Date:	1/24/2023	
Your Name:	Dana P. Ascherman, MD	
Manuscript Title:	Peripheral blood biomarkers for rheumatoid arthritis-associated interstitial lung disease: A systematic review	
Manuscript Number (if known):	ACROR-22-130	

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 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.

		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	Click the tab key to add additional rows.
		Time frame: past 36 mont	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

3	Royalties or licenses	None Non
4	Consulting fees	None Non
5	Payment or honoraria for	None Non
	lectures,	
	presentations,	
	speakers bureaus,	
	manuscript writing or educational	
	events	
6	Payment for expert testimony	None
7	attending	⊠ None
	meetings and/or	
	travel	
8	Patents planned, issued or	⊠ None
	pending	
9	Participation on a Data Safety	⊠ None
	Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role in	None
	other board,	
	society, committee or	
	committee of	

	advocacy group, paid or unpaid		
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	None None	
	services		
	Other financial or non-financial	⊠ None	
	interests		
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.		

 Date:
 1/24/2023

 Your Name:
 Rebecca Brooks

 Manuscript Title:
 Peripheral blood biomarkers for rheumatoid arthritis-associated interstitial lung disease: A systematic review

 Manuscript Number (if known):
 ACROR-22-130

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 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.

		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 planni	ng 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 mo	nths
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None None	
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 None	

7	Support for attending	None	
	meetings and/or travel		
	ciave.		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data Safety	None	
	Monitoring Board or		
	Advisory Board		
40			
10	Leadership or fiduciary role in		
	other board, society,		
	committee or		
	advocacy group, paid or unpaid		
44			
11	Stock or stock options	☑ None	
12	Receipt of equipment,	None	
	materials, drugs,		
	medical writing, gifts or other		
	services		
13	Other financial	⊠ None	
	or non-financial interests		
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.		

Manuscript Title: Manuscript Number (if known):			Peripheral blood biomarkers for rheumatoid arthritis-associated interstitial lung disease: A systematic review ACROR-22-130		
		(nown):			
con affe ind The epic tha	tent of your manuscrected by the content of icate a bias. If you are author's relationship demiology of hyperted to medication is not medication is not medication.	ript. "Rela of the mar e in doubt os/activitie ension, you entioned	ated" means any relation with for-profit or nonescript. Disclosure represents a commitment about whether to list a relationship/activity es/interests should be defined broadly. For u should declare all relationships with manufin the manuscript.		
			entities with whom you have this hip or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning of	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.	No	one	Click the tab key to add additional rows.	
			Time frame: past 36 months	3	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] No	one		
3	Royalties or licenses	⊠ No	one		

Date:

Your Name:

1/24/2023

Ariadne Ebel, DO

4	Consulting fees	⊠ None	
_	_		
5	Payment or honoraria for	⊠ None	
	lectures,		
	presentations,		
	speakers		
	bureaus, manuscript		
	writing or		
	educational		
	events		
_	D		
6	Payment for expert testimony	⊠ None	
7	Support for attending	⊠ None	
	meetings and/or		
	travel		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data Safety	⊠ None	
	a Data Safety		
	a Data Safety Monitoring		
	a Data Safety Monitoring Board or		
	a Data Safety Monitoring		
10	a Data Safety Monitoring Board or	None	
10	a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board,		
10	a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society,		
10	a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or		
10	a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society,		

11	Stock or stock options	None Output
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:	1/24/2023
Your Name:	Daniel Hershberger, MD
Manuscript Title:	Peripheral blood biomarkers for rheumatoid arthritis-associated interstitial lung disease: A systematic review
Manuscript Number (if known):	ACROR-22-130

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 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.

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 Click the tab key to add additional rows.
		Time frame: past 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None
3	Royalties or licenses	None
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 None

7	Support for attending meetings and/or	None		
	travel			
8	Patents planned, issued or pending	None		
9	Participation on	None		
	a Data Safety			
	Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role in	None		
	other board,			
	society, committee or			
	advocacy group,			
	paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical writing,			
	gifts or other			
	services			
13 Other financial or non-financial		⊠ None		
	interests			
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:	_ 1/24/2023
Your Name:	Ted R. Mikuls, MD, MSPH
Manuscript Title:	Peripheral blood biomarkers for rheumatoid arthritis-associated interstitial lung disease: A systematic review
Manuscript Number (if known):	ACROR-22-130

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 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.

		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 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.	None None	Click the tab key to add additional rows.
		Time frame: past 36 months	3
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Horizon Therapeutics	
3	Royalties or licenses	□ None UpToDate Elsevier	

4	Consulting fees	⊠ None		
		Pfizer	Paid to institution	
		Horizon	Paid to me	
		Sanofi	Paid to institution	
		Gilead	Paid to me	
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	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	Rheumatology Research Foundation Bd of Dir (Unpaid)		

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.		

Date:	1/24/2023
Your Name:	Jill A. Poole, MD
Manuscript Title:	Peripheral blood biomarkers for rheumatoid arthritis-associated interstitial lung disease: A systematic review
Manuscript Number (if known):	ACROR-22-130

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 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.

