Date:	March 31 th	2021	
Your	Name:Agustín Ciappo	ni	
Manı	uscript Title:_ "EFFECTIVEN	ESS OF UTERINE TAMPONA	ADE DEVICES FOR REFRACTORY POSTPARTUM HAEMORRHAG
AFTE	R VAGINAL BIRTH: A SYSTE	MATIC REVIEW"	
Manu	uscript number (if known):	BJOG-20-2353.R1	
relate partie to tra	ed to the content of your n es whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	ollowing questions apply t <u>iscript only</u> .	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
medio	cation, even if that medica	tion is not mentioned in t port for the work reported the past 36 months.	all relationships with manufacturers of antihypertensive he manuscript. d in this manuscript without time limit. For all other items, Specifications/Comments
		Name all entities with whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
		needed) Time frame: Since the initia	al planning of the work
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	x_None	
	No time limit for this item.		
		Time frame: pas	t 36 months
	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	_xNone	

Consulting fees

_x__None

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

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

Date:	March 30 th 2021_	
Your Name:	_Fernando Althabe	
Manuscript Title	e:_ "EFFECTIVENESS	OF UTERINE TAMPONADE DEVICES FOR REFRACTORY POSTPARTUM
HAEMORRHA	GE AFTER VAGINAL	BIRTH: A SYSTEMATIC REVIEW"
Manuscript nur	nber (if known): BJ	OG-20-2353.R1

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

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding,	xNone	
	provision of study materials, medical writing, article		
	processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	xNone	
	in item #1 above).		
3	Royalties or licenses	_xNone	
4	Consulting fees	x_None	

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

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

Date:	03	/31	/2021
Date.	03	<i>,</i>	/ 2021

Your Name: Gabriela Cormick

Manuscript Title: EFFECTIVENESS OF UTERINE TAMPONADE DEVICES FOR REFRACTORY POSTPARTUM HAEMORRHAGE

AFTER VAGINAL BIRTH

Manuscript	number (if known):				

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	xNone	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
	-		
4	Consulting fees	xNone	

5	Payment or honoraria for	_xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	x None	
O	testimony	xnone	
	testimony		
7	Support for attending	x None	
,	meetings and/or travel		
	5 ,		
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	x None	
10	in other board, society,	_xNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_xNone	
12	Receipt of equipment,	x_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_xNone	
	financial interests		

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

Date:31 3 2021

Your Name: G Justus Hofmeyr

Manuscript Title: EFFECTIVENESS OF UTERINE TAMPONADE DEVICES FOR REFRACTORY POSTPARTUM HAEMORRHAGE

AFTER VAGINAL BIRTH

Manuscript number (if known): BJOG-20-2353.R1

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	Equalize Health (not for profit)	Development of 'Safe Birth Tray' for monitoring blood loss after birth

4	Consulting fees	Equalize Health (not for profit)	Development of 'Safe Birth Tray' for monitoring blood loss after birth
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x_None	
6	Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	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	x_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_xNone	
13	Other financial or non- financial interests		Researching use of a Levin suction tube for uterine tamponade – no financial interest

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

Dat	e:March 30 th , 2021		
	r Name:VERONICA		
Ma	nuscript Title: TITLE: EF	FECTIVENESS OF UTE	RINE TAMPONADE DEVICES FOR REFRACTORY BIRTH: A SYSTEMATIC REVIEW
Ma	nuscript number (if known):	BJOG-20-235	3.R1
rela par to t	ted to the content of your n ties whose interests may be	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply to nuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to t		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
	em #1 below, report all sup time frame for disclosure is	·	d in this manuscript without time limit. For all other items,
		Name all entities with 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 initia	l planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	XNone	
	medical writing, article		
	medical writing, article processing charges, etc.) No time limit for this item.		
	processing charges, etc.)	Time frame: past	t 36 months
2	processing charges, etc.)	Time frame: pass	t 36 months

X_None

Consulting fees

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	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

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



our Name:	Bardach Ariel
Manuscript Title:	EFFECTIVENESS OF UTERINE TAMPONADE DEVICES FOR REFRACTORY POSTPARTUR
HAEMORRHAGE AF	TER VAGINAL BIRTH
Manuscript number	r (if known):
Manuscript numbei	r (if known):
n the interest of tra	ansparency, we ask you to disclose all relationships/activities/interests listed below that
	ansparency, we ask you to disclose an relationships/activities/interests listed below that

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

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	Time frame: Since the initialxNone	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	xNone	
4	Consulting fees	x_None	

5	Payment or honoraria for lectures, presentations,	xNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	x None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	_xNone	
	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		

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

Date:	March 30 th 2021
Your Name:_	_Catherine Deneux-Tharaux
Manuscript 1	ritle: "EFFECTIVENESS OF UTERINE TAMPONADE DEVICES FOR REFRACTORY POSTPARTUM
HAEMORR	HAGE AFTER VAGINAL BIRTH: A SYSTEMATIC REVIEW"
Manuscript i	number (if known):): BJOG-20-2353.R1
•	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
	l	I	planning of the work
1	All support for the present	_xNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	ivo time illint for this item.		
		Time frame; nect	26 months
2	Grants or contracts from	Time frame: past	56 MONUIS
2		_xNone	
	any entity (if not indicated in item #1 above).		
3	,	y None	
3	Royalties or licenses	_xNone	
4	Consulting food	y None	
4	Consulting fees	_xNone	

