

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jean Louis

2. Surname (Last Name)
Pépin

3. Date
01-July-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Pitolisant for daytime sleepiness in obstructive sleep apnea patients refusing CPAP: a randomized trial

6. Manuscript Identifying Number (if you know it)
Blue-201907-1284OC.R2

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bioprojet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Honorairia for consulting
Jazz Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Honorairia for consulting
Idorsia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Honorairia for consulting

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Are there any relevant conflicts of interest? Yes No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Air Liquide Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grants and research funds

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Agiradom	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grants, research funds and personal fees
AstraZeneca	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grants, research funds and personal fees
Fisher and Paykel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grants and research funds
Mutualia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grants and research funds
Philips	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grants, research funds and personal fees
Resmed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grants, research funds and personal fees
Vitalaire	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grants and research funds
Boehringer Ingelheim	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Jazz Pharmaceuticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Night Balance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sefam	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

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Dr. Pépin reports other from Bioprojet, other from Jazz Pharmaceuticals, other from Idorsia, during the conduct of the study; grants from Air Liquide Foundation , grants and personal fees from Agiradom, grants and personal fees from AstraZeneca, grants from Fisher and Paykel, grants from Mutualia, grants and personal fees from Philips, grants and personal fees from Resmed, grants from Vitalaire, grants from Boehringer Ingelheim, grants from Jazz Pharmaceuticals, grants from Night Balance, grants from Sefam, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
JOHAN

2. Surname (Last Name)
VERBRAECKEN

3. Date
21-May-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Jean-Louis Pépin and Yves Dauvilliers

5. Manuscript Title
Pitolisant for daytime sleepiness in obstructive sleep apnea patients refusing CPAP: a randomized trial

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Antwerp University Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Bioprojet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	organisation sleep course
Bioprojet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant for translation handbook
Jazz Pharmaceuticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant for translation handbook

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UCB Pharma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant for translation handbook

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Catherine

2. Surname (Last Name)
SCART GRES

3. Date
21-May-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Jean-Louis Pépin and Yves Dauvilliers

5. Manuscript Title
Pitolisant for daytime sleepiness in obstructive sleep apnea patients refusing CPAP: a randomized trial

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is employee of bioprojet

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Dr. SCART GRES reports and is employee of bioprojet.

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Section 1. Identifying Information

1. Given Name (First Name) Markku 2. Surname (Last Name) Partinen 3. Date 30-May-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
Jean-Louis Pépin and Yves Dauvilliers

5. Manuscript Title
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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bioprojet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medical Advisory Committee; Clinical trials

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Section 1. Identifying Information

1. Given Name (First Name)

Jan

2. Surname (Last Name)

Hedner

3. Date

03-June-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Jean-Louis Pépin and Yves Dauvilliers

5. Manuscript Title

Pitolisant for daytime sleepiness in obstructive sleep apnea patients refusing CPAP: a randomized trial

6. Manuscript Identifying Number (if you know it)

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

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Dr. Hedner has nothing to disclose.

Evaluation and Feedback

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
ISABELLE

2. Surname (Last Name)
LECOMTE

3. Date
27-May-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Jean-Louis Pépin and Yves Dauvilliers

5. Manuscript Title
Pitolisant for daytime sleepiness in obstructive sleep apnea patients refusing CPAP: a randomized trial

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
BIOPROJET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee and shareholder

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr Isabelle lecomte is employee and shareholder of Bioprojet.

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. LECOMTE reports other from BIOPROJET, outside the submitted work; and Dr Isabelle lecomte is employee and shareholder of Bioprojet..

Evaluation and Feedback

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jeanne-Marie

2. Surname (Last Name) Lecomte

3. Date 06-July-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Jean-Louis Pépin and Yves Dauvilliers

5. Manuscript Title
Pitolisant for daytime sleepiness in obstructive sleep apnea patients refusing CPAP: a randomized trial

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bioprojet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	is a shareholder of Bioprojet

Section 3. Relevant financial activities outside the submitted work.

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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
EP 1428820	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Dr. Lecomte reports other from Bioprojet, during the conduct of the study; In addition, Dr. Lecomte has a patent EP 1428820 issued.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Patrick

2. Surname (Last Name)
Lévy

3. Date
06-June-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Jean-Louis Pépin and Yves Dauvilliers

5. Manuscript Title
Pitolisant for daytime sleepiness in obstructive sleep apnea patients refusing CPAP: a randomized trial

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Dr. Lévy has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ognian	2. Surname (Last Name) Georgiev	3. Date 22-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jean-Louis Pépin and Yves Dauvilliers
5. Manuscript Title Pitolisant for daytime sleepiness in obstructive sleep apnea patients refusing CPAP: a randomized trial		
6. Manuscript Identifying Number (if you know it)		

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Dr. Georgiev has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Rumen

2. Surname (Last Name)
Tiholov

3. Date
31-May-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Jean-Louis Pépin and Yves Dauvilliers

5. Manuscript Title
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Dr. Tiholov has nothing to disclose.

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Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____
Tarja

2. Surname (Last Name) _____
Saaresranta

3. Date _____
21-May-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Jean-Louis Pépin and Yves Dauvilliers

5. Manuscript Title
Pitolisant for daytime sleepiness in obstructive sleep apnea patients refusing CPAP: a randomized trial

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
University of Turku	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Study-related costs

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 publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
ResMed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaking fee
Chiesi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaking fee
MundiPharma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaking fee

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boehringer Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaking fee
AGA Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Speaking fee

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Saaresranta reports other from University of Turku, during the conduct of the study; other from ResMed, other from Chiesi, other from MundiPharma, other from Boehringer Ingelheim, other from AGA Healthcare, outside the submitted work; .

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jean-Charles

2. Surname (Last Name) Schwartz

3. Date 06-June-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name Jean-Louis Pépin and Yves Dauvilliers

5. Manuscript Title Pitolisant for daytime sleepiness in obstructive sleep apnea patients refusing CPAP: a randomized trial

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 (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bioproject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee and shareholder

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 publication**.

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
EP 1428820	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Section 5. Relationships not covered above

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?

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Dr. Schwartz reports other from Bioproject, during the conduct of the study; In addition, Dr. Schwartz has a patent EP 1428820 issued.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Renaud

2. Surname (Last Name)

Tamisier

3. Date

21-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Jean-Louis Pépin and Yves Dauvilliers

5. Manuscript Title

Pitolisant for daytime sleepiness in obstructive sleep apnea patients refusing CPAP: a randomized trial

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Dr. Tamisier has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Yves

2. Surname (Last Name)
Dauvilliers

3. Date
22-May-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Pitolisant for daytime sleepiness in obstructive sleep apnea patients refusing CPAP: a randomized trial

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bioprojet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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UCB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
JAZZ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Takeda	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Theranexus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Harmony bioscience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Idorsia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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