ICMJE DISCLOSURE FORM

Date: 2022/2/16

Your Name: Qiang MA

Manuscript Title: The effects of modified RNA-binding proteins HuR on the biological behavior of the bladder cancer T24 cell line

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

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

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

| Item | 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Natural Science Foundation of Inner Mongolia Autonomous Region of China 2017BS0805 and 2021MS08009 |
|      |                                                                                                  | Program for Young Talents of Science and Technology in Universities of Inner Mongolia Autonomous Region NJYT-20-B22 |
|      |                                                                                                  | Research Funds of Baotou Medical College BYJJ-YF 201616 and BSJJ201707 |
|      |                                                                                                  | Nanshan District (Shenzhen) Education (Health) Science and Technology Project 2020009 |

Time frame: Since the initial planning of the work

| Item | Grants or contracts from any entity (if not indicated in item #1 above). | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 2    | __X__None                                                                  |                                                                                   |

Time frame: past 36 months
|   | Royalties or licenses | __X__ None |
|---|-----------------------|------------|
| 4 | Consulting fees       | __X__ None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__ None |
| 6 | Payment for expert testimony | __X__ None |
| 7 | Support for attending meetings and/or travel | __X__ None |
| 8 | Patents planned, issued or pending | __X__ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | __X__ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__ None |
| 11 | Stock or stock options | __X__ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__ None |
| 13 | Other financial or non-financial interests | __X__ None |

Please summarize the above conflict of interest in the following box:

This work was supported by the Natural Science Foundation of Inner Mongolia Autonomous Region of China (2017BS0805 and 2021MS08009), the Program for Young Talents of Science and Technology in Universities of Inner Mongolia Autonomous Region (NJYT-20-B22), the Research Funds of Baotou Medical College (BYJY-YF 201616 and BSJJ201707), the Nanshan District (Shenzhen) Education (Health) Science and Technology Project (2020009).

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

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

Date: 2022/2/16
Your Name: Chen Xu
Manuscript Title: The effects of modified RNA-binding proteins HuR on the biological behavior of the bladder cancer T24 cell line
Manuscript number (if known): __________________________________________________________________________

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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | Research Program of Science and Technology at Universities of Inner Mongolia Autonomous Region | NJZY22049 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None |
| 3 | Royalties or licenses | X None |
|   |   |   |
|---|---|---|
| 4 | Consulting fees | _X_ None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

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**Please place an “X” next to the following statement to indicate your agreement:**

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ICMJE DISCLOSURE FORM

Date: 2022/2/16

Your Name: Xiaomin Han

Manuscript Title: The effects of modified RNA-binding proteins HuR on the biological behavior of the bladder cancer T24 cell line

Manuscript number (if known):

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|   | **No time limit for this item.**                                                              | 2018BS08014                                                                     |
|   |                                                                                               | the Research Program of Science and Technology at Universities of Inner Mongolia Autonomous Region |
|   |                                                                                               | NJZZ18186                                                                        |
|   |                                                                                               | Research Funds of Baotou Medical College                                           |
|   |                                                                                               | BSJJ201708                                                                       |

**Time frame: past 36 months**

2. X None
|   | Grants or contracts from any entity (if not indicated in item #1 above). |   |
|---|---|---|
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
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| 6 | Payment for expert testimony | _X_ None |
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ICMJE DISCLOSURE FORM

Date: 2022/2/16

Your Name: Xinxin Wang

Manuscript Title: The effects of modified RNA-binding proteins HuR on the biological behavior of the bladder cancer T24 cell line

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|   | **No time limit for this item.**                                                                |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                        | _X__None |
| 3 | Royalties or licenses                                                                            | _X__None |
| 4 | Consulting fees                                                                                 | _X__None |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__None |
| 6 | Payment for expert testimony | __X__None |
| 7 | Support for attending meetings and/or travel | __X__None |
| 8 | Patents planned, issued or pending | __X__None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | __X__None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__None |
| 11 | Stock or stock options | __X__None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__None |
| 13 | Other financial or non-financial interests | __X__None |

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

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

Date: 2022/2/16

Your Name: Wei Zhang

Manuscript Title: The effects of modified RNA-binding proteins HuR on the biological behavior of the bladder cancer T24 cell line

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X__None

No time limit for this item.

|   | Time frame: past 36 months | |
|---|----------------------------|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X__None |
| 3 | Royalties or licenses | _X__None |
| 4 | Consulting fees | _X__None |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                | X | None |
| 7 | Support for attending meetings and/or travel                                 | X | None |
| 8 | Patents planned, issued or pending                                           | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                       | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                   | X | None |

Please summarize the above conflict of interest in the following box:

None conflict of interest.

