

ICMJE DISCLOSURE FORM

Date: 6/2/2023

Your Name: Oliver Wiseman

Manuscript Title: The PUrE RCTs: clinical and cost effectiveness of Percutaneous Nephrolithotomy, Flexible Ureterorenoscopy and Extracorporeal Shockwave Lithotripsy for lower pole stones.

Manuscript Number (if known): HTA 13/153/02

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.

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.

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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).	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;">EMS</td><td style="width: 50%;">Institution</td></tr> <tr><td>Coloplast</td><td>Institution</td></tr> <tr><td></td><td></td></tr> </table>	EMS	Institution	Coloplast	Institution			<table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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Coloplast	Institution														
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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	<input type="checkbox"/> None	
		Boston Scientific	Individual company
		EMS	Individual company
		Coloplast	Individual company
		Ambu	Individual company
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Boston Scientific	Individual company
		EMS	Individual company
		Coloplast	Individual company
		Devicare	Individual company
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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.

ICMJE DISCLOSURE FORM

Date: 6/1/2023

Your Name: DARON SMITH

Manuscript Title: Percutaneous nephrolithotomy, flexible Ureterorenoscopy and Extracorporeal shockwave lithotripsy for lower pole kidney stone

Manuscript Number (if known): Not 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: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <div style="border: 1px solid black; padding: 5px;"> <p>NIHR Grant for a stent design project Award ID: NIHR202935 Can novel ureteric stents offer a better patient outcome compared to existing standard ureteric stents (CASSETTE)</p> </div>	Institutional payment

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"><tr><td>Olympus KeyMed</td><td>Invoice in preparation – for Lecture / Course for SpR Education, and for plenary lecture at BAUS 2022</td></tr><tr><td>Cook</td><td>Provided sponsorship support for an Endourology Academy Webinar. Institutional payment</td></tr><tr><td>Coloplast</td><td>Provided sponsorship support for an Endourology Academy Webinar. Institutional payment</td></tr></table>	Olympus KeyMed	Invoice in preparation – for Lecture / Course for SpR Education, and for plenary lecture at BAUS 2022	Cook	Provided sponsorship support for an Endourology Academy Webinar. Institutional payment	Coloplast	Provided sponsorship support for an Endourology Academy Webinar. Institutional payment	
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10	Leadership or fiduciary role in	<input type="checkbox"/> None							

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	other board, society, committee or advocacy group, paid or unpaid	<table border="1"> <tr> <td>Board Member Endourology Academy</td> <td>Honorary position</td> </tr> <tr> <td>Committee Member for World Endourology Society</td> <td>Honorary Position</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Board Member Endourology Academy	Honorary position	Committee Member for World Endourology Society	Honorary Position			
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ICMJE DISCLOSURE FORM

Date: 11/30/2023

Your Name: Dr Lorna Aucott

Manuscript Title: The PUrE RCTs: clinical and cost effectiveness of Percutaneous Nephrolithotomy, Flexible Ureterorenoscopy and Extracorporeal Shockwave Lithotripsy for lower pole stones.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Panel Member on the Research Funding Board – NIHR Public Health Research Programme 2016 to present	Personal reimbursement of Travel costs
		Panel member of NIHR 20/45 COVID-19 Recovery and Learning Funding Committee (only 21 July 2020)	none

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.

ICMJE DISCLOSURE FORM

Date: 6/14/2023

Your Name: Rodolfo Hernández

Manuscript Title: The PUrE RCTs: clinical and cost effectiveness of Percutaneous Nephrolithotomy, Flexible Ureterorenoscopy and Extracorporeal Shockwave Lithotripsy for lower pole stones.

Manuscript Number (if known): Not known

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									

		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	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

ICMJE DISCLOSURE FORM

Date: 5/24/2023

Your Name: Ruth Thomas

Manuscript Title: The PUrE RCTs: clinical and cost effectiveness of Percutaneous Nephrolithotomy, Flexible Ureterorenoscopy and Extracorporeal Shockwave Lithotripsy for lower pole stones.

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.

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.

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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).	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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13	Other financial or non-financial interests	<input type="checkbox"/> None	

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.

