

#### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in four parts.

### Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

## The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

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### 4. Other relationships.

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Buscarinu 1



Section 1. Identifying Inform	nation								
1. Given Name (First Name) Maria Chiara	2. Surname (Last Name) Buscarinu	3. Effective Date (07-August-2008) 27-June-2017							
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Giovanni Ristori							
5. Manuscript Title Intestinal permeability in relapsing-remitting multiple sclerosis									
6. Manuscript Identifying Number (if you k	now it)								

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**
. Grant	<b>✓</b>				And the second control of the second control
2. Consulting fee or honorarium		✓		speaking honoraria from Biogen, Merck, Novartis, Sanofi, Teva.	
. Support for travel to meetings for the study or other purposes	<b>✓</b>				
. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<b>✓</b>				
. Payment for writing or reviewing the manuscript	<b>✓</b>				



The Work Under Consideration for Publication								
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>\</b>					×		
7. Other	<b>✓</b>					ADD ADD		

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Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
1. Board membership	<b>✓</b>	224 600 2000 2000 2000 2000 2000 2000 20	SOLUTION AND AND AND AND AND AND AND AND AND AN	ender Berkel ander verzeitet er dan zu der der den den der	× ADD				
2. Consultancy	$\checkmark$				× ADB				
3. Employment	$\checkmark$				× ADD				
4. Expert testimony	<b>✓</b>				× ADD				
5. Grants/grants pending	<b>✓</b>				× ADD				
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>				×				

Buscarinu

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Yes, the following relationships/conditions/circumstances are present (explain below):

Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
7. Payment for manuscript preparation	<b>✓</b>					ADD ×			
8. Patents (planned, pending or issued)	<b>✓</b>					ADD ×			
9. Royalties	$\checkmark$					ADD X			
Payment for development of educational presentations	<b>✓</b>					×			
11. Stock/stock options	<b>√</b>					ADD X			
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>√</b>					×			
13. Other (err on the side of full disclosure)	<b>√</b>					ADD ×			
* This means money that your institution ** For example, if you report a consultance	received y above	for your eff there is no r	orts. need to report tr	avel related to that consult	ancy on this line.				
Section 4. Other relationsh	nips								
Are there other relationships or activity potentially influencing, what you wro	ties that te in the	t readers co e submitte	ould perceive t d work?	o have influenced, or the	at give the appearance o	f			
✓ No other relationships/conditions	:/circum	istances th	at present a po	otential conflict of intere	st				



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Romano



Section 1. Identifying Inform	mation		
1. Given Name (First Name) Silvia	2. Surname (Last Name) Romano		3. Effective Date (07-August-2008) 27-June-2017
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Nam Giovanni Ristori	ne
5. Manuscript Title Intestinal permeability in relapsing-ren	mitting multiple sclerosis		
6. Manuscript Identifying Number (if you k	know it)		

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The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant	<b>✓</b>					×			
2. Consulting fee or honorarium	<b>√</b>					AD ×			
Support for travel to meetings for the study or other purposes	<b>✓</b>					.×.			
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>√</b>								
5. Payment for writing or reviewing the manuscript	<b>√</b>					A\D >			
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>✓</b>								
Romano									



The Work	<b>Jnder Consideration f</b>	or Pub	lication				
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other		<b>V</b>	ARIA BERGIORIBERAZIA SECUNDARIO BARRA E				ADD X ADD

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. Board membership	<b>✓</b>				
2. Consultancy	<b>✓</b>				
3. Employment	<b>✓</b>				
4. Expert testimony	$\checkmark$				
5. Grants/grants pending	<b>✓</b>				
5. Payment for lectures including service on speakers bureaus	<b>✓</b>				
7. Payment for manuscript preparation	<b>✓</b>				

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<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities ou	tside the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Patents (planned, pending or issued)	<b>✓</b>					AD X
9. Royalties	$\checkmark$					X
Payment for development of educational presentations	<b>✓</b>					
11. Stock/stock options	<b>√</b>					AD X
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>✓</b>					) AD
13. Other (err on the side of full disclosure)						> AC
* This means money that your instituti ** For example, if you report a consulta	on received ancy above	d for your e there is no	efforts. o need to report tra	ivel related to that consu	Itancy on this line.	
Section 4. Other relation	nships	un all				
Are there other relationships or ac potentially influencing, what you	tivities tha	at readers ne submit	could perceive to	o have influenced, or t	hat give the appearance o	f

