

## ICMJE DISCLOSURE FORM

**Date:** 6/6/2024

**Your Name:** Shohei Yamamoto

**Manuscript Title:** Prolonged severe cytopenia followed by fetal CAR T-cell-mediated encephalitis in a patient with acute lymphoblastic leukemia

**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)   |  |  |  |  |  |  |
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| Time frame: Since the initial planning of the work |  |   |  |  |  |  |  |  |
| <b>1</b>   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;"><i>Click the tab key to add additional rows.</i></p> |  |  |  |  |  |  |
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| Time frame: past 36 months                         |  |   |  |  |  |  |  |  |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |  |  |  |  |  |  |
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| <b>3</b>   | Royalties or licenses  | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |  |  |  |  |  |  |
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| <b>4</b>  | Consulting fees  | <input type="checkbox"/> <b>None</b>   |   |
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| <b>5</b>  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <b>None</b>   |   |
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| <b>6</b>  | Payment for expert testimony   | <input type="checkbox"/> <b>None</b>   |   |
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| <b>7</b>  | Support for attending meetings and/or travel   | <input type="checkbox"/> <b>None</b>   |   |
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| <b>8</b>  | Patents planned, issued or pending   | <input type="checkbox"/> <b>None</b>   |   |
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| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> <b>None</b>   |   |
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| <b>10</b> | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> <b>None</b>   |   |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> None  |   |
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| 13 | Other financial or non-financial interests                                       | <input type="checkbox"/> None  |   |
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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:** 7/6/2024

**Your Name:** Kosuke Akiyama

**Manuscript Title:** Prolonged severe cytopenia followed by fatal CAR T-cell-mediated encephalitis in a patient with acute lymphoblastic leukemia

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

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## ICMJE DISCLOSURE FORM

**Date:** 7/6/2024

**Your Name:** Sachio Fujita

**Manuscript Title:** Prolonged severe cytopenia followed by fatal CAR T-cell-mediated encephalitis in a patient with acute lymphoblastic leukemia

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## ICMJE DISCLOSURE FORM

**Date:** 7/6/2024

**Your Name:** Ryota Kaneko

**Manuscript Title:** Prolonged severe cytopenia followed by fatal CAR T-cell-mediated encephalitis in a patient with acute lymphoblastic leukemia

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

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| Time frame: past 36 months                         |  |  |  |  |  |  |  |  |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
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| <b>3</b>   | Royalties or licenses  | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
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| 4  | Consulting fees  | <input type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <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 type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |  |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending   | <input type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |  |  |  |  |  |  |  |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |  |  |  |  |  |  |  |  |
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| 11 | Stock or stock options   | <input type="checkbox"/> None  |   |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> None  |   |
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| 13 | Other financial or non-financial interests                                       | <input type="checkbox"/> None  |   |
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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:** 7/6/2024

**Your Name:** Naoko Kawabata

**Manuscript Title:** Prolonged severe cytopenia followed by fatal CAR T-cell-mediated encephalitis in a patient with acute lymphoblastic leukemia

**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.

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| Time frame: Since the initial planning of the work |  |  |  |  |  |  |  |  |
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| Time frame: past 36 months                         |  |  |  |  |  |  |  |  |
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| <b>3</b>   | Royalties or licenses  | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></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 type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |  |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending   | <input type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |  |  |  |  |  |  |  |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |  |  |  |  |  |  |  |  |
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| 13 | Other financial or non-financial interests                                       | <input type="checkbox"/> None  |   |
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## ICMJE DISCLOSURE FORM

**Date:** 7/6/2024

**Your Name:** Takashi Koike

**Manuscript Title:** Prolonged severe cytopenia followed by fatal CAR T-cell-mediated encephalitis in a patient with acute lymphoblastic leukemia

**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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## ICMJE DISCLOSURE FORM

**Date:** 7/6/2024

**Your Name:** Kohei Otsuka

**Manuscript Title:** Prolonged severe cytopenia followed by fatal CAR T-cell-mediated encephalitis in a patient with acute lymphoblastic leukemia

**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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| Time frame: Since the initial planning of the work |  |   |  |  |  |  |  |  |
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| Time frame: past 36 months                         |  |   |  |  |  |  |  |  |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |  |  |  |  |  |  |
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| <b>3</b>   | Royalties or licenses  | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |  |  |  |  |  |  |
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| <b>4</b>  | Consulting fees  | <input type="checkbox"/> <b>None</b>   |   |
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| <b>5</b>  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <b>None</b>   |   |
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|           |  |  |   |
| <b>6</b>  | Payment for expert testimony   | <input type="checkbox"/> <b>None</b>   |   |
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| <b>7</b>  | Support for attending meetings and/or travel   | <input type="checkbox"/> <b>None</b>   |   |
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| <b>8</b>  | Patents planned, issued or pending   | <input type="checkbox"/> <b>None</b>   |   |
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| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> <b>None</b>   |   |
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| <b>10</b> | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> <b>None</b>   |   |
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| 11 | Stock or stock options   | <input type="checkbox"/> None  |   |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> None  |   |
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| 13 | Other financial or non-financial interests                                       | <input type="checkbox"/> None  |   |
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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:** 7/6/2024

**Your Name:** Mayuko Shibata

**Manuscript Title:** Prolonged severe cytopenia followed by fatal CAR T-cell-mediated encephalitis in a patient with acute lymphoblastic leukemia

**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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| Time frame: Since the initial planning of the work |  |  |  |  |  |  |  |  |
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| Time frame: past 36 months                         |  |  |  |  |  |  |  |  |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
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| <b>3</b>   | Royalties or licenses  | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |  |  |  |  |  |  |  |  |
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## ICMJE DISCLOSURE FORM

**Date:** 7/6/2024

**Your Name:** Yumiko Sugishita

**Manuscript Title:** Prolonged severe cytopenia followed by fatal CAR T-cell-mediated encephalitis in a patient with acute lymphoblastic leukemia

**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 type="checkbox"/> <b>None</b><br><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 type="checkbox"/> None  |   |
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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:** 7/6/2024

**Your Name:** Daisuke Toyama

**Manuscript Title:** Prolonged severe cytopenia followed by fatal CAR T-cell-mediated encephalitis in a patient with acute lymphoblastic leukemia

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

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| Time frame: Since the initial planning of the work |  |  |  |  |  |  |  |  |
| <b>1</b>   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;"><a href="#">Click the tab key to add additional rows.</a></p> |  |  |  |  |  |  |
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| Time frame: past 36 months                         |  |  |  |  |  |  |  |  |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
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| <b>3</b>   | Royalties or licenses  | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
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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<br><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> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None<br><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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| 6  | Payment for expert testimony   | <input type="checkbox"/> None<br><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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| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> None<br><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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| 8  | Patents planned, issued or pending   | <input type="checkbox"/> None<br><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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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> None<br><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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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> None<br><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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|    |  | 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 type="checkbox"/> None  |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> None  |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 13 | Other financial or non-financial interests                                       | <input type="checkbox"/> None  |   |
|    |  |  |   |
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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.