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

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
# ICMJE DISCLOSURE FORM

**Date:** 2022/2/16

**Your Name:** Zhi Liu

**Manuscript Title:** The effects of modified RNA-binding proteins HuR on the biological behavior of the bladder cancer T24 cell line

**Manuscript number (if known):**

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

**Time frame:** past 36 months
| #  | Description                                                                 | Answer |
|----|------------------------------------------------------------------------------|--------|
| 4  | Consulting fees                                                             | X None |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6  | Payment for expert testimony                                                 | X None |
| 7  | Support for attending meetings and/or travel                                 | X None |
| 8  | Patents planned, issued or pending                                           | X None |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board            | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options                                                       | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests                                   | X None |

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ICMJE DISCLOSURE FORM

Date: 2022/2/16

Your Name: Rihan Wu

Manuscript Title: The effects of modified RNA-binding proteins HuR on the biological behavior of the bladder cancer T24 cell line

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|----|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None                                                                         |
|    | **No time limit for this item.**                                                                 |                                                                                  |

| Time frame: Since the initial planning of the work |

| #  | 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) |
|----|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 2  | Grants or contracts from any entity (if not indicated in item #1 above).                     | _X_ None                                                                         |
| 3  | Royalties or licenses                                                                         | _X_ None                                                                         |
| 4  | Consulting fees                                                                               | _X_ None                                                                         |

| Time frame: 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) |
|----|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|    |                                                                                                 |                                                                                  |
|    |                                                                                                 |                                                                                  |
|    |                                                                                                 |                                                                                  |
|    |                                                                                                 |                                                                                  |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __X__None |
| 6 | Payment for expert testimony                                                | __X__None |
| 7 | Support for attending meetings and/or travel                                | __X__None |
| 8 | Patents planned, issued or pending                                          | __X__None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | __X__None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X__None |
| 11| Stock or stock options                                                      | __X__None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X__None |
| 13| Other financial or non-financial interests                                   | __X__None |

Please summarize the above conflict of interest in the following box:

None conflict of interest.

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

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

Date: 2022/2/16

Your Name: Fei Wu

Manuscript Title: The effects of modified RNA-binding proteins HuR on the biological behavior of the bladder cancer T24 cell line

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|   | **No time limit for this item.**                                                                 |                                                                                   |
|2  | Grants or contracts from any entity (if not indicated in item #1 above).                        | _X_ None                                                                              |
|3  | Royalties or licenses                                                                          | _X_ None                                                                              |
|4  | Consulting fees                                                                                | _X_ None                                                                              |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | **Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events** |   |
|---|-------------------------------------------------------------------------------------------------|---|
| 5 |                                                                                                  | **None** |
|   | **Payment for expert testimony**                                                                 | **None** |
| 6 |                                                                                                  | **None** |
|   | **Support for attending meetings and/or travel**                                                | **None** |
| 7 |                                                                                                  | **None** |
|   | **Patents planned, issued or pending**                                                           | **None** |
| 8 |                                                                                                  | **None** |
|   | **Participation on a Data Safety Monitoring Board or Advisory Board**                           | **None** |
| 9 |                                                                                                  | **None** |
|   | **Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid** | **None** |
| 10|                                                                                                  | **None** |
|   | **Stock or stock options**                                                                     | **None** |
| 11|                                                                                                  | **None** |
|   | **Receipt of equipment, materials, drugs, medical writing, gifts or other services**          | **None** |
| 12|                                                                                                  | **None** |
|   | **Other financial or non-financial interests**                                                  | **None** |
| 13|                                                                                                  | **None** |

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ICMJE DISCLOSURE FORM

Date: 2022/2/16

Your Name: Xiaohui Liu

Manuscript Title: The effects of modified RNA-binding proteins HuR on the biological behavior of the bladder cancer T24 cell line