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

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Mechelli 1



Section 1. Identifying Inform	nation	
<ol> <li>Given Name (First Name)</li> <li>Rosella</li> </ol>	2. Surname (Last Name) Mechelli	3. Effective Date (07-August-2008) 27-June-2017
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Giovanni Ristori
5. Manuscript Title Intestinal permeability in relapsing-ren	nitting multiple sclerosis	
6. Manuscript Identifying Number (if you k	now it)	

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Mechelli

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The Work Under Consideration for Publication										
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
1. Grant	<b>✓</b>					X ADD				
2. Consulting fee or honorarium	<b>✓</b>					×				
Support for travel to meetings for the study or other purposes	<b>✓</b>					× ADD				
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×				
5. Payment for writing or reviewing the manuscript	<b>√</b>					×				
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>									



The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
7. Other	<b>√</b>	man surroccusus escucios alguniarios (	AND THE PERSON AND TH			ADD X ADD			

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1. Board membership	<b>✓</b>				
2. Consultancy	$\checkmark$				
3. Employment	$\checkmark$				
4. Expert testimony	<b>✓</b>				
5. Grants/grants pending	$\checkmark$				
6. Payment for lectures including service on speakers bureaus	$\checkmark$				
7. Payment for manuscript preparation	<b>✓</b>				

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Relevant financial activities out	side th	g filmsmer mann	BOT WITHOUT A COURT		
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
Patents (planned, pending or issued)	<b>✓</b>				ADD
9. Royalties	$\checkmark$				ADD X
10. Payment for development of educational presentations	<b>✓</b>				×
11. Stock/stock options	<b>✓</b>				ADD ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>				×
13. Other (err on the side of full disclosure)	<b>√</b>				ADI ×
* This means money that your institution ** For example, if you report a consultance	received cy above	d for your ef there is no	forts. need to report t	ravel related to that co	ADI
Section 4. Other relational					
Are there other relationships or active potentially influencing, what you wro	ities tha			to have influenced, c	or that give the appearance of
✓ No other relationships/condition  Yes, the following relationships/c					
At the time of manuscript acceptanc On occasion, journals may ask autho	e, journa rs to dis	als will ask close furth	authors to cor er information	firm and, if necessar about reported rela	y, update their disclosure statement tionships.
Hide All Ta	ible Roy	vs Checke	id 'No'	SAVE	



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Pizzolato Umeton 1



Section 1. Identifying Info	ormation	
1. Given Name (First Name) Raffaella	2. Surname (Last Name) Pizzolato Umeton	3. Effective Date (07-August-2008) 27-June-2017
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Giovanni Ristori
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2. Consulting fee or honorarium	<b>✓</b>				
<ol> <li>Support for travel to meetings for the study or other purposes</li> </ol>	<b>✓</b>				
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>				
5. Payment for writing or reviewing the manuscript	<b>V</b>				
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>✓</b>				
izzolato Umeton					



The Wor	The Work Under Consideration for Publication										
	Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
7. Other		<b>√</b>	THE BENEVISION OF THE STATE OF	NAME AND ADDRESS OF THE PARTY O	Commission (Accessed and Commission of Commi		ADD X ADD				

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xpert testimony	<b>/</b>				
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'ayment for lectures including ervice on speakers bureaus	<b>√</b>				
Payment for manuscript preparation	<b>√</b>				

Pizzolato Umeton

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
8. Patents (planned, pending or issued)	<b>√</b>					Ai :
9. Royalties	<b>✓</b>					
10. Payment for development of educational presentations	<b>✓</b>					A
1. Stock/stock options	<b>✓</b>					
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>√</b>					A
3. Other (err on the side of full disclosure)	<b>✓</b>					<i>,</i>
* This means money that your institution ** For example, if you report a consultar	n receive	d for your e e there is no	efforts. o need to report tr	avel related to that consu	Itancy on this line.	
Section 4. Other relations	hips					
Are there other relationships or acti- potentially influencing, what you we	vities th	at readers he submit	could perceive t ted work?	o have influenced, or t	hat give the appearanc	e of

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### 4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Ferraldeschi



Section 1. Identifying Inform	mation	
1. Given Name (First Name) Michela	2. Surname (Last Name) Ferraldeschi	3. Effective Date (07-August-2008) 27-June-2017
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Giovanni Ristori
5. Manuscript Title Intestinal permeability in relapsing rer	mitting multiple sclerosis	
6. Manuscript Identifying Number (if you l	know it)	

### Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

The Work Under Consideration f	The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant	✓					X ADD			
2. Consulting fee or honorarium	<b>√</b>					X ADD			
3. Support for travel to meetings for the study or other purposes	<b>✓</b>					X			
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	$\checkmark$					×			
5. Payment for writing or reviewing the manuscript	<b>✓</b>					× ADD			
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>√</b>								
Ferraldeschi						2			



The Work Un	The Work Under Consideration for Publication									
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
7. Other		<b>✓</b>	AND INSTITUTION OF THE PROPERTY OF THE PROPERT				ADD X ADD			

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

		Money	Money to	Al Calaboration	
Type of Relationship (in alphabetical order)	No	Paid to You	Your Institution*	Entity	Comments
1. Board membership	<b>✓</b>				
2. Consultancy	<b>✓</b>				
3. Employment	<b>√</b>				
4. Expert testimony	$\checkmark$				
5. Grants/grants pending	$\checkmark$				
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>				
7. Payment for manuscript preparation	<b>✓</b>				

Ferraldeschi

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work
Type of Relationship (in No Paid to Your Entity Comments You Institution*
8. Patents (planned, pending or issued)
9. Royalties
10. Payment for development of educational presentations
11. Stock/stock options ADD
12. Travel/accommodations/ meeting expenses unrelated to  activities listed**  ADD
13. Other (err on the side of full disclosure)
* This means money that your institution received for your efforts.  ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.
Section 4. Other relationships
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
No other relationships/conditions/circumstances that present a potential conflict of interest  Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.

On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

Ferraldeschi



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5



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Fornasiero 1



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Arianna	2. Surname (Last Name) Fornasiero	3. Effective Date (07-August-2008) 27-June-2017
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Giovanni Ristori
5. Manuscript Title Intestinal permeability in relapsing-re	mitting multiple sclerosis	
6. Manuscript Identifying Number (if you	know it)	

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**
. Grant	<b>✓</b>	ezzi stronoszineszintekiszintekiszintekiszi		GRE BENDEMILION BENDEMINENDE DE PERMETE LA QUE RECUERTA DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRA	
2. Consulting fee or honorarium		<b>V</b>		speaking honoraria from Teva, Novartis.	
Support for travel to meetings for the study or other purposes	<b>✓</b>				
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<b>✓</b>				
. Payment for writing or reviewing the manuscript	<b>✓</b>				



The Work Under Consideration for Publication									
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>✓</b>	CONTRACTOR	PREZINATE SECURITIVE S	SPACIONATION AND CONTRACT SPECIAL SPEC	BRANKE KE KAMI NERWAN KELETIKAN TALEFAK KANTA KELANTA KELANTA KELETIKAN KELETIKAN KELETIKAN KELETIKAN KELETIKA	×			
7. Other	<b>✓</b>					ADD X ADD			

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Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	<b>√</b>				×			
2. Consultancy	<b>✓</b>				×			
3. Employment	<b>√</b>				ADD ×			
4. Expert testimony	<b>✓</b>				ADD ×			
5. Grants/grants pending	<b>✓</b>				ADD ×			
Payment for lectures including service on speakers bureaus	<b>✓</b>				ADD ×			

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
Payment for manuscript preparation	<b>✓</b>				
Patents (planned, pending or issued)	<b>✓</b>				
Royalties	<b>✓</b>				
Payment for development of educational presentations	<b>√</b>				
Stock/stock options	<b>✓</b>				
Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>				
Other (err on the side of full disclosure)	<b>✓</b>				

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):



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Section 1. Identifying Inform	mation	
<ol> <li>Given Name (First Name)</li> <li>Roberta</li> </ol>	2. Surname (Last Name) Reniè	3. Effective Date (07-August-2008) 27-June-2017
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Giovanni Ristori
5. Manuscript Title Intestinal permeability in relapsing rer	nitting multiple sclerosis	
6. Manuscript Identifying Number (if you l	know it)	

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

HERMAN STATES OF THE STATES OF		Money	Money to		
Туре	No	Paid to You	Your Institution*	Name of Entity	Comments**
. Grant	<b>✓</b>				
. Consulting fee or honorarium	<b>✓</b>				
. Support for travel to meetings for the study or other purposes	<b>✓</b>				
. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<b>✓</b>				
Payment for writing or reviewing the manuscript	<b>√</b>				
<ul> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ul>	<b>✓</b>				



