Manuscript number (if known):
Manuscript Title: Propofol Curtails Survival in Perioperative and Critically III Patients by a Relative Reduction of 10 % Should Propofol be Abandoned?
Your Name: Bénédicte Hauquiert
Date: <u>27Julin 2024</u>

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 initia	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
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 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
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

I do not have any conflic	t of interest.		

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

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

Pate: <u>29 July 2024</u>
our Name: Sydney Blackman
Nanuscript Title: Propofol Curtails Survival in Perioperative and Critically III Patients by a Relative Reduction of 10 % . Hould Propofol be Abandoned?
/Januscript number (if known):

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

	XNone	
	V. Name	
	XNone	
testimony		
	Y Name /	
	_X_None	
meetings and/or travel		
	/	
1	XNone	
pending		
Participation on a Data	X None	
	XNone	
committee or advocacy		
group, paid or unpaid		
Stock or stock options	X None	
Receipt of equipment.	X None	
services		
Other financial ar non	Y None	
intaitciai interests		
	group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services	lectures, presentations, speakers bureaus, 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 Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- X_None

None.	/			
	/			

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

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

A BLACK NAN SYDNEY

Pate: <u>29 July 2024</u>
our Name: Emily Perriens
Manuscript Title: Propofol Curtails Survival in Perioperative and Critically III Patients by a Relative Reduction of 10 % should Propofol be Abandoned?
/Januscript number (if known):

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		Time frame: pas	t 36 months
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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 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	
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	

do not have any con	lict of interest.	

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

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

See vert Page

Date: <u>25 July 2024</u>
Your Name: Maha Bendoumou
Manuscript Title: Propofol Curtails Survival in Perioperative and Critically III Patients by a Relative Reduction of 10 % Should Propofol be Abandoned?
Manuscript number (if known):

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		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		
4	Consulting fees	None		

5	Payment or honoraria for	None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	None /
	testimony	
7	Support for attending	None /
	meetings and/or travel	
8	Patents planned, issued or	None
	pending	
9	Participation on a Data	None
,	Safety Monitoring Board or	TOTAL
	Advisory Board	
10	Leadership or fiduciary role	None
10	In other board, society,	World f
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	None
1.1	Stock of stock options	NOTE
12	Receipt of equipment,	None
14	materials, drugs, medical	INVITE
	writing, gifts or other	
	services	
<u></u>		
13	Other financial or non-	None
	financial interests	
L	<u> </u>	

1	None.	

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

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

Offuly corr

MAHA BENDOU NOU

Date: <u>29 July 2024</u>	
Your Name: Ileana Ene	
Manuscript Title: Propofol Curtails Survival in Perioperative and Critically III Patients by a Relative Reduction of 10 Should Propofol be Abandoned?	%
Manuscript number (if known):	

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M1000		Time frame: Since the initial	planning of the work
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		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	
4	Consulting fees	None	

Т		/	
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	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

None.			

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

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

基

ILGANA ENE

Date: <u>29 July 2024</u>	
Your Name: Aicha Van Engelgem	
Manuscript Title: Propofol Curtails Survival in Perioperative and Critically III Patients by a Relative Reduction of 10 % Should Propofol be Abandoned?	o:
Manuscript number (if known):	

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

T		
6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 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	X_None
13	Other financial or non- financial interests	X_None

None.

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

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

AHB

AICHA VAN ENgelpem

Date: 25 July 2024	
Your Name: Anais Carrasco Sanchez	_
Manuscript Title: Propofol Curtails Survival in Perioperative and Critically III Patients by a Relative Should Propofol be Abandoned?	e Reduction of 10 %:
Manuscript number (if known):	

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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	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
2 5 7 5 5 5 5			
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone		
	manuscript writing or educational events			
	Payment for expert testimony	XNone		
	Support for attending meetings and/or travel	XNone		
3	Optoble who would be work	V. N		
,	Patents planned, issued or pending	X_None		
)	Participation on a Data Safety Monitoring Board or Advisory Board	XNone		
lo	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone		
Ĺ1	Stock or stock options	XNone		
1.2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_None		
13	Other financial or non- financial interests	XNone		

-	None.	

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

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

ANAIS CARRAJO SANCHOZ

Date: <u>27 July 2024</u>
Your Name: Maya Ramos Prieto
Manuscript Title: Propofol Curtails Survival in Perioperative and Critically III Patients by a Relative Reduction of 10 % Should Propofol be Abandoned?
Manuscript number (if known):

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

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+	Payment or honoraria for	X None	
	lectures, presentations,	V_IAQUE	
	speakers bureaus, manuscript writing or educational events		
ò	Payment for expert testimony	XNone /	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	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, materials, drugs, medical	X_None	
	writing, gifts or other services		
13	Other financial or non-	_X_None /	
	financial interests	<u> </u>	

None.	