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

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

Date:	30/3/2021
Your Name:	_Daniel Comandé
Manuscript Title:	EFFECTIVENESS OF UTERINE TAMPONADE DEVICES FOR REFRACTORY POSTPARTUM HAEMORRHAGE
AFTER VAGINAL	BIRTH

Manuscript number (if known): BJOG-20-2353.R1

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	x None	
0	testimony	xNone	
	testimony		
7	Support for attending	x None	
,	meetings and/or travel		
	,		
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,	xNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	x None	
	financial interests		
			·

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

Date: 31 March 2021

Your Name: Mariana Widmer

Manuscript Title "EFFECTIVENESS OF UTERINE TAMPONADE DEVICES FOR REFRACTORY POSTPARTUM HAEMORRHAGE

AFTER VAGINAL BIRTH: A SYSTEMATIC REVIEW"

Manuscript number (if known): BJOG-20-2353.R1

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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)
	All 16 11 :	Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	xNone	
	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	xNone	
	any entity (if not indicated		
2	in item #1 above).	No.	
3	Royalties or licenses	_xNone	
4	Consulting fees	_xNone	

		<u> </u>	
5	Payment or honoraria for	_xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x None	
	testimony		
	,		
7	Support for attending	_xNone	
-	meetings and/or travel		
8	Patents planned, issued or	_xNone	
	pending		
9	Participation on a Data	x None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
11	Stock of Stock options		
12	Receipt of equipment,	x None	
12	materials, drugs, medical	^NOTIE	
	writing, gifts or other		
4.2	services	No.	
13	Other financial or non-	_xNone	
	financial interests		

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

Dat	te:_13 April, 2021			
		MI T. OLADAPO		
Maı	nuscript Title: TITLE:	EFFECTIVENESS OF UT	ERINE TAMPONADE DEVICES FOR REFRACTO BIRTH: A SYSTEMATIC REVIEW	RY
Maı	nuscript number (if knov	vn): BJOG-20-2353.	R1	
rela part to t	ted to the content of your r ties whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	elationships/activities/interests listed below that are as any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so.	
	following questions apply t	o the author's relationships	s/activities/interests as they relate to the <u>current</u>	
to t	• -	nsion, you should declare a	efined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive manuscript.	
	em #1 below, report all sup time frame for disclosure is		in this manuscript without time limit. For all other iter	ns,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as needed)		
		Time frame: Since the initial	planning of the work	
1	All support for the present	y None		

Time frame: past 36 months

x_None

xNone

_x__None

manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)

No time limit for this item.

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

any entity (if not indicated

2

3

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	x_Nonex_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	xNone
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

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

Date:March, 31st 2021
Your Name: Paula F. Vázquez
Manuscript Title: EFFECTIVENESS OF UTERINE TAMPONADE DEVICES FOR REFRACTORY POSTPARTUM HAEMORRHAGE
AFTER VAGINAL BIRTH: A SYSTEMATIC REVIEW
Manuscript number (if known): BJOG-20-2353.R1

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
			planning of the work
1	All support for the present	_xNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

		1	
5	Payment or honoraria for	_xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_xNone	
	testimony		
7	Support for attending	_xNone	
	meetings and/or travel		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
	Stock of Stock options		
12	Receipt of equipment,	x None	
12		_xNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_xNone	
	financial interests		

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

Date:_31-03-2021				
Your Name:_A. Metin Gülmezoglu				
Manuscript Title: EFFECTIVENESS OF UTERINE TAMPONADE DEVICES FOR				
REFRACTORY POSTPARTUM HAEMORRHAGE AFTER VAGINAL BIRTH: A				
SYSTEMATIC REVIEW				

Manuscript number (if known): BJOG-20-2353.R1

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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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			planning of the work
1	All support for the present	xNone	
	manuscript (e.g., funding,		
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	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_xNone	

4	Consulting fees	x_None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	xNonexNonexNone
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	xxNone
13	Other financial or non- financial interests	None

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

Date:_30-03-2021			
Your Name:_Prof Kitty WM Bloemenkamp			
Manuscript Title: EFFECTIVENESS OF UTERINE TAMPONADE DEVICES FOR			
REFRACTORY POSTPARTUM HAEMORRHAGE AFTER VAGINAL BIRTH: A			

Manuscript number (if known): BJOG-20-2353.R1

SYSTEMATIC REVIEW

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	x_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	_xNone	

4	Consulting fees	xNone	
5	Payment or honoraria for	xNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	x None	
"	testimony		
7	Support for attending meetings and/or travel	xNone	
	3.1. 3.1. 1,1. 1.1.		
8	Patents planned, issued or	_xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	x None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_xNone	
12	Receipt of equipment,	xNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_xNone	
	financial interests		

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