The Work Under Consideration for Publication									
	Туре	. No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
7. Other		<b>√</b>	ETA MARIONA PRINCESCO CONTRACTORIONA	MINISTERACIONE SECURIO PER	ugement to allow of a trade of the contract and account and an advantage of a second of	entre de la seria de la colonia de la co	ADD × ADD		

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Relevant financial activities outside the submitted work									
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments				
1. Board membership	<b>√</b>				.×				
2. Consultancy	<b>✓</b>				AD ×				
3. Employment	<b>√</b>								
4. Expert testimony	<b>√</b>				AD AD				
5. Grants/grants pending	<b>/</b>								
6. Payment for lectures including service on speakers bureaus	<b>✓</b>								
7. Payment for manuscript preparation	<b>√</b>				AD				

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Hide All Table Rows Checked 'No'

Relevant financial activities outs	ide the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
8. Patents (planned, pending or issued)	<b>✓</b>					ADD ×
9. Royalties	<b>✓</b>					ADD X
10. Payment for development of educational presentations	$\checkmark$					×
11. Stock/stock options	<b>✓</b>					ADD × ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>√</b>					
13. Other (err on the side of full disclosure)	<b>√</b>					ADD X
* This means money that your institution ** For example, if you report a consultance				avel related to that consu	Itancy on this line.	
Section 4. Other relationsh	nips					
Are there other relationships or activing potentially influencing, what you wro				o have influenced, or the	nat give the appearance	e of
No other relationships/conditions Yes, the following relationships/c					est	
At the time of manuscript acceptance On occasion, journals may ask author						tatements.



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### 4. Other relationships.

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Cerasoli 1



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Benedetta	2. Surname (Last Name) Cerasoli	3. Effective Date (07-August-2008) 27-June-2017
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Giovanni Ristori
5. Manuscript Title Intestinal permeability in relapsing-re	mitting multiple sclerosis	
6. Manuscript Identifying Number (if you	know it)	
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#### Section 2. The Work I

#### **The Work Under Consideration for Publication**

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**
Grant	<b>✓</b>		entra caracteristica de la companio del companio de la companio del companio de la companio del la companio de	APPANANTALA ETERRAT ERROLLER KONTROLLER EL SERVICIO SE APPANANTAL EN EL SERVICIO SE APPANANTAL EN EL SERVICIO	
Consulting fee or honorarium	$\checkmark$				
Support for travel to meetings for the study or other purposes	$\checkmark$				
Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<b>√</b>				
Payment for writing or reviewing the manuscript	<b>✓</b>				
Provision of writing assistance, medicines, equipment, or administrative support	<b>√</b>				



The Work l	<b>Jnder Consideration</b>	for Publ	ication				
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	entropies (m. )
7. Other		<b>V</b>					ADD ×

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	ìMa.	Money	Money to	NORTH WALL	<b>有种性的</b>
Type of Relationship (in alphabetical order)	No	Paid to You	Your Institution*	Entity	Comments
1. Board membership	<b>✓</b>				
2. Consultancy	$\checkmark$				A
3. Employment	<b>✓</b>				AC
4. Expert testimony	$\checkmark$				
5. Grants/grants pending	$\checkmark$				
6. Payment for lectures including service on speakers bureaus	<b>√</b>				A .
7. Payment for manuscript preparation	<b></b>				A

Cerasoli

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Hide All Table Rows Checked 'No'

Relevant financial activities outs	ide the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Patents (planned, pending or issued)	<b>✓</b>					ADD ×
9. Royalties	<b>✓</b>					ADD X
Payment for development of educational presentations	<b>√</b>					ADD ×
11. Stock/stock options	<b>✓</b>					ADD .X
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>√</b>					ADD X
13. Other (err on the side of full disclosure)	<b>√</b>					ADD X
* This means money that your institution ** For example, if you report a consultanc				avel related to that consult	ancy on this line.	
Section 4. Other relationsh	ips					
Are there other relationships or activi potentially influencing, what you wro	ties that te in the	t readers o e submitte	could perceive t ed work?	o have influenced, or the	at give the appearance of	
No other relationships/conditions Yes, the following relationships/co					st	
At the time of manuscript acceptance On occasion, journals may ask author	e, journa s to disc	ils will ask close furth	authors to conf ner information	irm and, if necessary, up about reported relations	date their disclosure stat hips.	ements.

