Date: 27.09.2022

Your Name: Darren Plant

Manuscript Title: Identification of cell-specific differential DNA methylation associated with methotrexate treatment

response in rheumatoid arthritis

Manuscript number (if known): ar-22-1031

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)	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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
	,		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or 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	XNone	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other services		
13	Other financial or non-	XNone	
	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:	_September 22, 2022			
Your Name:	Alexander B. Carvidi	<u> </u>		
Manuscript Title: Identification of cell-specific differential DNA methylation associated with methotrexate treatment				
response in rheumatoid arthritis				
Manuscript number (if known): ar-22-1031				

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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.	_XNone	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastX_None	36 months
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

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

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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.	_XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events   X_None
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    X None
manuscript writing or educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or 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  Manuscript writing or educations and sale support testing or educations and sale support
educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or 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  A None  X None
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    X None
testimony  To Support for attending meetings and/or travel  Begin Patents planned, issued or 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  To Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  To Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid
To 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    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
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    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  X_None  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  X_None  X_None
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
Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid
Safety Monitoring Board or Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid
Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid
10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid
in other board, society, committee or advocacy group, paid or unpaid
committee or advocacy group, paid or unpaid
group, paid or unpaid
11 Stock of Stock options
12 Receipt of equipment,X_None
materials, drugs, medical
writing, gifts or other services
13 Other financial or nonXNone
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:27/09/2022
Your Name:Anne Barton
Manuscript Title: Identification of cell-specific differential DNA methylation associated with methotrexate treatment
response in rheumatoid arthritis
Manuscript number (if known): ar-22-1031

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)	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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
O	testimony		
	testimony		
7	Support for attending	X None	
•	meetings and/or travel		
	,		
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
_	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_XNone	
	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:\_\_\_October 1, 2022 Your Name:\_\_Cameron Adams

Manuscript Title: Identification of cell-specific differential DNA methylation associated with methotrexate treatment

response in rheumatoid arthritis

Manuscript number (if known): ar-22-1031

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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
J	testimony		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or pending	_XNone	
0	Davidiain aking ayan Daka	V None	
9	Participation on a Data Safety Monitoring Board or	_XNone	
	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	_XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	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:	_10/3/22
Your Name:	Lindsey A Criswell
Manuscript Title:	Identification of cell-specific differential DNA methylation associated with methotrexate treatment
response in rheun	natoid arthritis
Manuscrint numb	er (if known): ar-22-1031

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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		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	_XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_X_None
6	Payment for expert testimony	_XNone
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	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_ XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

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

Date:10/02/2022
Your Name:Diana Quach
Manuscript Title: Identification of cell-specific differential DNA methylation associated with methotrexate treatment
response in rheumatoid arthritis
Manuscript number (if known): ar-22-1031

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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	XNone	
	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	_XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	V N	
6	Payment for expert testimony	_XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel	^_None	
	<b>5</b> ,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
	•		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_XNone	
	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:10/02/2022
Your Name:Hong Quach
Manuscript Title: Identification of cell-specific differential DNA methylation associated with methotrexate treatment
response in rheumatoid arthritis
Manuscript number (if known): ar-22-1031

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	_ XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	-		
8	Patents planned, issued or	_ XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_ XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_ XNone	
	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: Sept 27, 2021

Your Name: Joanne Nititham

Manuscript Title: Identification of cell-specific differential DNA methylation associated with methotrexate treatment

response in rheumatoid arthritis

Manuscript number (if known): ar-22-1031

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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).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
6	Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	_XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

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

Date: 10-18-2022\_

Royalties or licenses

Consulting fees

4

X\_\_\_None

\_None

You	r Name: Lisa F Barcellos			_	
		of cell-specific differentia	al DNA methylation associated with methotrexate treatment	t	
response in rheumatoid arthritis					
Mar	nuscript number (if known):	ar-22-1031			
rela part to ti	ted to the content of your n ies whose interests may be	nanuscript. "Related" me affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.		
	following questions apply to nuscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>		
to tl		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.		
	em #1 below, report all sup time frame for disclosure is	·	d in this manuscript without time limit. For all other items,		
		Name all entities with	Specifications/Comments		
		whom you have this	(e.g., if payments were made to you or to your		
		relationship or indicate	institution)		
		none (add rows as			
		needed)			
	-	Time frame: Since the initi	al planning of the work		
1	All support for the present	XNone			
	manuscript (e.g., funding, provision of study materials,				
	medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				
		Time frame: pas	st 36 months		
2	Grants or contracts from	_XNone			
	any entity (if not indicated				
	in item #1 above).				

5	5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
	P		
9	9 Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	.0 Leadership or fiduciary role	XNone	
com	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	XNone	
	writing, gifts or other services		
13	Other financial or non-	XNone	
	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: 28/09/22

Your Name: Nisha Nair

Manuscript Title: Identification of cell-specific differential DNA methylation associated with methotrexate treatment

response in rheumatoid arthritis

Manuscript number (if known): ar-22-1031

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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.	Medical Research Council (MRC) [MR/K015346/1] and Arthritis Research UK (ARUK) [20670]	RAMS cohort data generation and analysis was supported by the Medical Research Council (MRC) [MR/K015346/1] and Arthritis Research UK (ARUK) [20670] for their joint funding of Maximizing Therapeutic Utility in Rheumatoid Arthritis (MATURA) study	
Time frame: past 36 months				

2	Grants or contracts from any entity (if not indicated	XNone	
_	in item #1 above).		
3	Royalties or licenses	XNone	
_	Consulting for	V Name	
4	Consulting fees	XNone	
-	5	V N	
5	Payment or honoraria for	_XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
	•		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	X_None	
	pending		
-			
9	Participation on a Data	X_None	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	ор по		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	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:	10/20/2022	
Your Name:	Jonathan Graf, MD	
Manuscript Title	e: Identification of cell-spec	cific differential DNA methylation associated with methotrexate treatment
response in rhe	umatoid arthritis	·
Manuscript nun	nber (if known): ar-22-1031	

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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	X None	

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

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

Date:9/26/2022
Your Name:Mary C. Nakamura
Manuscript Title: Identification of cell-specific differential DNA methylation associated with methotrexate treatmen
response in rheumatoid arthritis
Manuscrint number (if known): ar_22_1031

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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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	
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 P30-AR- 070155	Center Grant for PREMIER Center at UCSF
		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	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
	,		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	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.