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   bycx2021002 | |

Time frame: Since the initial planning of the work

|   |   |   |
|---|---|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  
   _X_ None |   |
| 3 | Royalties or licenses  
   _X_ None |   |
|   |   |   |
|---|---|---|
| 4 | Consulting fees | X None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
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|   |   |   |
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Date: 2022/2/16

Your Name: Tengteng Zhang

Manuscript Title: The effects of modified RNA-binding proteins HuR on the biological behavior of the bladder cancer T24 cell line

Manuscript number (if known):

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                        | _X_ None                                                                          |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony | X None |
| 7 | Support for attending meetings and/or travel | X None |
| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

Please summarize the above conflict of interest in the following box:

None conflict of interest.

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

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

Date: 2022/2/16

Your Name: Yan Su

Manuscript Title: The effects of modified RNA-binding proteins HuR on the biological behavior of the bladder cancer T24 cell line

Manuscript number (if known): ____________________________

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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) |
|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
|   | **Time frame: Since the initial planning of the work**                                         | **Time frame: past 36 months**                                                    |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None                                                                           |
|   | **No time limit for this item.**                                                               |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | _X_ None                                                                           |
| 3 | Royalties or licenses                                                                         | _X_ None                                                                           |
| 4 | Consulting fees                                                                               | _X_ None                                                                           |
|   | Description                                                                                           | X | None   |
|---|-------------------------------------------------------------------------------------------------------|---|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None   |
| 6 | Payment for expert testimony                                                                           | X | None   |
| 7 | Support for attending meetings and/or travel                                                            | X | None   |
| 8 | Patents planned, issued or pending                                                                       | X | None   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                       | X | None   |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid       | X | None   |
|11 | Stock or stock options                                                                                    | X | None   |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                       | X | None   |
|13 | Other financial or non-financial interests                                                                | X | None   |

Please summarize the above conflict of interest in the following box:

None conflict of interest.

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

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Date: 2022/2/16

Your Name: Kewen Zheng

Manuscript Title: The effects of modified RNA-binding proteins HuR on the biological behavior of the bladder cancer T24 cell line

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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Wenzhou Public Welfare Science and Technology Foundation Y20160336 |
|   | No time limit for this item.                                                                   | Zhejiang Province Natural Sciences Foundation LQ17H050002                      |

|   | Time frame: Since the initial planning of the work                                              |                                                                                   |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | X_None                                                                            |
| 3 | Royalties or licenses                                                                          | X_None                                                                            |

|   | Time frame: past 36 months                                                                     |                                                                                   |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|   |                                                                                                 |                                                                                   |
|   | **Description**                                                                 |   |
|---|-------------------------------------------------------------------------------|---|
| 4 | Consulting fees                                                               | X None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony                                                  | X None |
| 7 | Support for attending meetings and/or travel                                   | X None |
| 8 | Patents planned, issued or pending                                            | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board              | X None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11| Stock or stock options                                                         | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13| Other financial or non-financial interests                                     | X None |

**Please summarize the above conflict of interest in the following box:**

This work was supported by the Wenzhou Public Welfare Science and Technology Foundation (Y20160336), the Zhejiang Province Natural Sciences Foundation (LQ17H050002).

**Please place an “X” next to the following statement to indicate your agreement:**

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
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Date: 2022/2/16

Your Name: Yukun Wang

Manuscript Title: The effects of modified RNA-binding proteins HuR on the biological behavior of the bladder cancer T24 cell line

Manuscript number (if known): __________________________________________________

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** |                                                                                     |                                                                                  |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None                                                                         |
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| **Time frame: past 36 months** |                                                                                     |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | _X_ None                                                                         |
| 3 | Royalties or licenses                                                                         | _X_ None                                                                         |
| 4 | Consulting fees                                                                               | _X_ None                                                                         |
|   | Conflict of Interest |   |
|---|----------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X__None |
| 6 | Payment for expert testimony | _X__None |
| 7 | Support for attending meetings and/or travel | _X__None |
| 8 | Patents planned, issued or pending | _X__None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X__None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X__None |
| 11 | Stock or stock options | _X__None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X__None |
| 13 | Other financial or non-financial interests | _X__None |

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