Date:	1/10/2022
Your Name:	Simon Coulton
Manuscript Title:	RISKIT-CJS: Pragmatic randomized controlled trial to evaluate the effectiveness and cost- effectiveness of a multi-component intervention to reduce substance use and risk-taking behaviour in adolescents involved in the criminal justice system 14/183/02.
Manuscript Number (if known):	Click or tap here to enter text.

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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.

		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
1	All support for the present		
	manuscript (e.g., funding, provision	Received funding as chief investigator of the study NIHR PHR 14/183/02	Paid to institution
	of study materials, medical writing, article processing		Click the tab key to add additional rows.
	charges, etc.) No time limit for		
	this item.		
		Time frame: past 36 month	IS
2	Grants or contracts from	□ None	
	any entity (if not indicated in item	PI on studies involving similar clinical areas and/ or similar populations in the past 36 months	
	#1 above).	NIHR HTA 13/86/03	Institution
		NIHR PHR 17/44/11	Institution
		NIHR PHR 13/117/02	Institution
		NIHR PGFAR RP PG 0609 10162	Institution
		Youth Endowment Fund LGR1-EVAL-092102	Institution

		all entities with whom you have this nship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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,	None	

			all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid			
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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	1/24/2022
Your Name:	Olena Nizalova
Manuscript Title:	RISKIT-CJS: Pragmatic randomized controlled trial to evaluate the effectiveness and cost- effectiveness of a multi-component intervention to reduce substance use and risk-taking behaviour in adolescents involved in the criminal justice system 14/183/02.
Manuscript Number (if known):	14/183/02

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			Comments (e.g., if payments were r to your institution)
		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.) No time limit for this item.	None 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	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if paymentsrelationship or indicate none (add rows as needed)made to you or to your institution)	were
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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:	1/1/2022
Your Name:	Tracy Pellatt-Higgins
Manuscript Title:	RISKIT-CJS: Pragmatic randomized controlled trial to evaluate the effectiveness and cost- effectiveness of a multi-component intervention to reduce substance use and risk-taking behaviour in adolescents involved in the criminal justice system 14/183/02.
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: past 36 mont	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).	☑ None	
3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if paymentsrelationship or indicate none (add rows as needed)made to you or to your institution)	ents were
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	

			e all entities with whom you have this ionship 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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:			

Date:	1/24/2022	
Your Name:	Alex Stevens	
Manuscript Title:	RISKIT-CJS: Pragmatic randomized controlled trial to evaluate the effectiveness and cost- effectiveness of a multi-component intervention to reduce substance use and risk-taking behaviour in adolescents involved in the criminal justice system 14/183/02.	
Manuscript Number (if known):	Click or tap here to enter text.	

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		Time frame: past 36 months	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	 None Ministry of Justice. Evaluation of Prison Leavers Project Drug Science. Consultancy on research on enhanced harm reduction services. 	Institution Institution	
3	Royalties or licenses	None Royalties received from Routledge for my book on Drugs, Crime and Public Health		

		Name all entities with whom you have thisSpecifications/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 Honoraria and payments received for talks and lectures from the Universities of Cambridge and North Kentucky. These payments were to me personally.
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 Member of the advisory boards of the Swiss Institute for Research on Addiction (Zurich Unniversity) and the Global Drug Policy Observatory (Swansea University).
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	 None Board member of Harm Reduction International, and President of International Society for the Study of Drug Policy (2015 – 2019)

			e all entities with whom you have this ionship 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		
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:			

Date:	1/4/2022	
Your Name:	Nadine Hendrie	
Manuscript Title:	RISKIT-CJS: Pragmatic randomized controlled trial to evaluate the effectiveness and cost- effectiveness of a multi-component intervention to reduce substance use and risk-taking behaviour in adolescents involved in the criminal justice system 14/183/02.	
Manuscript Number (if known):	Click or tap here to enter text.	

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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.	None 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	

		Name all entities with whom you have thisSpecifications/Comments (e.g., irelationship or indicate none (add rows as needed)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	

		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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:	1/24/2022	
Your Name:	Catherine Marchand	
Manuscript Title:	RISKIT-CJS: Pragmatic randomized controlled trial to evaluate the effectiveness and cost- effectiveness of a multi-component intervention to reduce substance use and risk-taking behaviour in adolescents involved in the criminal justice system 14/183/02.	
Manuscript Number (if known):	Click or tap here to enter text.	

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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.	None 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	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if paymentsrelationship or indicate none (add rows as needed)made to you or to your institution)	ents were
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	

			e all entities with whom you have this ionship 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		
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:			

Date:	1/24/2022	
Your Name:	Rosa Vass	
Manuscript Title:	RISKIT-CJS: Pragmatic randomized controlled trial to evaluate the effectiveness and cost- effectiveness of a multi-component intervention to reduce substance use and risk-taking behaviour in adolescents involved in the criminal justice system 14/183/02.	
Manuscript Number (if known):	Click or tap here to enter text.	

