1/10/2023

Date:

Your Name:			Alessandro Cherubini	
Manuscript Title:			Circulating Indian Hedgehog is a Marker NASH and is Elevated in Humans with NA	of the Hepatocyte-TAZ Pathway in Experimental ASH
Ma	nuscript Number (if	known):JHEPR-D-22-00665	
con affe ind The epid tha	etent of your manusce ected by the content icate a bias. If you are author's relationshidemiology of hyperte t medication is not m	ript. "I of the re in do ps/acti ension, nention t all sup	Related" means any relation with for-profit or manuscript. Disclosure represents a commitm ubt about whether to list a relationship/activivities/interests should be defined broadly. For you should declare all relationships with manued in the manuscript.	ty/interest, it is preferable that you do so.
			all entities with whom you have this onship or indicate none (add rows as ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	g 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	Click the tab key to add additional rows.
			Time frame: past 36 mont	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	
4	Consulting fees	\boxtimes	None	
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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 Non	
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	

		e all entities with whom you have this onship or indicate none (add rows as ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

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

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

Hesselle.

Date:	1/9/2023	
Your Name:	Paola Dongiovanni	
Manuscript Title:	Circulating Indian Hedgehog is a Marker of the Hepatocyte-TAZ Pathway in Experimental NASH and is Elevated in Humans with NASH	
Manuscript Number (if known): JHEPR-D-22-00665		
content of your manuscript. "Rela affected by the content of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.	
The author's relationships/activities/interests should be defined broadly. 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.		

			Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning o	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.	Provision of study material, medical writing and revision Time frame: past 36 months	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None 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)
4	Consulting fees	None 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	-	t to the following statement to indicate your agreeme answered every guestion and have not altered the wo	

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Date:	1/9/2023
Your Name:	Hongxue Shi
Manuscript Title:	Circulating Indian Hedgehog is a Marker of the Hepatocyte-TAZ Pathway in Experimental NASH and is Elevated in Humans with NASH
Manuscript Number (if known):	JHEPR-D-22-00665

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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 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None None	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None 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 [🖂]		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:			1/9/2023	
You	r Name:		Jamal Ibdah	
Manuscript Title:			Circulating Indian Hedgehog is a Marker of the Hepatocyte-TAZ Pathway in Experimental NASH and is Elevated in Humans with NASH	
Mai	nuscript Number (if k	(nown):	JHEPR-D-22-00665	_
con affe indi The epic that	tent of your manuscreted by the content of cate a bias. If you are author's relationship demiology of hyperted medication is not make the medication is not	ript. "Rela of the man e in doubt os/activition nsion, you entioned	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity es/interests should be defined broadly. For each of the should declare all relationships with manufin the manuscript.	/interest, it is preferable that you do so.
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			l entities with whom you have this ship 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	(<u> </u>	one	
1	present manuscript (e.g.,	NIH RO	one	To the Institution
1	present manuscript (e.g., funding, provision of study materials,	(<u> </u>	one	
1	present manuscript (e.g., funding, provision of study materials, medical writing,	(<u> </u>	one	To the Institution
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	(<u> </u>	one	To the Institution
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	(<u> </u>	one	To the Institution
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	(<u> </u>	one 1 grant	To the Institution Click the tab key to add additional rows.
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	NIH RO	1 grant Time frame: past 36 month	To the Institution Click the tab key to add additional rows.
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIH RO	1 grant Time frame: past 36 month	To the Institution Click the tab key to add additional rows.
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not	NIH RO	1 grant Time frame: past 36 month	To the Institution Click the tab key to add additional rows.
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	NIH RO	1 grant Time frame: past 36 month	To the Institution Click the tab key to add additional rows.

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			ications/Comments (e.g., if payments were to you or to your institution)
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 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 neede	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: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	1/9/2023
Your Name:	Marica Meroni
Manuscript Title:	Circulating Indian Hedgehog is a Marker of the Hepatocyte-TAZ Pathway in Experimental NASH and is Elevated in Humans with NASH
Manuscript Number (if known):	JHEPR-D-22-00665

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		e all entities with whom you have this onship 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 month	Click the tab key to add additional rows.
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 this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None 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:			
[oxtimes]	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Mancos Jueroni

Date:	1/9/2023
Your Name:	Mary Moore
Manuscript Title:	Circulating Indian Hedgehog is a Marker of the Hepatocyte-TAZ Pathway in Experimental NASH and is Elevated in Humans with NASH
Manuscript Number (if known):	JHEPR-D-22-00665

