

ICMJE DISCLOSURE FORM

Date: Click or tap to enter a date. 30.6.2023

Your Name: Click or tap here to enter text. Anne Vuuti

Manuscript Title: Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study

Manuscript Number (if known): JHEPR-D-23-00377

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.

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 needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>						

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

ICMJE DISCLOSURE FORM

Date: 7/24/2023

Your Name: Anne Penttilä

Manuscript Title: Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study

Manuscript Number (if known): JHEPR-D-23-00377

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ICMJE DISCLOSURE FORM

Date: 7/1/2023

Your Name: Juhani Dabek

Manuscript Title: Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study

Manuscript Number (if known): JHEPR-D-23-00377

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ICMJE DISCLOSURE FORM

Date: 7/24/2023

Your Name: Rohit Loomba

Manuscript Title: Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study

Manuscript Number (if known): JHEPR-D-23-00377

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		89bio and Sagimet Biosciences	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Co-founder of LipoNexus Inc.	

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Date: 7/3/2023

Your Name: An Tang

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 15px;">Liver Imaging Reporting and Data System (LI-RADS)</td> <td style="width: 50%;">Member of the LI-RADS Steering Committee, LI-RADS Quantitative Imaging Group, and LI-RADS International Working Group</td> </tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>	Liver Imaging Reporting and Data System (LI-RADS)	Member of the LI-RADS Steering Committee, LI-RADS Quantitative Imaging Group, and LI-RADS International Working Group							
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Siemens Healthcare</td> <td>Equipment loan (ultrasound research scanner for two publicly funded research projects unrelated to the current manuscript).</td> </tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>	Siemens Healthcare	Equipment loan (ultrasound research scanner for two publicly funded research projects unrelated to the current manuscript).					
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							

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.

ICMJE DISCLOSURE FORM

Date: 7/23/2023

Your Name: Claude B. Sirlin, MD

Manuscript Title: Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study

Manuscript Number (if known): JHEPR-D-23-00377

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.

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.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Grants: ACR, Bayer, GE, Gilead, Pfizer, Philips, Siemens</td> <td style="width: 40%;">Payments to institution</td> </tr> <tr> <td>Lab service agreements: Enanta, Gilead, ICON, Intercept, Nusirt, Shire, Synageva, Takeda</td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Grants: ACR, Bayer, GE, Gilead, Pfizer, Philips, Siemens	Payments to institution	Lab service agreements: Enanta, Gilead, ICON, Intercept, Nusirt, Shire, Synageva, Takeda				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>						
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3	Royalties or licenses	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Medscape, Wolters Kluwer</td> <td style="width: 40%;">Payments to institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Medscape, Wolters Kluwer	Payments to institution					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>						
Medscape, Wolters Kluwer	Payments to institution														

		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	<input type="checkbox"/> None	
		Personal consulting: Altimmune, Ascelia Pharma AB, Blade, Boehringer, Epigenomics, Guerbet	Personal consulting: payments to me
		Institutional consulting agreements: AMRA, BMS, Exact Sciences, IBM-Watson, Pfizer	Institutional consulting agreements: payments to institution
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Educational symposia, Japanese Society of Radiology, Stanford, MD Anderson	Payments to me
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Fundacion Santa Fe, CADI, Stanford, Jornada Paulista de Radiologia, Ascelia AB	Reimbursement to me and/or arrangement and payment for travel by listed entity
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		Imaging-related patent	Planned
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
		Chief Medical Officer, Livivos, through June 28, 2023	Own stock and stock options, position was approved by University through June 30, 2023
		Advisor, Quantix Bio (unpaid, position is approved by University)	Unpaid, position is approved by University)

		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	<input type="checkbox"/> None	
		Livivos	Stock and stock options
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		GE	Equipment loan for ultrasound machine (GE LOQIQ E10)
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Academic co-chair, Imaging Workstream, NIMBLE Project, FNIH	Payment to university

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.

