Date	e: 31/3 2025		
You	r name : Susanne Dam P	oulsen	
Mar	nuscript title Vaccination v	ed organtransplantation i I	D anmark
Mar	nuscript number (if known)):	
are re third comr	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
oerta antih	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all support all support items, the time frame for	•	d in this manuscript without time limit. For all nonths.
		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	e frame: Since the initial plan	ning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	□ None Novo Nordisk Fonden, FSS	
	No time limit for this item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	☐ None Fra Munksgaard, Medicinsk Kompendium	

4	Consulting fees	None Non
5	Payment or honoraria for	□ None
	lectures, presentations, speakers bureaus,	Gilead, GSK, Takeda
	manuscript writing or	
	educational events	
4	Daymont for ovport	NZ Nana
6	Payment for expert testimony	⊠ None
	,	
7	Support for attending	⊠ None
,	meetings and/or travel	None
	,	
8	Patents planned, issued or	⊠ None
	pending	ZI NOTIC
9	Participation on a Data	□ None
	Safety Monitoring Board	Gilead, GSK, Takeda
	or Advisory Board	
10	Leadership or fiduciary	None Non
	role in other board, society, committee or	
	advocacy group, paid or	
	unpaid	
11	Stock or stock options	M None
11	Stock of Stock Options	None
12	Receipt of equipment,	None Non
	materials, drugs, medical	EST NOTIC
	writing, gifts or other	
	services	
13	Other financial or non-	⊠ None
	financial interests	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Date	e: 26.03.2025		
You	r name: Marie Helleberg		
Mar	nuscript title:Vaccinatio	n ved organtranspla	antation i Danmark
Mar	nuscript number (if known):	
are re third comr	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta	ins to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all sup ritems, the time frame for	•	d in this manuscript without time limit. For all 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)
Time	e frame: Since the initial plan	ning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None Non	
	No time limit for this item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from	□ None	
	any entity (if not indicated in item #1 above).	Research grant, AstraZeneca	Institution
	D 111 11		
3	Royalties or licenses		

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	■ None GSK AstraZeneca Bavarian Nordic Leo Pharma	Personal payment Personal payment Personal payment Personal payment
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	☐ None Gilead Advance Pharma	Institution Institution
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	MSD GSK AstraZeneca Bavarian Nordic	Personal payment Personal payment Personal payment Personal payment
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	
11	Stock or stock options	None Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non	
13	Other financial or non- financial interests	⊠ None	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

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Date	e : 27. marts 2025		
		rella Harboe	
	nuscript title:	- Cita Harboo	
	nuscript number (if known	· · · · · · · · · · · · · · · · · · ·	
IVIGI	rascript namber (ii known	<i>)</i> .	
are re third comr	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the con- nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	following questions apply to uscript only.	o the author's relationship	ps/activities/interests as they relate to the <u>current</u>
perta	ains to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of mentioned in the manuscript.
	m #1 below, report all sup r items, the time frame for		d in this manuscript without time limit. For all 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)
Time	e frame: Since the initial plan		
1	All support for the present	None Non	
	manuscript (e.g., funding, provision of study		
	materials, medical writing,		
	article processing charges,		
	etc.)		
	No time limit for this		
	No time limit for this item.		
			Click TAB in last row to add extra rows
Time			Click TAB in last row to add extra rows
	item. e frame: past 36 months		Click TAB in last row to add extra rows
Time 2	e frame: past 36 months Grants or contracts from	□ None	
	e frame: past 36 months Grants or contracts from any entity (if not indicated	□ None	ZBH received research grants from Independent
	e frame: past 36 months Grants or contracts from	□ None	
	e frame: past 36 months Grants or contracts from any entity (if not indicated	□ None	ZBH received research grants from Independent Research Fund Denmark (Inge Lehmanns grant number 3162-00031B), Helen Rudes Foundation, the Danish Cancer Society (Grant number KBVU-MS
	e frame: past 36 months Grants or contracts from any entity (if not indicated	□ None	ZBH received research grants from Independent Research Fund Denmark (Inge Lehmanns grant number 3162-00031B), Helen Rudes Foundation, the Danish Cancer Society (Grant number KBVU-MS R327-A19137), Novo Nordisk Foundation (grant nr.
	e frame: past 36 months Grants or contracts from any entity (if not indicated	□ None	ZBH received research grants from Independent Research Fund Denmark (Inge Lehmanns grant number 3162-00031B), Helen Rudes Foundation, the Danish Cancer Society (Grant number KBVU-MS

