Date:	8/6/2021
Your Name:	Andrew Becker
Manuscript Title:	Participant Recruitment from Low- and Middle-Income Countries for Pivotal Trials of Drugs Approved by the US Food and Drug Administration: A Cross-sectional Analysis
Manuscript Number (if known):	M22-1857

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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		e all entities with whom you have this ionship 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.) <b>No time limit for this item.</b>	None	Click the tab key to add additional rows.
		 Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments vrelationship or indicate none (add rows as needed)made to you or to your institution)	vere
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  None	
8	Patents planned, issued or pending	None  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	

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

Date:	10/12/2022
Your Name:	Jonathan Kimmelman
Manuscript Title:	Participant Recruitment from Low- and Middle-Income Countries for Pivotal Trials of Drugs Approved by the US Food and Drug Administration: A Cross-sectional Analysis
Manuscript Number (if known):	M22-1857

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	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 I University Funds	Click the tab key to add additional rows.
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4	Consulting fees	None     Amylix	Consulting fees, > \$5K
5	Payment or	⊠ None	
5	honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Biomarin	Speaking fees, <\$5K
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           NIAID           Ultragenyx	Honoraria, <\$5K Payment, <\$5K
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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

Date:	8/5/2022	
Your Name:	Catherine Wang	
Manuscript Title:	Participant Recruitment from Low- and Middle-Income Countries for Pivotal Trials of Drugs Approved by the US Food and Drug Administration: A Cross- sectional Analysis	
Manuscript Number (if known):	Click or tap here to enter text.	

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		Time frame: past 36 month	s
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	
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	

		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)
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	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement:		

Date:	8/5/2022	
Your Name:	Fareed A. Awan	
Manuscript Title:	Participant Recruitment from Low- and Middle-Income Countries for Pivotal Trials of Drugs Approved by the US Food and Drug Administration: A Cross-sectional Analysis	
Manuscript Number (if known):	M22-1857	

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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  McGill University  Time frame: past 36 month	Click the tab key to add additional rows.		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None     Cystic Fibrosis Foundation of Canada			
3	Royalties or licenses	None			

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payment made to you or to your institution)	nts were
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	

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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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