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Cerasoli



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Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Morena



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Emanuele	2. Surname (Last Name) Morena	3. Effective Date (07-August-2008) 27-June-2017
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Giovanni Ristori
5. Manuscript Title Intestinal permeability in relapsing re	mitting multiple sclerosis	
6. Manuscript Identifying Number (if you	know it)	

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	<b>✓</b>		Manufacture de la confession de la confe	nord er ammendelingen von der gefande schole er tre geste von der bestellt des gebieden des geschen des geben d		× ADD	
2. Consulting fee or honorarium	✓					X ADD	
3. Support for travel to meetings for the study or other purposes	$\checkmark$				EXECUTION OF THE PROPERTY OF T	X	
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<b>✓</b>					×	
5. Payment for writing or reviewing the manuscript	<b>✓</b>					ADD X	
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>✓</b>					X	
Morena					-		



The Work Under Consideration for Publication								
Туре	No	Paid	Money to Your Institution*	Name of Entity	Comments**			
7. Other	✓	es bannatinan-n-nyin-tra ummunakenina.	Section and Community Comm		erforman erset iz semisterenden av eta se periori era eta eta era eta era eta eta eta eta eta eta eta eta eta e	ADD X ADD		

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
. Board membership	<b>✓</b>				
. Consultancy	<b>✓</b>				
Employment	<b>✓</b>				
Expert testimony	<b>✓</b>				
Grants/grants pending	<b>✓</b>				
Payment for lectures including service on speakers bureaus	<b>✓</b>				
Payment for manuscript preparation	<b>✓</b>				

Morena

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submitt	ed work		
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
Patents (planned, pending or issued)	<b>✓</b>				ADD ×
9. Royalties	$\checkmark$				ADD X
Payment for development of educational presentations	<b>✓</b>				×
11. Stock/stock options	<b>✓</b>				ADD ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>				×
13. Other (err on the side of full disclosure)	<b>✓</b>				ADD ×
* This means money that your institution r ** For example, if you report a consultancy	eceived above	for your eff there is no r	orts. need to report to	ravel related to that consu	ltancy on this line.
Section 4. Other relationsh					
Are there other relationships or activit potentially influencing, what you wro	ies that te in the	readers co submitte	ould perceive to d work?	to have influenced, or t	hat give the appearance of
✓ No other relationships/conditions,  Yes, the following relationships/co					est
At the time of manuscript acceptance On occasion, journals may ask authors	, journa s to disc	ls will ask lose furthe	authors to con er information	firm and, if necessary, u about reported relation	apdate their disclosure statements nships.
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Morena



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Section 1. Identifying Inform	nation	Control to the State of the Sta						
1. Given Name (First Name) Carmela	2. Surname (Last Name) Romano	3. Effective Date (07-August-2008) 27-June-2017						
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Giovanni Ristori						
5. Manuscript Title Intestinal permeability in relapsing remitting multiple sclerosis								
6. Manuscript Identifying Number (if you k	now it)							

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Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	<b>✓</b>	BOOK Triphtocorporation autobasic overtee frinch	GALGER CONTROLLED CONTROL		×		
2. Consulting fee or honorarium	$\checkmark$				×		
Support for travel to meetings for the study or other purposes	<b>✓</b>				X		
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>						
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>				ADD ADD		
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	$\checkmark$				×		
Romano					2		



The Work Under Consideration for Publication							
Туре	No		Money to Your Institution*	Name of Entity	Comments**		
7. Other	was negociated and the second	THE SECURITY OF THE SECURITY O				ADD X ADD	

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	<b>✓</b>							
2. Consultancy	$\checkmark$							
3. Employment	$\checkmark$							
4. Expert testimony	<b>✓</b>							
5. Grants/grants pending	<b>✓</b>							
6. Payment for lectures including service on speakers bureaus	<b>√</b>							
7. Payment for manuscript preparation	<b>√</b>							

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<sup>\*\*</sup> Use this section to provide any needed explanation.



