time frame: past 36 months			

2	Grants or contracts from any entity (if not indicated in item #1 above).	None Astra-Zeneca	
3	Royalties or licenses	x_ None	
4	Consulting fees	None Allena, LG, SOBI, Selecta, Astra-Zeneca, Horizon, Fortress Bio	Payments to me
5	Payment or honoraria for lectures, presentations, speakers bureaus,	x_ None	
	manuscript writing or educational events		
6	Payment for expert testimony	x_ None	
7	Support for attending meetings and/or travel	x_ None	
8	Patents planned, issued or pending	x None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Dyve Pharmaceuticals	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None Unoaid leadership of G- CAN (Gout, Hyperuricemia and Crystal-Associated Disease Research Network)	
11	Stock or stock options	x_ None	
12	Receipt of equipment, materials, drugs, medical	x None	

	writing, gifts or other services		
13	Other financial or non- financial interests	x None	

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

Date:	ate:July 27, 2021	
Your N	our Name:Houchen Lyu	
Manu	Nanuscript Title: <u>Allopurinol initiation and all-cause morta</u>	ality among patients with gout and concurrent chronic
kidne	idney disease: a population-based cohort study	
Manu	Manuscript number (if known): M21-2347	

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		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)
			planning of the work
1	All support for the present	x None	
	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	x None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_x None	

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

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

Date: 07/16/2021

Your Name: Guanghua Lei

Manuscript Title: Allopurinol initiation and all-cause mortality among patients with gout and concurrent chronic kidney

disease: a population-based cohort study Manuscript number (if known): M21-2347

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)  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	X None	planning of the work
-	manuscript (e.g., funding,	7	
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		T: 6	26
2	Consists an acceptance of a formation	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	<b>X</b> None	
	in item #1 above).		
3	Royalties or licenses	<b>X</b> None	

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

 $\underline{X}$  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: July 16, 2021	
Your Name: Chao Zeng	
Manuscript Title: Allopurinol initiation and all-ca	use mortality among patients with gout and concurrent chronic
kidney disease: a population-based cohort study	
Manuscrint number (if known): M21-2347	

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

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

Date: 07/16/2021 Your Name: Jie Wei

Manuscript Title: Allopurinol initiation and all-cause mortality among patients with gout and concurrent chronic kidney

disease: a population-based cohort study Manuscript number (if known): M21-2347

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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,	None	
	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 any entity (if not indicated	None	
	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	
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	

 $\underline{X}$  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

te:July 15, 2021
ur Name:Tuhina Neogi
nuscript Title: Allopurinol initiation and all-cause mortality among patients with gout and concurrent
ronic kidney disease: a population-based cohort study
inuscript number (if known): M21-2347
the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are ated to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third ries whose interests may be affected by the content of the manuscript. Disclosure represents a commitment
transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a

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relationship/activity/interest, it is preferable that you do so.

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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.	x None	
		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	None Alnylam	Personal consulting fees
		Arthrosi	Personal consulting fees
5	Payment or honoraria for lectures, presentations,	x None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	x None	
7	Command for additional	N	
7	Support for attending meetings and/or travel	x None	
8	Patents planned, issued or pending	x None	
9	Participation on a Data Safety Monitoring Board or	x None	
	Advisory Board		
10	Landauskiu au fidoriau orda	Name	
10	Leadership or fiduciary role in other board, society,	x None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
12	Receipt of equipment, materials, drugs, medical	x None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	x None	

\_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<sup>th</sup> July 2021** 

Your Name: Nicola Dalbeth

Manuscript Title: Allopurinol initiation and all-cause mortality among patients with gout and concurrent chronic kidney

disease: a population-based cohort study Manuscript number (if known): M21-2347

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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.	X None	
2	Grants or contracts from	Time frame: past AstraZeneca	36 months
	any entity (if not indicated in item #1 above).	Amgen	
3	Royalties or licenses	X None	
4	Consulting fees	AstraZeneca	

