Date:	12/27/2023
Your Name:	Petra Hirsova
Manuscript Title:	Glycogen Synthase Kinase 3 Activity Enhances Liver Inflammation in Metabolic Dysfunction Associated Steatohepatitis
Manuscript Number (if known):	JHEPR-D-23-00542

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		e all entities with whom you have this 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	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	

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

Date:	11/30/2023
Your Name:	Hyun Se Kim Lee
Manuscript Title:	Glycogen Synthase Kinase 3 Activity Enhances Liver Inflammation in Metabolic Dysfunction Associated Steatohepatitis
Manuscript Number (if known):	JHEPR-D-23-00542

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Date:	12/8/2023
Your Name:	Khaled Warasnhe
Manuscript Title:	Glycogen Synthase Kinase 3 Activity Enhances Liver Inflammation in Metabolic Dysfunction Associated Steatohepatitis
Manuscript Number (if known):	JHEPR-D-23-00542

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3	Royalties or licenses	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	
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Date:	12/8/2023
Your Name:	Mireille Khoury
Manuscript Title:	Glycogen Synthase Kinase 3 Activity Enhances Liver Inflammation in Metabolic Dysfunction Associated Steatohepatitis
Manuscript Number (if known):	JHEPR-D-23-00542

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Date:	12/7/2023
Your Name:	Qianqian Guo
Manuscript Title:	Glycogen Synthase Kinase 3 Activity Enhances Liver Inflammation in Metabolic Dysfunction Associated Steatohepatitis
Manuscript Number (if known):	JHEPR-D-23-00542

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Date:	12/27/2023
Your Name:	Shahidul Islam
Manuscript Title:	Glycogen Synthase Kinase 3 Activity Enhances Liver Inflammation in Metabolic Dysfunction Associated Steatohepatitis
Manuscript Number (if known):	JHEPR-D-23-00542

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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	
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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:	12/1/2023
Your Name:	Lucía Valenzuela-Pérez
Manuscript Title:	Glycogen Synthase Kinase 3 Activity Enhances Liver Inflammation in Metabolic Dysfunction Associated Steatohepatitis
Manuscript Number (if known):	JHEPR-D-23-00542

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6	Payment for expert testimony	⊠ None	
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13	Other financial or non-financial interests	None	
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Date:	11/30/2023
Your Name:	Cristina Correia
Manuscript Title:	Glycogen Synthase Kinase 3 Activity Enhances Liver Inflammation in Metabolic Dysfunction Associated Steatohepatitis
Manuscript Number (if known):	JHEPR-D-23-00542

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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Date:	12/2/2023
Your Name:	Chady Meroueh
Manuscript Title:	Glycogen Synthase Kinase 3 Activity Enhances Liver Inflammation in Metabolic Dysfunction Associated Steatohepatitis
Manuscript Number (if known):	JHEPR-D-23-00542

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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.	Grant ADL0048: Department of Laboratory Medicine and Pathology Translational Research, Innovation and Test Development Office (TRITDO) and the Center for Individualized Medicine (CIM) at Mayo Clinic  Time frame: past 36 months	Internal grant.  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	

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Date:	11/30/2023
Your Name:	Heather Holmes
Manuscript Title:	Glycogen Synthase Kinase 3 Activity Enhances Liver Inflammation in Metabolic Dysfunction Associated Steatohepatitis
Manuscript Number (if known):	JHEPR-D-23-00542

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Date:	11/30/2023
Your Name:	Hu Li
Manuscript Title:	Glycogen Synthase Kinase 3 Activity Enhances Liver Inflammation in Metabolic Dysfunction Associated Steatohepatitis
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

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Date:	11/30/2023
Your Name:	Kevin D. Pavelko
Manuscript Title:	Glycogen Synthase Kinase 3 Activity Enhances Liver Inflammation in Metabolic Dysfunction Associated Steatohepatitis
Manuscript Number (if known):	JHEPR-D-23-00542

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	this item.	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	

		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	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 agreement answered every question and have not altered the wo	