ICMJE DISCLOSURE FORM

Date: 11/30/2023

Your Name: Steven MacLennan

Manuscript Title: The PUrE RCTs: clinical and cost effectiveness of Percutaneous Nephrolithotomy, Flexible Ureterorenoscopy and Extracorporeal Shockwave Lithotripsy for lower pole stones

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 5/25/2023

Your Name: Charles Terry Clark

Manuscript Title: The PUrE RCTs: clinical and cost effectiveness of Percutaneous Nephrolithotomy, Flexible Ureterorenoscopy and Extracorporeal Shockwave Lithotripsy for lower pole stones

Manuscript Number (if known): [Click or tap here to enter text.](#)

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

C Terry Clark

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: 11/30/2023

Your Name: Graeme MacLennan

Manuscript Title: Percutaneous nephrolithotomy, flexible Ureterorenoscopy and Extracorporeal shockwave lithotripsy for lower pole kidney stone.

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.

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 501 1516 638"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1283 1516 1383"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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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: 5/29/2023

Your Name: Dawn McRae

Manuscript Title: The PUrE RCTs: clinical and cost effectiveness of Percutaneous Nephrolithotomy, Flexible Ureterorenoscopy and Extracorporeal Shockwave Lithotripsy for lower pole stones

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.

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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.

ICMJE DISCLOSURE FORM

Date: 5/25/2023

Your Name: Victoria Bell

Manuscript Title: The PUrE RCTs: clinical and cost effectiveness of Percutaneous Nephrolithotomy, Flexible Ureterorenoscopy and Extracorporeal Shockwave Lithotripsy for lower pole stones

Manuscript Number (if known): [Click or tap here to enter text.](#)

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

ICMJE DISCLOSURE FORM

Date: 6/2/2026

Your Name: Seonaidh Cotton

Manuscript Title: Percutaneous nephrolithotomy, flexible Ureterorenoscopy and Extracorporeal shockwave lithotripsy for lower pole kidney stone.

Manuscript Number (if known): [Click or tap here to enter text.](#)

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		<input type="text"/>	<input type="text"/>
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ICMJE DISCLOSURE FORM

Date: 5/26/2023

Your Name: Zara Gall

Manuscript Title: The PUrE RCTs: clinical and cost effectiveness of Percutaneous Nephrolithotomy, Flexible Ureterorenoscopy and Extracorporeal Shockwave Lithotripsy for lower pole stones

Manuscript Number (if known): [Click or tap here to enter text.](#)

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Boston Scientific	Payment to me for speaking at Symposium on Ureteroscopy at BAUS June 2022
		Boston Scientific	Payment to me for organizing and delivering a PCNL course April 2023
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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		Committee Member BAUS Endourology	Feb 2000 – Feb 2023

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ICMJE DISCLOSURE FORM

Date: 6/25/2023

Your Name: Ben Turney

Manuscript Title: Percutaneous nephrolithotomy, flexible Ureterorenoscopy and Extracorporeal shockwave lithotripsy for lower pole kidney stone

Manuscript Number (if known): Not known

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4	Consulting fees	<input type="checkbox"/> None	
		Boston Scientific	Payments to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Boston Scientific	Payments to me
		Devicare	Payments to me
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		Patent	New Invention Disclosure: #21-D0431 (Multi-class segmentation in ureteroscopy and laser lithotripsy) (filed Sept 2022)
		Patent	New Invention Disclosure: #22-D0371 (Automated Estimation of Stone Size in Laser Lithotripsy)(filed Sept 2022)
		Patent	New Invention Disclosure: #17-D0422 (Visualization through Non-Circular Sheath Via Optimized Fluid Dynamic in Channel Flow)
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
		Boston Scientific	International strategic advisory board.
10	Leadership or fiduciary role in other board,	<input type="checkbox"/> None	
		Welbeck Oxford	Leadership/Advisory role

		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)
	society, committee or advocacy group, paid or unpaid	BJUI – section editor	Honorarium paid to me.
11	Stock or stock options	<input type="checkbox"/> None	
		Ambulatory Surgery Internatioal	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		Boston Scientific	Equipment for research projects
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

ICMJE DISCLOSURE FORM

Date: 11/30/2023

Your Name: Samuel McClinton

Manuscript Title: The PUrE RCTs: clinical and cost effectiveness of Percutaneous Nephrolithotomy, Flexible Ureterorenoscopy and Extracorporeal Shockwave Lithotripsy for lower pole stones

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.

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time 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.	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">NIHR HTA 13/152/02</td> <td>Research grant</td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	NIHR HTA 13/152/02	Research grant	<small>Click the tab key to add additional rows.</small>			
NIHR HTA 13/152/02	Research grant								
<small>Click the tab key to add additional rows.</small>									
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>						

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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