	I	T., .	I
		Horizon	
		Dyve Biosciences	
		PK Med	
		JW Pharmaceuticals	
		Selecta	
		Arthrosi	
		Cello Health	
5	Payment or honoraria for	Janssen	
	lectures, presentations,	Abbvie	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending	X None	
	Periamb		
9	Participation on a Data	X None	
	Safety Monitoring Board or	X None	
	Advisory Board		
	7.41.55.7 254.4		
10	Leadership or fiduciary role	President, New Zealand	
10	in other board, society,	Rheumatology Association	
	committee or advocacy	Board Member, Auckland	
	group, paid or unpaid	Medical Research Council	
	0. 50P, Paid 5. dilpaid	Board Member, Gout and	
		Crystal Arthritis Network	
		International Advisory	
		Council member, Gout	
		Education Society	
		Core Oversight Team	
		member, American	
		College of Rheumatology	
		Gout Management	
		Guidelines	
		Member, Advisory	
		Committee, Asia-Pacific	
		Gout Consortium	
11	Stock or stock options	X None	
11	Stock of Stock options	A NOTIC	
12			

	Receipt of equipment,	Abbvie	Departmental loan of ultrasound scanner (facilitated
	materials, drugs, medical		through New Zealand Rheumatology Association)
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

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

Date:	7/20/2021	
Your Name:	Jingbo Niu	
Manuscript Ti	itle: Allopurinol init	iation and all-cause mortality among patients with gout and concurrent
chronic kidn	<u>ney disease: a popu</u>	lation-based cohort Study
Manuscript n	umber (if known):	
	• • • • • • • • • • • • • • • • • • • •	ask you to disclose all relationships/activities/interests listed below that are

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastX None	36 months
3	Royalties or licenses	X None	

4 Consulting fees  X_ None  X_ None  5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  6 Payment for expert testimony  7 Support for attending meetings and/or travel  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 interests				
lectures, presentations, speakers bureaus, manuscript writing or educational events  6 Payment for expert testimony  7 Support for attending meetings and/or travel  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-    X_ None	4	Consulting fees	X_ None	
lectures, presentations, speakers bureaus, manuscript writing or educational events  6 Payment for expert testimony  7 Support for attending meetings and/or travel  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-    X_ None				
lectures, presentations, speakers bureaus, manuscript writing or educational events  6 Payment for expert testimony  7 Support for attending meetings and/or travel  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-    X_ None				
manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 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-    X_ None	5	lectures, presentations,	X None	
Farment for expert testimony    X_ None				
testimony    Table   T				
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-    X_ None	6	·	X None	
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-    X_ None				
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-    X_ None				
Pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Participation on a Data Safety Mone	7		X None	
Pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Participation on a Data Safety Mone				
Pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Participation on a Data Safety Mone				
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-  X_ None	8		X None	
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-  X_ None				
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-  X_ None				
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-    X_ None	9	•	X None	
in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options X None  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or nonX None		Advisory Board		
in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options X None  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or nonX None				
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13 Other financial or nonX 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.

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			planning of the work
1	All support for the present	x_ None	
	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	x_ None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	x_ None	

4	Consulting fees	None	Allena, LG, Horizon – advisory board.
5	Payment or honoraria for lectures, presentations,	x_ None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	x_ None	
7	Support for attending meetings and/or travel	x_ None	
	G ,		
8	Patents planned, issued or pending	_x None	
9	Participation on a Data Safety Monitoring Board or	_x None	
	Advisory Board		
10	Leadership or fiduciary role	x_ None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_x_ None	
12	Receipt of equipment, materials, drugs, medical	_x None	
	writing, gifts or other		
42	services	Name	
13	Other financial or non- financial interests	x_ None	

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Date: July 20, 2021

Your Name: Yuqing Zhang

Manuscript Title: Allopurinol initiation and all-cause mortality among patients with gout and concurrent

chronic kidney disease: a population-based cohort study

Manuscript number (if known): M21-2347

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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	
	iii iteiii #1 abovej.		
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	
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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