ICMJE DISCLOSURE FORM

Date: 9/21/2022

Your Name: Shreya Bhattacharya

Manuscript Title: Treatment of Sweet Syndrome by Molecular Identification of a Neutrophil-specific PIK3R1 Mutation

Manuscript Number (if known): 162137-JCI-CMED-RV-2

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| 6 | Payment for expert testimony                                                                     | ☒ None                                                                            |
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| 7 | Support for attending meetings and/or travel                                                     | ☒ None                                                                            |
|   |                                                                                                 |                                                                                   |
|   |                                                                                                 |                                                                                   |
| 8 | Patents planned, issued or pending                                                               | ☒ None                                                                            |
|   |                                                                                                 |                                                                                   |
|   |                                                                                                 |                                                                                   |
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|   |                                                                                                 |                                                                                   |
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| 13 | Other financial or non-financial interests                      | ☒ None                                                                            |
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Date:  
9/21/2022

Your Name:  
Sayon Basu

Manuscript Title:  
Treatment of Sweet Syndrome by Molecular Identification of a Neutrophil-specific PIK3R1 Mutation

Manuscript Number (if known):  
162137-JCI-CMED-RV-2

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| 6 | Payment for expert testimony                                                                    | ☒ None                                                                                         |
| 7 | Support for attending meetings and/or travel                                                    | ☒ None                                                                                         |
| 8 | Patents planned, issued or pending                                                              | ☒ None                                                                                         |
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|    | ☐ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None |
|    | ☐ None |
|    | ☐ None |
| 13 | Other financial or non-financial interests | ☒ None |
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|    | ☐ None |

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Date: 9/21/2022
Your Name: Emily Sheng
Manuscript Title: Treatment of Sweet Syndrome by Molecular Identification of a Neutrophil-specific PIK3R1 Mutation
Manuscript Number (if known): 162137-JCI-CMED-RV-2

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|   | |                                                                                                 |
| 6 | Payment for expert testimony                                                                     | ☒ None                                                                           |
|   | |                                                                                                 |
| 7 | Support for attending meetings and/or travel                                                    | ☒ None                                                                           |
|   | |                                                                                                 |
| 8 | Patents planned, issued or pending                                                               | ☒ None                                                                           |
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Date: 9/21/2022

Your Name: Christina Murphy

Manuscript Title: Treatment of Sweet Syndrome by Molecular Identification of a Neutrophil-specific PIK3R1 Mutation

Manuscript Number (if known): 162137-JCI-CMED-RV-2

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| 6 | Payment for expert testimony                                                                    | ☒ None                                                                            |
|   |                                                                                                 |                                                                                   |
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| 8 | Patents planned, issued or pending                                                               | ☒ None                                                                            |
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Date: 9/21/2022

Your Name: Jenny Wei

Manuscript Title: Treatment of Sweet Syndrome by Molecular Identification of a Neutrophil-specific PIK3R1 Mutation

Manuscript Number (if known): 162137-JCI-CMED-RV-2

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| 6 | Payment for expert testimony                                                                     | ☒ None                                                                         |
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| 7 | Support for attending meetings and/or travel                                                     | ☒ None                                                                         |
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| 8 | Patents planned, issued or pending                                                                | ☒ None                                                                         |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                | ☒ None                                                                         |
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13. Other financial or non-financial interests | ☒ None

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Date: 9/21/2022
Your Name: Anna E. Kersh
Manuscript Title: Treatment of Sweet Syndrome by Molecular Identification of a Neutrophil-specific PIK3R1 Mutation
Manuscript Number (if known): 162137-JCI-CMED-RV-2

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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events                                                        | ☒  None                                                                                                                           |
|   | ☒  None                                                                                                                                                                   |                                                                                                                                  |
| 6 | Payment for expert testimony                                                                                                                                               | ☒  None                                                                                                                           |
|   | ☒  None                                                                                                                                                                   |                                                                                                                                  |
| 7 | Support for attending meetings and/or travel                                                                         | ☒  None                                                                                                                           |
|   | ☒  None                                                                                                                                                                   |                                                                                                                                  |
| 8 | Patents planned, issued or pending                                                                                                                                           | ☒  None                                                                                                                           |
|   | ☒  None                                                                                                                                                                   |                                                                                                                                  |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                                  | ☒  None                                                                                                                           |
|   | ☒  None                                                                                                                                                                   |                                                                                                                                  |
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|   | ☒  None                                                                                                                                                                   |                                                                                                                                  |
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Date: 9/21/2022

Your Name: Caroline A. Nelson, MD

Manuscript Title: Treatment of Sweet Syndrome by Molecular Identification of a Neutrophil-specific PIK3R1 Mutation

Manuscript Number (if known): 162137-JCI-CMED-RV-2

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| | Boehringer Ingelheim – multicenter grant to study generalized pustular psoriasis and palmoplantar pustulosis |
| | |
| | |
| **3** Royalties or licenses | ☒ None |
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| 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                                            |                                                                                   |
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Date: 9/21/2022

Your Name: Joshua S. Bryer

Manuscript Title: Treatment of Sweet Syndrome by Molecular Identification of a Neutrophil-specific PIK3R1 Mutation