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.,	NIOSH: R01-OH012045	Grant support to institution		
	funding, provision	Department of Defense: PR200793	Grant support to institution		
	of study	Department of Defense. 111200733	Click the tab key to add additional rows.		
	materials,				
	medical writing,				
	article processing				
	charges, etc.) No time limit for				
	this item.				
	triis iterii.				
		Time frame: past 36 months			
2	Grants or	⊠ None			
	contracts from any entity (if not	Cita in continuo di minal anthono atcato for	No monies		
	indicated in item	Site investigator for a clinical asthma study for GSK	No monies		
	#1 above).	Site investigator for an clinical angioedema study	No monies		
		for Takeda	<u> </u>		
		Site investigator for an AstraZeneca observational study of asthmatics	No monies		
i.		study of astimatics			
3	Royalties or	None			
	licenses				
4	Consulting fees	None			
5	Payment or	□ None			
	honoraria for				
	lectures, presentations,	Invited Editor for special issue, "Environmental	\$800 paid to me		
	speakers	Issues and Allergy" for the journal, Immunology and Allergy			
	bureaus,				
	manuscript				
	writing or				
	educational events				
6	Payment for	None			
	expert testimony				

7	Support for attending	□ None	
	meetings and/or travel	Registration fee waived for the American Academy of Allergy, Asthma & Immunology due to my role as an invited speaker	
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 Spokesperson for the non-profit, Asthma and Allergy Foundation	No monies
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	AstraZeneca provided IL-33 mAb for murine studies	No monies
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:	1/24/2023
Your Name:	Cynthia Schmidt, MD, MLS
Manuscript Title:	Peripheral blood biomarkers for rheumatoid arthritis-associated interstitial lung disease: A systematic review
Manuscript Number (if known):	ACROR-22-130

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 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.

		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)
		Time frame: Since the initial planning of	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 months	5
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	None	
	lectures,		
	presentations,		
	speakers		
	bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	⊠ None	
			_
7	Support for attending	☑ None	
	meetings and/or travel		
	tiavei		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data Safety	⊠ None	
	Monitoring Board or		
	Advisory Board		
	AUVISOLY DUGIU		
10	Leadership or fiduciary role in	⊠ None	
	other board,		
	society, committee or		
	committee of		

	advocacy group, paid or unpaid		
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	None None	
	services		
13	Other financial or non-financial	⊠ None	
	interests		
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.		

 Date:
 1/24/2023

 Your Name:
 Dawson Shaver, MD

 Manuscript Title:
 Peripheral blood biomarkers for rheumatoid arthritis-associated interstitial lung disease: A systematic review

 Manuscript Number (if known):
 ACROR-22-130

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 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.

		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 planni	ng 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 mo	nths
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None None	
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 None	

7	Support for attending meetings and/or travel	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 None
11	Stock or stock options	None Output
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Output
13	Other financial or non-financial interests	None 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: 1/24/2023	
Your Name:	Geoffrey M. Thiele, PhD
Manuscript Title:	Peripheral blood biomarkers for rheumatoid arthritis-associated interstitial lung disease: A systematic review
Manuscript Number (if known):	ACROR-22-130
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activit epidemiology of hypertension, you that medication is not mentioned.	ort for the work reported in this manuscript without time limit. For all other items, the time
1	

		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 planni	ng 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 mo	nths
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		None	
6	Payment for expert testimony		None	
7	Support for attending meetings and/or travel		None	
8	Patents planned, issued or		None	
	pending			
		 		<u> </u>
9	Participation on a Data Safety		None	
	Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role in		None	
	other board, society,			
	committee or			
	advocacy group, paid or unpaid			

11	Stock or stock options	None None
12	Receipt of equipment, materials, drugs, medical writing,	None
	gifts or other services	
13	Other financial or non-financial	None
	interests	
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:	1/24/2023
Your Name:	Daniel Van Kalsbeek, DO
Manuscript Title:	Peripheral blood biomarkers for rheumatoid arthritis-associated interstitial lung disease: A systematic review
Manuscript Number (if known):	ACROR-22-130

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 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.

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

	All support for the present		None	
	manuscript (e.g., funding, provision			
	of study			Click the tab key to add additional rows.
	materials, medical writing,			
	article processing			
	charges, etc.) No time limit for			
	this item.			
			Time frame: past 36 months	5
2	Grants or		None	
	contracts from any entity (if not			
	indicated in item			
	#1 above).			
_				
3	Royalties or licenses		None	
4	Consulting fees		None	
5	Payment or honoraria for		None	
	lectures, presentations,			
	speakers			
	bureaus,			
	manuscript writing or			
	educational			
	events	[]		
6	Payment for expert testimony		None	

7	attending meetings and/or	None	
	travel		
8	Patents planned, issued or pending	None	
9	Participation on	None	
	a Data Safety		
	Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in	None	
	other board,		
	society, committee or		
	advocacy group,		
	paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-financial	⊠ None	
	interests		
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:	_ 1/24/2023
Your Name:	Bryant England, MD, PhD
Manuscript Title:	Peripheral blood biomarkers for rheumatoid arthritis-associated interstitial lung disease: A systematic review
Manuscript Number (if known):	ACROR-22-130

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 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.

		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	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.	Department of Veterans Affairs	Click the tab key to add additional rows.		
		Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Boehringer-Ingelheim			
3	Royalties or licenses	UpToDate			

		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 Boehringer-Ingelheim	
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	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	American College of Rheumatology	

		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.					