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

Date: 2. april 2024				
Your name: Jakob Grauslund				
Manuscript title: Screening og behandling af diabetisk retinopati.				
Manuscript number (if known): N/A				

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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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.

Tim	e frame: Since the initial plar	Name all entities with whom you have this relationship or indicate none (add rows as needed) ning of the work	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	None	
'	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.		

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2	Grants or contracts from	⊠ None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	⊠ None	

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

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

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: 24. februar 2021				
Your name: Nis Andersen				
Manuscript title:	Manuscript title: Screening og behandling af diabetisk retinopati.			
Manuscript number (if known): N/A				

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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Tim	e frame: Since the initial plar	Name all entities with whom you have this relationship or indicate none (add rows as needed) ning of the work	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	None	
'	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.		

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2	Grants or contracts from	⊠ None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	⊠ None	

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

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

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: 24. februar 2021				
Your name: Jens Andresen				
Manuscript title: Screening og behandling af diabetisk retinopati.				
Manuscript number (if known): N/A				

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1	All support for the present	None	
'	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.		

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2	Grants or contracts from	⊠ None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	⊠ None	

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	VisCom Advisory board VISUMI Advisory Borad	No payment No payment
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	

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

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: 24. februar 2021				
Your name: Sara Brandi				
Manuscript title: Screening og behandling af diabetisk retinopati.				
Manuscript number (if known): N/A				

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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Tim	e frame: Since the initial plar	Name all entities with whom you have this relationship or indicate none (add rows as needed) nning of the work	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.)	None	
	No time limit for this item.		

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	Grants or contracts from	⊠ None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	⊠ None	

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
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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Date: 25. marts 2024				
Your name: Javad Nouri Hajari				
Manuscript title: Screening og behandling af diabetisk retinopati.				
Manuscript number (if known): N/A				

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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.

Tim	e frame: Since the initial plar	Name all entities with whom you have this relationship or indicate none (add rows as needed) nning of the work	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,	None None	
	etc.) No time limit for this item.		

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	Grants or contracts from	⊠ None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	⊠ None	

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

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Date: 11. marts 2024				
Your name: Søren Tang Knudsen				
Manuscript title: Screening og behandling af diabetisk retinopati.				
Manuscript number (if known): N/A				

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Tim	o from a Cinco the initial plan	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)
	e frame: Since the initial plan		
1	All support for the present	🖾 None	
	manuscript (e.g., funding,		
	provision of study		
	materials, medical writing,		
	article processing charges,		
	etc.)		
	No time limit for this		
	item.		

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2	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 Boehringer Ingelheim, Sanofi, Mundipharma, Novo Nordisk, AstraZeneca, MSD, Abbott, Bayer, Lilly 	Lectures
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	Boehringer Ingelheim	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data		
7	Safety Monitoring Board or Advisory Board	□ None Boehringer Ingelheim, Sanofi, Mundipharma, Novo Nordisk, MSD, Abbott, Bayer	Advisory board
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	

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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Date: 24. februar 2021					
Your name: Caroline	Your name: Caroline Schmidt Laugesen				
Manuscript title: Screening og behandling af diabetisk retinopati.					
Manuscript number (if known): N/A					

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1	All support for the present	None	
'	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.		

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2	Grants or contracts from	⊠ None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	🖾 None	

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

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

Date: 26. marts 202	4		
Your name: Majbrit Lind			
Manuscript title:	Manuscript title: Screening og behandling af diabetisk retinopati.		
Manuscript number (if known): N/A			

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Tim	e frame: Since the initial plar	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	⊠ None	
	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.		

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2	Grants or contracts from	⊠ None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	🖾 None	

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

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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: 19. marts 2024				
Your name: Mette Slot Nielsen				
Manuscript title: Screening og behandling af diabetisk retinopati.				
Manuscript number (if known): N/A				

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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1	All support for the present	None	
'	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.		

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2	Grants or contracts from	⊠ None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	🖾 None	

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	
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

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

Date: 12. marts 2024				
Your name: Katja C	Your name: Katja Christina Schielke			
Manuscript title: Screening og behandling af diabetisk retinopati.				
Manuscript number (if known): N/A				

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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Tim	e frame: Since the initial plar	Name all entities with whom you have this relationship or indicate none (add rows as needed) pping of the work	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present		
		🖾 None	
	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

2	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	⊠ None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	⊠ None	
	testimony		
7	Support for attending meetings and/or travel	⊠ None	
	meetings and/or traver		
8	Patents planned, issued or pending	⊠ None	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
	or Advisory Board		
10	or Advisory Board Leadership or fiduciary	⊠ None	
10	or Advisory Board Leadership or fiduciary role in other board,	⊠ None	
10	or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	None	
10	Leadership or fiduciary role in other board, society, committee or	☑ None ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑ ☑	
10	or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		
	or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	⊠ None □	
	or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		
	or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		
11	or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical	I None I	
11	or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other	I None I	
11	or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical	I None I	
11	or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	I None I	
11	or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services	Image: Second state st	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

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Date: 24. februar 2021			
Your name: Yousit	Your name: Yousif Subhi		
Manuscript title:	Manuscript title: Screening og behandling af diabetisk retinopati.		
Manuscript number (if known): N/A			

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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.

Tim	e frame: Since the initial plar	Name all entities with whom you have this relationship or indicate none (add rows as needed) ning of the work	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	None	
'	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.		

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

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Date: 2. april 2024				
Your name: Toke Bek				
Manuscript title: Screening og behandling af diabetisk retinopati.				
Manuscript number (if known): N/A				

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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Tim	e frame: Since the initial plar	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	🛛 None	
	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

2	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 Image: Second
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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