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		Time frame: past 36 mont	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).	☑ None	
3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if paymentsrelationship or indicate none (add rows as needed)made to you or to your institution)	were
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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:	1/5/2022
Your Name:	Paolo Deluca
Manuscript Title:	RISKIT-CJS: Pragmatic randomized controlled trial to evaluate the effectiveness and cost- effectiveness of a multi-component intervention to reduce substance use and risk-taking behaviour in adolescents involved in the criminal justice system 14/183/02.
Manuscript Number (if known):	Click or tap here to enter text.

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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.) No time limit for this item.	None Received funding as principal investigator of the study NIHR PHR 14/183/02 institution	
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None NIHR PHR 13/117/02 NIHR PGfAR RP PG 0609 10162	institution institution
3	Royalties or licenses	☑ None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if paymentsrelationship or indicate none (add rows as needed)made to you or to your institution)	were
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	

			e all entities with whom you have this ionship 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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:			

Date:	1/1/2022	
Your Name:	Professor Colin Drummond	
Manuscript Title:	RISKIT-CJS: Pragmatic randomized controlled trial to evaluate the effectiveness and cost- effectiveness of a multi-component intervention to reduce substance use and risk-taking behaviour in adolescents involved in the criminal justice system 14/183/02.	
Manuscript Number (if known):	Click or tap here to enter text.	

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		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision	None Received funding as principal investigator of the study NIHR PHR 14/183/02	Paid to King's College London
	of study materials, medical writing, article processing		Click the tab key to add additional rows.
	charges, etc.) No time limit for this item.		
		Time frame: past 36 month	IS
2 Grants or Contracts from None			
	any entity (if not	NIHR HTA 13/86/03	Paid to King's College London
	indicated in item	NIHR PHR 13/117/02	Paid to King's College London
	#1 above).	NIHR PGFAR RP PG 0609 10162	Paid to King's College London
3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if paymentsrelationship or indicate none (add rows as needed)made to you or to your institution)	were
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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:	1/3/2021	
Your Name:	Jennifer Ferguson	
Manuscript Title:	RISKIT-CJS: Pragmatic randomized controlled trial to evaluate the effectiveness and cost- effectiveness of a multi-component intervention to reduce substance use and risk-taking behaviour in adolescents involved in the criminal justice system 14/183/02.	
Manuscript Number (if known):	Click or tap here to enter text.	

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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.) No time limit for this item.	✓ None ✓ ✓ <	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Funding from NIHR PHR through University of Kent to Teesside University	
3	Royalties or licenses	None	

		Name all entities with whom you have this Specifications/Comments (e.g., if payments were elationship or indicate none (add rows as needed) 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	

			e all entities with whom you have this ionship 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	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	1/3/2021
Your Name:	Jennifer Ferguson
Manuscript Title:	RISKIT-CJS: Pragmatic randomized controlled trial to evaluate the effectiveness and cost- effectiveness of a multi-component intervention to reduce substance use and risk-taking behaviour in adolescents involved in the criminal justice system 14/183/02.
Manuscript Number (if known):	Click or tap here to enter text.

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		1	Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
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	
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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	1/24/2022	
Your Name:	Dr Gillian Waller	
Manuscript Title:	RISKIT-CJS: Pragmatic randomized controlled trial to evaluate the effectiveness and cost- effectiveness of a multi-component intervention to reduce substance use and risk-taking behaviour in adolescents involved in the criminal justice system 14/183/02.	
Manuscript Number (if known):	Click or tap here to enter text.	

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 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.

		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
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.	☑ None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments vrelationship or indicate none (add rows as needed)made to you or to your institution)	were
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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Date:	12/30/2021	
Your Name:	Dorothy Newbury-Birch	
Manuscript Title:	RISKIT-CJS: Pragmatic randomized controlled trial to evaluate the effectiveness and cost- effectiveness of a multi-component intervention to reduce substance use and risk-taking behaviour in adolescents involved in the criminal justice system 14/183/02.	
Manuscript Number (if known):	Click or tap here to enter text.	

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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				
1	All support for the present	None	To contract the traction		
fun	manuscript (e.g., funding, provision of study materials,	Received funding as principal investigator investigator of the study NIHR PHR 14/183/02	Teesside University		
	medical writing,		Click the tab key to add additional rows.		
	article processing charges, etc.) No time limit for this item.				
	Time frame: past 36 months				
2	Grants or contracts from	None			
	any entity (if not	NIHR PHR 17/44/11	Teesside University		
	indicated in item	NIHR PHR 13/117/02	Teesside University		
	#1 above).	NIHR PGFAR RP PG 0609 10162	Teesside University		
3	Royalties or 🛛 None				

		Name all entities with whom you have this relationship or indicate none (add rows as needed)Specifications/Comments (e.g., if payments made to you or to your institution)	were
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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