Date:		12/5/2023					
Your Name:		Iljung Kim	44			_	
Manuscript Title:		Glycogen Synthase Kinase 3 Activity Enhances Liver Inflammation in Metabolic Dysfunction Associated Steatohepatitis					
Manus	script Number (if I	known):	JHEPR-D-23	3-00542			_
content affected indicated. The audienter that methods are the content of the con	et of your manuscied by the content of by the content of the conte	ript. "Relar of the man e in doubt ps/activitie ension, you nentioned i	nted" means a nuscript. Disc about wheth es/interests s u should deck in the manus	any relation closure repreher to list a reshould be delare all relationscript.	with for-profit or no esents a commitme elationship/activity fined broadly. For o onships with manuf	ies/interests listed below that are related to the not-for-profit third parties whose interests may be ent to transparency and does not necessarily y/interest, it is preferable that you do so.  example, if your manuscript pertains to the facturers of antihypertensive medication, even if without time limit. For all other items, the time	
			entities witl	-	have this d rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	<b>.</b>
			Time '	frame: Since	the initial planning	g of the work	
proma fun of me art ch	I support for the esent anuscript (e.g., nding, provision study materials, edical writing, ticle processing arges, etc.) time limit for is item.	IITP/MS	one SIT (No. 2020- SIT (No. RS-20	-0-01373)		Click the tab key to add additional rows.	
				Time fra	ame: past 36 month	hs	
cc al ir #	ontracts from ny entity (if not ndicated in item 1 above).	NRF/MS	one SIT (No. 2021 SIT (No. IITP-2 SIT (No. 2020	2021-0-0206		IITP/MSIT (No. RS-2023-00220628)	

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	□ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None	
13	Other financial or non-financial interests	None	
r 1	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:	12/4/2023
Your Name:	Kunimaro Furuta
Manuscript Title:	Glycogen Synthase Kinase 3 Activity Enhances Liver Inflammation in Metabolic Dysfunction Associated Steatohepatitis
Manuscript Number (if known):	JHEPR-D-23-00542

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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	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	

		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 question and have not altered the wo	

Date:	12/3/2021
Your Name:	Andrew Mazar
Manuscript Title:	Glycogen Synthase Kinase 3 Activity Enhances Liver Inflammation in Metabolic Dysfunction Associated Steatohepatitis
Manuscript Number (if known):	JHEPR-D-23-00542

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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	

		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	Actuate Therapeutics	Stock and stock options
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	□ None  Employee of Actuate Therapuetics	
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:	12/5/2023
Your Name:	Yung-Kyun Noh
Manuscript Title:	Glycogen Synthase Kinase 3 Activity Enhances Liver Inflammation in Metabolic Dysfunction Associated Steatohepatitis
Manuscript Number (if known):	JHEPR-D-23-00542

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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
2	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.  Grants or contracts from any entity (if not indicated in item #1 above).	IITP/MSIT (No. 2020-0-01373)   IITP/MSIT (No. RS-2023-00220628)	Click the tab key to add additional rows.  S  IITP/MSIT (No. 2020-0-01373)  IITP/MSIT (No. RS-2023-00220628)
3	Royalties or	□ None	
	licenses		

		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	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None	
13	Other financial or non-financial interests	None	
r 1	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:	12/4/2023
Your Name:	Samar H Ibrahim
Manuscript Title:	Glycogen Synthase Kinase 3 Activity Enhances Liver Inflammation in Metabolic Dysfunction Associated Steatohepatitis
Manuscript Number (if known):	JHEPR-D-23-00542

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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
2	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.  Grants or contracts from	Mayo Foundation National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the National Institutes of Health (NIH) under Award R01DK122948 P30DK084567 to the Mayo Clinic Center for Cell Signaling in Gastroenterology  Time frame: past 36 month  None	Click the tab key to add additional rows.
3	any entity (if not indicated in item #1 above).  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:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	12/7/2021
Your Name:	Adebowale O. Bamidele
Manuscript Title:	Glycogen Synthase Kinase 3 Activity Enhances Liver Inflammation in Metabolic Dysfunction Associated Steatohepatitis
Manuscript Number (if known):	JHEPR-D-23-00542

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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	

		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	
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:	11/30/2023
Your Name:	Caroline R. Sussman
Manuscript Title:	Glycogen Synthase Kinase 3 Activity Enhances Liver Inflammation in Metabolic Dysfunction Associated Steatohepatitis
Manuscript Number (if known):	JHEPR-D-23-00542

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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.	The Zell Family Foundation	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		
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 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	
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:	12/5/2023
Your Name:	Michael F. Romero, PhD
Manuscript Title:	Glycogen Synthase Kinase 3 Activity Enhances Liver Inflammation in Metabolic Dysfunction Associated Steatohepatitis
Manuscript Number (if known):	JHEPR-D-23-00542

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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.		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	
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	
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	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	
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