ICMJE DISCLOSURE FORM

Date: 6/30/2023

Your Name: Emilia Vartiainen

Manuscript Title: Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study

Manuscript Number (if known): JHEPR-D-23-00377

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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ICMJE DISCLOSURE FORM

Date: 7/24/2023

Your Name: Hannele Yki-Järvinen

Manuscript Title: Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study

Manuscript Number (if known): JHEPR-D-23-00377

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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4	Consulting fees	<input type="checkbox"/> None	
		Citrin Foundation	Member of scientific advisory board
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Glaxo	Lecture fee
		Novo Nordisk	Lecture fee
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		MSD, Eli Lilly, Novo Nordisk	Advisory board
		Hamni Pharmaceuticals	Advisory board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 7/1/2023

Your Name: ILKAY S. IDILMAN

Manuscript Title: Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study

Manuscript Number (if known): JHEPR-D-23-00377

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

ICMJE DISCLOSURE FORM

Date: 6/30/2023

Your Name: Johanna Arola

Manuscript Title: Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study

Manuscript Number (if known): JHEPR-D-23-00377

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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ICMJE DISCLOSURE FORM

Date: 6/30/2023

Your Name: Jurgen Henk Runge

Manuscript Title: Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study

Manuscript Number (if known): JHEPR-D-23-00377

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ICMJE DISCLOSURE FORM

Date: 6/30/2023

Your Name: Jaap Stoker

Manuscript Title: Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study

Manuscript Number (if known): JHEPR-D-23-00377

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ICMJE DISCLOSURE FORM

Date: 6/30/2023

Your Name: Kimmo Porthan

Manuscript Title: Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study

Manuscript Number (if known): JHEPR-D-23-00377

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Time frame: past 36 months								
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7/3/2023

Your Name: Musturay Karçaaltıncaba

Manuscript Title: Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study

Manuscript Number (if known): JHEPR-D-23-00377

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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ICMJE DISCLOSURE FORM

Date: 6/30/2023

Your Name: Mari Lahelma

Manuscript Title: Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study

Manuscript Number (if known): JHEPR-D-23-00377

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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ICMJE DISCLOSURE FORM

Date: 6/1/2023

Your Name: Michael Pavlides

Manuscript Title: Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study

Manuscript Number (if known): JHEPR-D-23-00377

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ICMJE DISCLOSURE FORM

Date: 7/10/2023

Your Name: Perttu Arkkila

Manuscript Title: Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study

Manuscript Number (if known): JHEPR-D-23-00377

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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.

ICMJE DISCLOSURE FORM

Date: 7/25/2023

Your Name: Tiina Elina Lehtimäki

Manuscript Title: Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study

Manuscript Number (if known): JHEPR-D-23-00377

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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ICMJE DISCLOSURE FORM

Date: 7/5/2023

Your Name: Taru Tukiainen

Manuscript Title: Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study

Manuscript Number (if known): JHEPR-D-23-00377

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ICMJE DISCLOSURE FORM

Date: 7/24/2023

Your Name: Seppänen Wenla

Manuscript Title: Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study

Manuscript Number (if known): JHEPR-D-23-00377

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ICMJE DISCLOSURE FORM

Date: 8/14/2023

Your Name: Sami Qadri

Manuscript Title: Marked Difference in Liver Fat as Measured by Histology Versus Magnetic Resonance Proton Density Fat Fraction: A Meta-Analytic Comparative Study

Manuscript Number (if known): JHEPR-D-23-00377

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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.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;">Orion Research Foundation</td><td>Personal research grant</td></tr> <tr><td>Yrjö Jahnsson Foundation</td><td>Personal research grant</td></tr> <tr><td>Maud Kuistila Memorial Foundation</td><td>Personal research grant</td></tr> <tr><td>Emil Aaltonen Foundation</td><td>Personal research grant</td></tr> <tr><td>Finnish Medical Foundation</td><td>Personal research grant</td></tr> </table>	Orion Research Foundation	Personal research grant	Yrjö Jahnsson Foundation	Personal research grant	Maud Kuistila Memorial Foundation	Personal research grant	Emil Aaltonen Foundation	Personal research grant	Finnish Medical Foundation	Personal research grant	
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Time frame: past 36 months													
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>											
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>											

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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.