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

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MAYA RANOS PRIETO

Manuscript number (if known):
Manuscript Title: Propofol Curtails Survival in Perioperative and Critically III Patients by a Relative Reduction of 10 % Should Propofol be Abandoned?
Your Name: Ovidiu Vornicu
Vacon Nation of Outside National Control
Date: <u>27 July 2024</u>

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	XNone /	
	lectures, presentations,		
	speakers bureaus,	ļ	
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
		<u> </u>	
7	Support for attending	XNone	
	meetings and/or travel		
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		/	
8	Patents planned, issued or	X None	
	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,	X_None /	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None /	
	financial interests		

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	None.	1
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Please place an "X" next to the following statement to indicate your agreement:

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

Dy. O. VORNICU
Anesthésie
CHU UCI. Namur/ Site Godinne
Av. G. Thérasse, 1
B5530 Yvoir (Belgique)
INAMI: 1-5945810-100

Date: 27 July 2024	
Your Name: Arnaud Robert	_
Manuscript Title: Propofol Curtails Survival in Perioperative and Critically III Patients by	a Relative Reduction of 10 %:
Should Propofol be Abandoned?	
Manuscript number (if known):	
ivianuscript number (ii known).	A

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		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None.	
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Please place an "X" next to the following statement to indicate your agreement:

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

ANN AUD Robert 27/05/2024 1-78346-37-058

Date: <u>28 July 2024</u>	
Your Name:Gauthier Nendumba	
Manuscript Title: Propofol Curtails Survival in Perioperative and Critically III Patier Should Propofol be Abandoned?	ats by a Relative Reduction of 10 %:
Manuscript number (if known):	44

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		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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5	Payment or honoraria for	XNone	
	lectures, presentations,	a series	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	V Nava	
0	testimony	XNone	
	tesumony		
7	Support for attending	XNone	
,	meetings and/or travel	^_None	
	•		
8	Patents planned, issued or	X None	
	pending		
	_		
9	Participation on a Data	X None	
_	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,	Andread Andrea	
	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	V	

None.		
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Please place an "X" next to the following statement to indicate your agreement:

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

Dr NENSONAL Gardan

ate: 28 July 2024
our Name: Julien Moury
lanuscript Title: Propofol Curtails Survival in Perioperative and Critically III Patients by a Relative Reduction of 10 % hould Propofol be Abandoned?
lanuscript number (if known):

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>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	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

	Payment or honoraria for lectures, presentations,	_X_None	
	speakers bureaus, manuscript writing or educational events		
	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	_X_None	
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	X_None	
13	Other financial or non- financial interests	XNone	

None.		

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

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

2, 90 mm-1 11-28354-07-090

Dr Julien Moury 1-78354-29-090 MACOS SMU

Date: <u>25 July 2024</u>
our Name: Anne-Sophie Dincq
Manuscript Title: Propofol Curtails Survival in Perioperative and Critically III Patients by a Relative Reduction of 10 %
Should Propofol be Abandoned?
/Januscript number (if known):

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			i planning of the work
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	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
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None.	

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

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

Pr. A-S. DINCQ
Anesthésic
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Av. Janierasse, 1
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ate: <u>29 July 2024</u>
our Name: Patrick Evrard
Manuscript Title: Propofol Curtails Survival in Perioperative and Critically III Patients by a Relative Reduction of 10 %
hould Propofol be Abandoned?
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11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
L		- Indiana	

None.	

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

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

Pr. P. EVRARD
Solns Intensifs
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B5530 Yvoir (Belgique)
INAMI: 1-9201446-580

Date: 29 July 2024	
Your Name: Pierre Bulpa	
Manuscript Title: Propofol Curtails Survival in Perioperative and Critically II	1 Patients by a Relative Reduction of 10 %
Should Propofol be Abandoned?	
Manuscript number (if known):	

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3	Royalties or licenses	None	
4	Consulting fees	None	

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6	Payment for expert testimony	X_None	
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	_X_None	
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	X_None	
13	Other financial or non- financial interests	_X_None/ /	

None	

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

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CHI BINANT-GOUDINE 2024
Pr P. BULPA (Solne 1616 Melfer)
N° Id. 1.5952830.580 (403)

Manuscript number (if known):
Manuscript Title: Propofol Curtails Survival in Perioperative and Critically III Patients by a Relative Reduction of 10 % Should Propofol be Abandoned?
Your Name: Isabelle Michaux
Date: <u>29 July 2024</u>

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	None	

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	tures, presentations,		
	eakers bureaus,		
	nuscript writing or		
	ucational events		
	yment for expert	XNone	
tes	testimony		
	pport for attending	_X_None \	
m	eetings and/or travel		
		1	
B Pa	itents planned, issued or	X None	
	pending		
		/	
9 Pa	Participation on a Data	V Name (
		X_None	
	Safety Monitoring Board or Advisory Board	`	
	eadership or fiduciary role	XNone	
	other board, society, ommittee or advocacy		
	roup, paid or unpaid	/	
11 SI	Stock or stock options	X_None	
		"	
	eceipt of equipment,	X_None	
	naterials, drugs, medical		
	riting, gifts or other		
S	ervices		
13 C	other financial or non-	X None /	
- 1	financial interests		
- 1"			

None.

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

Please summarize the above conflict of interest in the following box:

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

Dr. T. Michaup 1-5-6327-19730

Date: 1rst August 2024
/our Name: Patrick M Honore
Manuscript Title: Propofol Curtails Survival in Perioperative and Critically III Patients by a Relative Reduction of 10 %: Should Propofol be Abandoned?
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I do not have any conflict of interest.				

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

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