

## ICMJE DISCLOSURE FORM

Date: 07/12/2021  
 Your Name: Sellam Jeremie  
 Manuscript Title: Characterization of Blood Mucosal Associated Invariant T (MAIT) cells in Axial Spondyloarthritis and of resident MAITs from control axial enthesitis  
 Manuscript number (if known): ar-21-1209.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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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

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

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

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

## ICMJE DISCLOSURE FORM

Date: 07/12/2021

Your Name: MICELI-RICHARD Corinne

Manuscript Title: Characterization of Blood Mucosal Associated Invariant T (MAIT) cells in Axial Spondyloarthritis and of resident MAITs from control axial entheses

Manuscript number (if known): ar-21-1209.R1

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Société française de rhumatologie	
		MSD Avenir (Project ICARE- SpA)	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  X  </u> None	
3	Royalties or licenses	<u>  X  </u> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

Date: December, 12<sup>th</sup>, 2021

Your Name: **DOUGADOS Maxime**

**Manuscript Title:** Characterization of Blood Mucosal Associated Invariant T (MAIT) cells in Axial Spondyloarthritis and of resident MAITs from control axial enthesitis,"

**Manuscript number (if known):** ar-21-1209

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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	PFIZER, ABBVIE, NOVARTIS, UCB, JANSSEN, MERCK,	Research grants with payments made to my institution
3	Royalties or licenses	X None	

4	Consulting fees	PFIZER,ABBVIE,NOVARTIS, UCB,JANSSEN,MERCK,GAL APAGOS?BIOGEN	Payments made to myself
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	X _None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

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

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

## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 7<sup>th</sup> December 2021 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Dennis McGonagle \_\_\_\_\_  
 Manuscript Title: \_\_\_\_\_ Characterization of Blood Mucosal Associated Invariant T (MAIT) cells in Axial Spondyloarthritis and of resident MAITs from control axial enthesitis \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_ ar-21-1209.R1 \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> The work on MAIT cells in Leeds was funded by an IIR between the Leeds group and Novartis UK	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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

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





## ICMJE DISCLOSURE FORM

Date: 07/12/2021

Your Name: Vishukumar Aimanianda

Manuscript Title: Characterization of Blood Mucosal Associated Invariant T (MAIT) cells in Axial Spondyloarthritis and of resident MAITs from control axial entheses

Manuscript number (if known): ar-21-1209.R1

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

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## ICMJE DISCLOSURE FORM

Date: 07/12/2021

Your Name: Surya Koturan

Manuscript Title: Characterization of Blood Mucosal Associated Invariant T (MAIT) cells in Axial Spondyloarthritis and of resident MAITs from control axial enthesitis

Manuscript number (if known): ar-21-1209.R1

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

Date: 07/12/2021

Your Name: Richard Cuthbert

Manuscript Title: Characterization of Blood Mucosal Associated Invariant T (MAIT) cells in Axial Spondyloarthritis and of resident MAITs from control axial enthesitis

Manuscript number (if known): ar-21-1209.R1

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Pfizer	Research grant
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

Date: 07/12/2021

Your Name: Nicolas Rosine

Manuscript Title: Characterization of Blood Mucosal Associated Invariant T (MAIT) cells in Axial Spondyloarthritis and of resident MAITs from control axial enthesitis

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		MSD Avenir (Project ICARE- SpA)	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	

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## ICMJE DISCLOSURE FORM

Date: 07/12/2021

Your Name: Lars Rogge

Manuscript Title: Characterization of Blood Mucosal Associated Invariant T (MAIT) cells in Axial Spondyloarthritis and of resident MAITs from control axial entheses

Manuscript number (if known): ar-21-1209.R1

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

Date: 07/12/2021

Your Name: Charles Brigewood

Manuscript Title: Characterization of Blood Mucosal Associated Invariant T (MAIT) cells in Axial Spondyloarthritis and of resident MAITs from control axial enthesitis

Manuscript number (if known): ar-21-1209.R1

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  </u> <u>  </u> <u>X</u> <u>  </u> None	
3	Royalties or licenses	<u>  </u> <u>  </u> <u>X</u> <u>  </u> None	
4	Consulting fees	<u>  </u> <u>  </u> <u>X</u> <u>  </u> None	

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## ICMJE DISCLOSURE FORM

Date: 07/12/2021

Your Name: Hanane Yahia-Cherbal

Manuscript Title: Characterization of Blood Mucosal Associated Invariant T (MAIT) cells in Axial Spondyloarthritis and of resident MAITs from control axial enthesitis

Manuscript number (if known): ar-21-1209.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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