Manuscript Number (if known): 162137-JCI-CMED-RV-2

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| 3  | Royalties or licenses | None |
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Date: 9/21/2022

Your Name: Hovik Ashchyan

Manuscript Title: Treatment of Sweet Syndrome by Molecular Identification of a Neutrophil-specific PIK3R1 Mutation

Manuscript Number (if known): 162137-JCI-CMED-RV-2

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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| **Time frame: Since the initial planning of the work** | |
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| | | |
| **Time frame: past 36 months** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
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| 3 | Royalties or licenses | ☒ None |
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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) |
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| 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                                                                            |
|   | 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) |
|---|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 11 | Stock or stock options | ☒ None | ![Image](https://via.placeholder.com/150) |
|   |                                                           |                                                                                     |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None | ![Image](https://via.placeholder.com/150) |
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| 13 | Other financial or non-financial interests | ☒ None | ![Image](https://via.placeholder.com/150) |
|   |                                                           |                                                                                     |

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☒ 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: 9/21/2022

Your Name: Katherine Steele

Manuscript Title: Treatment of Sweet Syndrome by Molecular Identification of a Neutrophil-specific PIK3R1 Mutation

Manuscript Number (if known): 162137-JCI-CMED-RV-2

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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| | [ ] | [ ] | Click the tab key to add additional rows. |
| **Time frame: past 36 months** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
| | [ ] | [ ] |
| 3 | Royalties or licenses | ☒ None |
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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) |
|---|---------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 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 |
| Table 1: ICMJE Disclosure Form |
|-----------------------------|
| **Name all entities with whom you have this relationship or indicate none (add rows as needed)** |
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| **11. Stock or stock options** |
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| None |

| **13. Other financial or non-financial interests** |
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ICMJE DISCLOSURE FORM

Date: 9/21/2022

Your Name: Amy Forrestel

Manuscript Title: Treatment of Sweet Syndrome by Molecular Identification of a Neutrophil-specific PIK3R1 Mutation

Manuscript Number (if known): 162137-JCI-CMED-RV-2

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| --- | --- |
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No time limit for this item. | ☒ None |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
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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) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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                                                                           |
|   |                                                                                                  |                                                                                  |
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|   |                                                                                                  |                                                                                  |
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| 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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ICMJE DISCLOSURE FORM

Date: 9/21/2022

Your Name: William James MD

Manuscript Title: Treatment of Sweet Syndrome by Molecular Identification of a Neutrophil-specific PIK3R1 Mutation

Manuscript Number (if known): 162137-JCI-CMED-RV-2

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

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Date: 9/21/2022
Your Name: Robert G Micheletti, MD
Manuscript Title: Treatment of Sweet Syndrome by Molecular Identification of a Neutrophil-specific PIK3R1 Mutation
Manuscript Number (if known): 162137-JCI-CMED-RV-2

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|   |                                                                                                 |                                                                                  |
| 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                                                                           |
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| 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: 9/21/2022

Your Name: John Seykora

Manuscript Title: Treatment of Sweet Syndrome by Molecular Identification of a Neutrophil-specific PIK3R1 Mutation

Manuscript Number (if known): 162137-JCI-CMED-RV-2

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| 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                                                                                     |
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)
---|---
11 Stock or stock options | ☒ None

| Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|

12 Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None

| Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|

13 Other financial or non-financial interests | ☒ None

| Specifications/Comments (e.g., if payments were made to you or to your institution) |
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Date: 9/21/2022

Your Name: Misha Rosenbach

Manuscript Title: Treatment of Sweet Syndrome by Molecular Identification of a Neutrophil-specific PIK3R1 Mutation

Manuscript Number (if known): 162137-JCI-CMED-RV-2

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ None | |
| | Processa Pharma | Research support: PCS499 clinical trial for necrobiosis lipoidica- paid to institution (Penn) |
| | | |
| 3 | Royalties or licenses | ☒ None | |
| | | | |
|   | 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                                                                                | ☐ None                                                                           |
|   | [Xentria](#) Sarcoidosis consulting – paid to me                                               |                                                                                  |
|   | [Novartis](#) Drug reaction consulting – paid to me                                           |                                                                                  |
|   | [Merck](#) Drug reaction consulting – paid to me                                               |                                                                                  |
|   | [Janssen](#) Drug reaction consulting – paid to me                                             |                                                                                  |
|   | [AbbVie](#) Sarcoidosis consulting – paid to me                                                 |                                                                                  |
|   | [Processa](#) Necrobiosis lipoidica consulting – paid to me                                    |                                                                                  |
| 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                                                                           |
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| 11 | Stock or stock options | ☒ None |
|     | ☐ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None |
|     | ☐ None |
| 13 | Other financial or non-financial interests | ☒ None |
|     | ☐ None |

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| Number | Relationship Details | Time Frame | Specifications/Comments |
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| 1      | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Since the initial planning of the work | None |
|        | **No time limit for this item.** | | |
| 2      | Grants or contracts from any entity (if not indicated in item #1 above). | past 36 months | None |
| 3      | Royalties or licenses | | None |

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|------|--------------|----------------------------------------------------------------------------------|
| 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 |
|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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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