

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 has five parts.

1. Identifying information.

Each author should submit a separate form. Provide complete information and double-check the manuscript number. If you are NOT the corresponding author please insert his or her name.

2. The work under consideration for publication.

Please provide 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 idea is to provide for the reader information about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. If you check the "No" box it 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 to pay you. If you or your institution did receive funds from a third party to support the work, check "Yes" along with the appropriate boxes to indicate the type of support and whether you or your institution received it.

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Effective Date: 08-February-2011

Surname:

Section 1. Identifying Information.

Given Name:

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Chen Nielsen 1



Section 1. Identifying Information.

Given Name: (or first)	Xiaohui	Surname: (or last)	Chen Nielsen	Effective Date:	01-March-2011
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
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Payment for development of educational presentations including service on speakers' bureaus	\boxtimes					Del ×
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Travel/accommodations expenses covered or reimbursed	\boxtimes					Del×
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Other (err on the side of full disclosure)	\boxtimes					Del ×
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Effective Date: 01-March-2011

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Section 1. Identifying Information.

Katharina E. P.

Given Name:

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Board membership	\boxtimes					Del ×



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Given Name:

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Expert testimony	\boxtimes					Del ×
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