			the Pneumococcal laboratory at Statens Serum Institut, Copenhagen, Denmark, not related to this work.
3	Royalties or licenses	None Non	
Ü	nojunios en illernees	Zivone	
4	Consulting fees		
5	Payment or honoraria for	None Non	
5	lectures, presentations,	⊠ None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
,	Dayma and Community		
6	Payment for expert	None Non	
	testimony		
7	Support for attending	None Non	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
O	pending		
	pending		
9	Participation on a Data	None Non	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	□ None	
. •	role in other board,	LI NOTIC	ZBH is a member of the Danish Vaccination Council,
	society, committee or		out of this work. Also, chair of the European Society
	advocacy group, paid or		of Microbiology and Infectious Diseases Vaccine
	unpaid		Study Group and a board member of the Danish
			Society of Infectious Diseases, vaccine interest
			group.
11	Stock or stock options	None Non	
12	Receipt of equipment,	None Non	
	materials, drugs, medical		
	writing, gifts or other		
	services		
12	Other financial or non-	⊠ None	
13	other financial or non- financial interests		
	mandar miorosis		

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Date	e: 27. marts 2024		
You	r name: Carsten Schade	Larsen	
Mar	nuscript title: Vac	cination ved orga	ntransplantation i Danmark
	nuscript number (if known		
are re third comn list a	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	uscript only.		our documents and a strong rotate to the our street
perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript. d in this manuscript without time limit. For all 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)
Time	e frame: Since the initial plan		
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	⊠ None	
	item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	None Non	

4	Consulting fees	⊠ None	
5	Payment or honoraria for	□ None	
	lectures, presentations,	GSK	Lecture
	speakers bureaus,	Pfizer	Lecture
	manuscript writing or	Novartis	Lecture
	educational events		
6	Payment for expert		
U	testimony	△ None	
	testimony		
7	Support for attending	□ None	
	meetings and/or travel	CSL-Behring	ESID annual meeting, Marseilles
		MSD	HIV Drug Therapy Glasgow
0	Detente planned issued or		
8	Patents planned, issued or	□ None	
	pending		
9	9 Participation on a Data		
	Safety Monitoring Board	Moderna	Influenza, covid-19, RSV
	or Advisory Board	Takeda	Dengue fever
		Bavarian Nordic	TBE, tyfus, rabies
		MSD	Pneumokokvaccination
10	Leadership or fiduciary	⊠ None	
	role in other board,	Z None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None Non	
12	Receipt of equipment,	None Non	
	materials, drugs, medical	<u> </u>	
	writing, gifts or other		
	services		
4.5			
13	Other financial or non-	☐ None	
	financial interests	European LlfeCareGroup	Group Medical Director

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 ${\bf IMPORTANT\ for\ Ugeskrift\ for\ Læger\ \&\ Danish\ Medical\ Journal}$



Date	27. marts 2025		
You	r name: Hans Henrik Lav	vaetz Schultz	
Mar	nuscript title: Vac	cination ved orga	ntransplantation i Danmark
Mar	nuscript number (if known)		
are re third comn list a	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere ollowing questions apply to	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Discriptions/interests as they relate to the current
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perta	ins to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all suppite items, the time frame for	•	d in this manuscript without time limit. For all 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)
Time	e frame: Since the initial plan	ning of the work	
1	All support for the present	None Non	
	manuscript (e.g., funding, provision of study		
	materials, medical writing,		
	article processing charges,		
	etc.)		
	No time limit for this		
	item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from	57 Name	
2	any entity (if not indicated	None Non	
	in item #1 above).		
3	Royalties or licenses	None Non	
	Transco or noonlood	EN MONIC	

4	Consulting fees	None Non	
5	Payment or honoraria for	□ None	
	lectures, presentations,	Boehringer Ingelheim	Lecture
	speakers bureaus, manuscript writing or	Takeda	Lecture
	educational events		
6	Payment for expert	None Non	
	testimony		
7	Support for attending	□ None	
	meetings and/or travel	Boehringer Ingelheim	Travel
		3 3	
8	Patents planned, issued or	None Non	
	pending	Zinone	
9	Participation on a Data Safety Monitoring Board	None Non	
	or Advisory Board		
	or riavisory board		
10	Leadership or fiduciary	None Non	
	role in other board, society, committee or		
	advocacy group, paid or		
	unpaid		
	· · · · · · · · · · · · · · · · · · ·		1
11	Stock or stock options	None Non	
12	Receipt of equipment,	None Non	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None Non	
	financial interests		
		<u> </u>	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	9: 30. marts 2025		
You	r name: Christina Ekenb	erg	
Mar	nuscript title: Vac	cination ved orga	ntransplantation i Danmark
	nuscript number (if known		
are re third comn list a	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript. d in this manuscript without time limit. For all 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)
Time	e frame: Since the initial plan		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
	No time limit for this item.		
	nem.		Click TAB in last row to add extra rows
Time	e frame: past 36 months		Click TAD III last fow to add extra fows
TIIII	e traine, past 30 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	■ None	