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Relevant financial activities outside the submitted work	I
Type of Relationship (in alphabetical order)  No Paid to Your Entity Comments You Institution*	
8. Patents (planned, pending or issued)	AND DESCRIPTION OF PERSONS ASSESSMENT OF PER
9. Royalties	St. Marrieda Pers
10. Payment for development of educational presentations	
11. Stock/stock options  ADD  ADD	
12. Travel/accommodations/ meeting expenses unrelated to  activities listed**   12. Travel/accommodations/  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
13. Other (err on the side of full disclosure)	
* This means money that your institution received for your efforts.  ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.	
Section 4. Other relationships	10
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?	
No other relationships/conditions/circumstances that present a potential conflict of interest  Yes, the following relationships/conditions/circumstances are present (explain below):	
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.	i.



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### Other relationships.

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Loizzo



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Nicola Davide	2. Surname (Last Name) Loizzo		3. Effective Date (07-August-2008) 27-June-2017
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Nar Giovanni Ristori	me
5. Manuscript Title Intestinal permeability in relapsing-rem	itting multiple sclerosis		
6. Manuscript Identifying Number (if you kn	ow it)		

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Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

	to You	Institution*		
<b>✓</b>				
<b>✓</b>				
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	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other		<b>√</b>	Management and Children State of State				ADD X ADD

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1. Board membership	<b>√</b>				
2. Consultancy	<b>✓</b>				
3. Employment	<b>✓</b>				
4. Expert testimony	<b>✓</b>				
5. Grants/grants pending	<b>✓</b>				
6. Payment for lectures including service on speakers bureaus	<b>✓</b>				
7. Payment for manuscript preparation	<b>✓</b>				

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Relevant financial activities out	ide th	e submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Patents (planned, pending or issued)	<b>√</b>					ADD
9. Royalties	$\checkmark$					ADD X
Payment for development of educational presentations	<b>✓</b>					×
11. Stock/stock options	$\checkmark$					ADD ADD
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>√</b>					×
13. Other (err on the side of full disclosure)	<b>√</b>					ADD ×
* This means money that your institution ** For example, if you report a consultance	received y above	for your eff there is no r	orts. need to report ti	avel related to that cor	isultancy on this line.	ADD
Section 4. Other relationsh	ips					
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✓ No other relationships/conditions  Yes, the following relationships/co					erest	
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Umeton



Section 1. Identifying Inform	ation	
1. Given Name (First Name) Renato	2. Surname (Last Name) Umeton	3. Effective Date (07-August-2008) 27-June-2017
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Giovanni Ristori
5. Manuscript Title Intestinal permeability in relapsing-rem	itting multiple sclerosis	
6. Manuscript Identifying Number (if you kn	ow it)	

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<b>第二世纪</b> 写《五世》		Money	Money to		
Туре	No	Paid to You	Your Institution*	Name of Entity	Comments**
Grant	<b>✓</b>				
. Consulting fee or honorarium	$\checkmark$				
Support for travel to meetings for the study or other purposes	<b>✓</b>				
Fees for participation in review activities such as data monitoring boards, statistical analysis, end	<b>✓</b>				
Payment for writing or reviewing the manuscript	<b>✓</b>				
. Provision of writing assistance, medicines, equipment, or administrative support	<b>✓</b>				



The Work Under Consideration for Publication								
	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
7. Other		<b>√</b>	AMM AMMINISTRATION AND AMMINISTRATION AMMIN				ADD X ADD	

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Board membership	<b>✓</b>				Lead of the same in
Consultancy	<b>√</b>				
Employment	<b>√</b>				
expert testimony	<b>√</b>				
rants/grants pending	<b>✓</b>				
ayment for lectures including ervice on speakers bureaus	<b>√</b>				
ayment for manuscript reparation	<b>✓</b>				

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Hide All Table Rows Checked 'No'

Relevant financial activities out	side th	e submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Co	omments
8. Patents (planned, pending or issued)	<b>✓</b>					ADD ×
9. Royalties	<b>/</b>					ADD X ADD
10. Payment for development of educational presentations	<b>√</b>					×
11. Stock/stock options	$\checkmark$					×
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>√</b>					*
13. Other (err on the side of full disclosure)	<b>✓</b>					ADD
* This means money that your institution ** For example, if you report a consultan				vel related to that co	nsultancy on th	nis line.
Section 4. Other relations	hips					Vonda V
Are there other relationships or active potentially influencing, what you wre				have influenced, o	or that give th	e appearance of
✓ No other relationships/condition  Yes, the following relationships/o						
At the time of manuscript acceptanc On occasion, journals may ask autho						ir disclosure statement.