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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.	Ines Mandl Connective Tissue Research Fellowship	payment of Columbia Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 month None	S
3	Royalties or licenses	None None	

			ications/Comments (e.g., if payments were to you or to your institution)
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 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: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	1/9/2023
Your Name:	Elizabeth J. Parks
Manuscript Title:	Circulating Indian Hedgehog is a Marker of the Hepatocyte-TAZ Pathway in Experimental NASH and is Elevated in Humans with NASH
Manuscript Number (if known):	JHEPR-D-22-00665

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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 R01 DK113701	Grant that supported the study to collect human data. Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 month None	
3	Royalties or licenses	None 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)
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 Sagimet Biosciences	I have shares in this company
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
	Please place an "X" next to the following statement to indicate your agreement:		
$ \boxtimes $	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Elizabeth Park January 11, 2023

Date:	1/9/2023
Your Name:	R. Scott Rector
Manuscript Title:	Circulating Indian Hedgehog is a Marker of the Hepatocyte-TAZ Pathway in Experimental NASH and is Elevated in Humans with NASH
Manuscript Number (if known):	JHEPR-D-22-00665

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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.	NIH grant R01DK113701	Click the tab key to add additional rows.
		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 None	

			ications/Comments (e.g., if payments were to you or to your institution)
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 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:		
	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	1/9/2023
Your Name:	Luisa Ronzoni
Manuscript Title:	Circulating Indian Hedgehog is a Marker of the Hepatocyte-TAZ Pathway in Experimental NASH and is Elevated in Humans with NASH
Manuscript Number (if known):	JHEPR-D-22-00665

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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	Click the tab key to add additional rows.
		 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	

			ications/Comments (e.g., if payments were to you or to your institution)
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 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: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

duisa Ronzoni

Date:	1/9/2023
Your Name:	Ira Tabas
Manuscript Title:	Circulating Indian Hedgehog is a Marker of the Hepatocyte-TAZ Pathway in Experimental NASH and is Elevated in Humans with NASH
Manuscript Number (if known):	JHEPR-D-22-00665
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		Time frame: Since the initial planning o	of the work
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2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None	payment o Columbia
3	Royalties or licenses	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)
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	PCT/US2021/054692 IHH as a biomarker and therapeutic target for nonalcoholic steatohepatitis.
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 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	Received research funding (unrestricted) from Takeda Pharmaceuticals, but not for this project	payment o Columbia	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	9/1/2023
Your Name:	Luca Valenti
Manuscript Title:	Circulating Indian Hedgehog is a Marker of the Hepatocyte-TAZ Pathway in Experimental NASH and is Elevated in Humans with NASH
Manuscript Number (if known):	JHEPR-D-22-00665-R1

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as ne	Specifications/Comments (e.g., if payments were eded) made to you or to your institution)	
		Time frame: Since the initial planning of the work		
present manuscr funding, of study medical article procharges, No time this item	provision materials, writing, rocessing etc.) limit for or ts from	None Time frame: past 36 None None Time frame: past 36 Time frame: past 36	Click the tab key to add additional rows. months	
	ity (if not ed in item /e).	Gilead Sciences		
3 Royaltie		None Non		

Commented [MA1]: This is conflicting. Please specify the entity on the left column and add any comments on the right. This applies to all other cases.

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		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were
4	Consulting fees	relationship or indicate none (add rows as needed) None Gilead, Pfizer, Astra Zeneca, Novo Nordisk,	made to you or to your institution)
		Intercept pharmaceuticals, Diatech Pharmacogenetics, IONIS, Boehringer Ingelheim	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational	MSD, Gilead, AlfaSigma, AbbVie, Viatris	
6	events Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None Gilead Science	
8	Patents planned, issued or pending	None Takeda	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Intercept, Pfizer, Gilead, Novo Nordisk, Boeringher Ingelheim	
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 None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non-financial interests	None

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

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

Date:	1/9/2023
Your Name:	Xiaobo Wang
Manuscript Title:	Circulating Indian Hedgehog is a Marker of the Hepatocyte-TAZ Pathway in Experimental NASH and is Elevated in Humans with NASH
Manuscript Number (if known):	JHEPR-D-22-00665

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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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.	Time frame: Since the initial plan None	Click the tab key to add additional rows.
		Time frame: past 36 m	onths
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None 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)
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	PCT/US2021/054692 IHH as a biomarker and therapeutic target for nonalcoholic steatohepatitis.
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None 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	
Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			