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

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 27. marts 2025		
You	r name: Karin Skov		
	nuscript title: Vac nuscript number (if known)		ntransplantation i Danmark
are re third comr list a The f	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Os/activities/interests as they relate to the current
perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript. d in this manuscript without time limit. For all 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)
Time	e frame: Since the initial plan	ning 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	⊠ None	
	item.		
		ı	Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from	None Non	
	any entity (if not indicated in item #1 above).		
2	•	₩ N	
3	Royalties or licenses	None Non	

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

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 29. marts 2025		
You	r name: Lykke Larsen		
	nuscript title: Vaconuscript number (if known)		ntransplantation i Danmark
are re third comr list a The f	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Dos/activities/interests as they relate to the current
The a perta antih In ite	author's relationships/activalins to the epidemiology of ypertensive medication, even #1 below, report all sup	hypertension, you should yen if that medication is n port for the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
other	r items, the time frame for	disclosure is the past 36 r	nonths.
		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	e frame: Since the initial plan		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
	No time limit for this item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Cuenta en controlto fue un	E Name	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	■ None	
5	Noyaltios of floorises	EN MOLIC	

4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Non
6	Payment for expert testimony	⊠ None
7	Support for attending meetings and/or travel	⊠ None
	3	
8	Patents planned, issued or pending	None Non
	-	
9	Participation on a Data Safety Monitoring Board	⊠ None
	or Advisory Board	
10	10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None
11	Stock or stock options	⊠ None
	otosic or otosic options	EXTROITO
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None
13	Other financial or non-	□ None
10	financial interests	LI NOTIC

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 31. marts 2025				
		Hamana			
	r name: Sebastian Rask				
Mar	nuscript title: Vaccina	ation ved organtransplantation	on i Danmark		
Mar	nuscript number (if known)):			
are re third comr list a The f	elated to the content of you parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Os/activities/interests as they relate to the current		
perta	ins to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.		
	m #1 below, report all suppritems, the time frame for		d in this manuscript without time limit. For all 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)		
Time	e frame: Since the initial plan				
1	All support for the present	None Non			
	manuscript (e.g., funding,				
	provision of study materials, medical writing,				
	article processing charges,				
	etc.)				
	No time limit for this				
	item.				
			Click TAB in last row to add extra rows		
Tim	e frame: past 36 months				
111110	e frame. past 30 months				
2	Grants or contracts from	□ None			
	any entity (if not indicated	Rigshospitalets			
	in item #1 above).	forskningspuljer			
3	Royalties or licenses	None Non			

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

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 31. marts 2025			
You	r name : Søren Jensen-Fa	angel		
Mar	nuscript title: Vac	cination ved orga	ntransplantation i Danmark	
Mar	nuscript number (if known)):		
are re third comn list a	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Os/activities/interests as they relate to the current	
The a perta antih In ite	The author's relationships/activities/interests should be <u>defined broadly</u> . 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)	
Time	e frame: Since the initial plan	ning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None Non		
	No time limit for this item.			
			Click TAB in last row to add extra rows	
Time	e frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above)	None Non		
	in item #1 above).			
3	Royalties or licenses			

4	Consulting fees	⊠ None	
5	Payment or honoraria for	□ None	
	lectures, presentations, speakers bureaus,	2022	Presentation payed by Vertex
	manuscript writing or	2024	Presentation payed by GSK
	educational events		
6	Payment for expert	None Non	
	testimony		
7	Support for attending	□ None	
/	meetings and/or travel	□ Non e 2024	Attending ESCMID Global payed by Tillotts
8	Patents planned, issued or	None Non	
	pending		
9	Participation on a Data	⊠ None	
,	Safety Monitoring Board or Advisory Board	2024	Advisory board Takeda (Maribavir)
10	Leadership or fiduciary	None Non	
	role in other board, society, committee or advocacy group, paid or unpaid		
4.1	<u> </u>		
11	Stock or stock options	None Non	
12	Receipt of equipment,	None Non	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non- financial interests	⊠ None	

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

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