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Salvetti



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Marco	2. Surname (Last Name) Salvetti		3. Effective Date (07-August-2008) 27-June-2017
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Na Giovanni Ristori	me
5. Manuscript Title Intestinal permeability in relapsing-rem	itting multiple sclerosis		
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Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**
Grant	<b>✓</b>	HARM THE STATE OF	Service Control of the Control of th	AND TO DESCRIPTION OF THE PROPERTY OF THE PROP	
. Consulting fee or honorarium		<b>√</b>		speaking honoraria from Biogen, Merck, Novartis, Sanofi, Teva.	
. Support for travel to meetings for the study or other purposes	<b>✓</b>				
<ul> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ul>	<b>✓</b>				
. Payment for writing or reviewing the manuscript	<b>✓</b>				



The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	$\checkmark$			CONTRACTOR OF THE STATE OF THE		×
7. Other	$\checkmark$					ADD × ADD

# Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	<b>V</b>	and the series have been been been been been been been be			×			
2. Consultancy	<b>✓</b>				X			
3. Employment	$\checkmark$				×			
4. Expert testimony	$\checkmark$				×			
5. Grants/grants pending	<b>/</b>				ADD ×			
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>				ADD ×			

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



✓ No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

Relevant financial activities out	side the	e submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
7. Payment for manuscript preparation	<b>✓</b>					ADD ×
8. Patents (planned, pending or issued)	$\checkmark$					ADD ×
9. Royalties	$\checkmark$					ADD ×
Payment for development of educational presentations	<b>✓</b>					ADD ×
11. Stock/stock options	<b>√</b>					ADD X
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					ADD ×
13. Other (err on the side of full disclosure)	<b>✓</b>					ADD ×
* This means money that your institution ** For example, if you report a consultance	received cy above	for your eff there is no r	orts. need to report tr	avel related to that consult	ancy on this line.	ADD
Section 4. Other relationsh	nips					
Are there other relationships or activi				o have influenced, or the	at give the appearance o	of



At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

SAVE

#### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.



Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in four parts.

### Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

### The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

### Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

### Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Ristori 1



1. Given Name (First Name) Giovanni	<ol><li>Surname (Last Name)</li><li>Ristori</li></ol>	3. Effective Date (07-August-2008 27-June-2017
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Intestinal permeability in relapsing	-remitting multiple sclerosis	
6. Manuscript Identifying Number (if yo	ou know it)	

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration f	or Pub	lication	a saute de la			kinina)
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	5 8.8
1. Grant	<b>✓</b>					A S I B
2. Consulting fee or honorarium	<b>/</b>					ADD
3. Support for travel to meetings for the study or other purposes	<b>✓</b>					X ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
5. Payment for writing or reviewing the manuscript	<b>✓</b>					X
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>✓</b>					

Ristori



The Work Under Consi	deration for Publication				
Туре	Money No Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other					(1810) -2 (1910)

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
. Board membership	<b>V</b>				M. 100000 1000 1000 1000 1000 1000 1000
2. Consultancy	<b>✓</b>				
3. Employment	<b>✓</b>				
4. Expert testimony	<b>✓</b>				
5. Grants/grants pending	<b>✓</b>				
6. Payment for lectures including service on speakers bureaus	<b>✓</b>				
7. Payment for manuscript preparation	$\checkmark$				

Ristori 3

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Hide All Table Rows Checked 'No'

Relevant financial activities outs	ide the	submitte	d work				
Type of Relationship (in alphabetical order)	No	Money Paid to	Money to Your nstitution*	Entity	Cor	nments	
8. Patents (planned, pending or issued)	<b>✓</b>						ADD
9. Royalties	<b>√</b>						EX.
Payment for development of educational presentations	<b>✓</b>						X
11. Stock/stock options	<b>✓</b>						ADD
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>✓</b>						× ADD
13. Other (err on the side of full disclosure)	<b>✓</b>						ADD
* This means money that your institution ** For example, if you report a consultance	received t	for your effo here is no n	orts. eed to report travel re	elated to that co	nsultancy on thi	s line.	811111111111111111111111111111111111111
Section 4. Other relations	nips	15 m		3.14			
Are there other relationships or active potentially influencing, what you wro				ve influenced, (	or that give the	appearance o	of
No other relationships/conditions Yes, the following relationships/c							
At the time of manuscript acceptance On occasion, journals may ask author	e, journa rs to disc	ls will ask a lose furthe	authors to confirm a er information abou	and, if necessa at reported rela	ry, update their ationships.	disclosure sta	itements.



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