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

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

## ICMJE DISCLOSURE FORM

Date: 07/12/2021

Your Name: Elisabetta Bianchi

Manuscript Title: Characterization of Blood Mucosal Associated Invariant T (MAIT) cells in Axial Spondyloarthritis and of resident MAITs from control axial entheses

Manuscript number (if known): ar-21-1209.R1

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

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## ICMJE DISCLOSURE FORM

Date: 07/12/2021

Your Name: Darren Newton

Manuscript Title: Characterization of Blood Mucosal Associated Invariant T (MAIT) cells in Axial Spondyloarthritis and of resident MAITs from control axial entheses

Manuscript number (if known): ar-21-1209.R1

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> X <input type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> X <input type="checkbox"/> None	

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

## ICMJE DISCLOSURE FORM

Date: 07/12/2021

Your Name: Claire Leloup

Manuscript Title: Characterization of Blood Mucosal Associated Invariant T (MAIT) cells in Axial Spondyloarthritis and of resident MAITs from control axial enthesitis

Manuscript number (if known): ar-21-1209.R1

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	<u>  X  </u> None	
4	Consulting fees	<u>  X  </u> None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

Date: 07/12/2021

Your Name: Charles Brigewood

Manuscript Title: Characterization of Blood Mucosal Associated Invariant T (MAIT) cells in Axial Spondyloarthritis and of resident MAITs from control axial enthesitis

Manuscript number (if known): ar-21-1209.R1

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3	Royalties or licenses	<u>  </u> X <u>  </u> None	
4	Consulting fees	<u>  </u> X <u>  </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

Date: 07/12/2021

Your Name: Abdulla Watad

Manuscript Title: Characterization of Blood Mucosal Associated Invariant T (MAIT) cells in Axial Spondyloarthritis and of resident MAITs from control axial enthesitis

Manuscript number (if known): ar-21-1209.R1

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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## ICMJE DISCLOSURE FORM

**Date:** 11/22/2021

**Your Name:** Francis BERENBAUM

**Manuscript Title:** Characterization of Blood Mucosal Associated Invariant T (MAIT) cells in Axial Spondyloarthritis and of resident MAITs from control axial entheses

**Manuscript Number (if known):** ar-21-1209.R1

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Time frame: Since the initial planning of the work															
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months															
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;">TRB Chemedica</td><td>To institution</td></tr> <tr><td>Pfizer</td><td>To institution</td></tr> <tr><td></td><td></td></tr> </table>	TRB Chemedica	To institution	Pfizer	To institution			<table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;">To institution</td><td></td></tr> <tr><td>To institution</td><td></td></tr> <tr><td></td><td></td></tr> </table>	To institution		To institution			
TRB Chemedica	To institution														
Pfizer	To institution														
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input type="checkbox"/> <b>None</b>	
		AstraZeneca	
		Boehringer Ingelheim	
		Bone Therapeutics	
		Cellprothera	
		Galapagos	
		Gilead	
		Grunenthal	
		GSK	
		Eli Lilly	
		MerckSerono	
		MSD	
		Nordic Bioscience	
		Novartis	
		Pfizer	
		Roche	
		Sandoz	
		Sanofi	
		Servier	
UCB			
Peptinov			
4P Pharma			
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b>	
		Expanscience	
		Pfizer	
6	Payment for expert testimony	<input type="checkbox"/> <b>None</b>	
		Pfizer	
		Eli Lilly	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b>	
		Nordic	
		Pfizer	
		Eli Lilly	
		Novartis	

		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)						
<b>8</b>	Patents planned, issued or pending	<input type="checkbox"/> <b>None</b> <table border="1"> <tr><td>Sorbonne University</td><td></td></tr> <tr><td>4P Pharma</td><td></td></tr> <tr><td></td><td></td></tr> </table>	Sorbonne University		4P Pharma				
Sorbonne University									
4P Pharma									
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b> <table border="1"> <tr><td>Nordic Bioscience</td><td></td></tr> <tr><td>AstraZeneca</td><td></td></tr> <tr><td>Guerbet</td><td></td></tr> </table>	Nordic Bioscience		AstraZeneca		Guerbet		
Nordic Bioscience									
AstraZeneca									
Guerbet									
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b> <table border="1"> <tr><td>Chair of 4P Pharma Scientific Advisory Board</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Chair of 4P Pharma Scientific Advisory Board						
Chair of 4P Pharma Scientific Advisory Board									
<b>11</b>	Stock or stock options	<input type="checkbox"/> <b>None</b> <table border="1"> <tr><td>4Moving Biotech</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	4Moving Biotech						
4Moving Biotech									
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b> <table border="1"> <tr><td>CEO 4Moving Biotech</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	CEO 4Moving Biotech						
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