Sep 13, 2022 10:00:06 EDT
American Society of Neuroradiology

Alexander Lekah

Discloser Identifier: AJNR-22-00721-101074724 **Disclosure Purpose:** AJNR Disclosures

Disclosure Information:

1. **Are you the corresponding author?**

   No.

2. **What is the Manuscript Title?**

   Non-Stenotic Carotid Plaques and Embolic Stroke of Undetermined Source: A Multi-modality Review

3. **What is the Manuscript Identifying Number (if you know it)?**

4. **Please select which of the following apply to each relationship or activity:**

   You are not disclosing any interests to this organization.

5. **I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.**

   Yes

6. **Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.**

   a. **Employment (If you need to add an interest, return to the previous step and select "Employment")**

      No, I have no relevant interests of this type

   b. **Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

      No, I have no relevant interests of this type

   c. **Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

      No, I have no relevant interests of this type

   d. **Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")**

      No, I have no relevant interests of this type

   e. **Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")**

      No, I have no relevant interests of this type

   f. **Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")**

      No, I have no relevant interests of this type

   g. **Expert witness testimony (If you need to add an interest, return to the previous step and select "Independent Contractor")**

      No, I have no relevant interests of this type

   h. **Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)**

      No, I have no relevant interests of this type

   i. **Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select "Patents")**

      No, I have no relevant interests of this type

j. **Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select "Fiduciary Officer")**

No, I have no relevant interests of this type

k. **Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

l. **Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select "Travel")**

No, I have no relevant interests of this type

7. **Was any individual paid to provide professional writing assistance with this manuscript?**

   No.

8. **Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?**

   No.

9. **In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?**

   No.

10. **Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.**

    No.

Certification

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

Convey Global Disclosure System | AAMC

Sep 06, 2022 05:04:39 EDT
American Society of Neuroradiology

Tony Larson

Discloser Identifier: AJNR-22-00721-77423869 **Disclosure Purpose:** AJNR Disclosures

Disclosure Information:

1. **Are you the corresponding author?**

   No.

2. **What is the Manuscript Title?**

   Intraplaque hemorrhage on Magnetic Resonance Angiography: How often do signal abnormalities persist on follow-up imaging?

3. **What is the Manuscript Identifying Number (if you know it)?**

4. **Please select which of the following apply to each relationship or activity:**

   You are not disclosing any interests to this organization.

5. **I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.**

   Yes

6. **Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.**

   a. **Employment (If you need to add an interest, return to the previous step and select "Employment")**

      No, I have no relevant interests of this type

   b. **Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

      No, I have no relevant interests of this type

   c. **Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

      No, I have no relevant interests of this type

   d. **Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")**

      No, I have no relevant interests of this type

   e. **Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")**

      No, I have no relevant interests of this type

   f. **Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")**

      No, I have no relevant interests of this type

   g. **Expert witness testimony (If you need to add an interest, return to the previous step and select "Independent Contractor")**

      No, I have no relevant interests of this type

   h. **Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)**

      No, I have no relevant interests of this type

   i. **Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select "Patents")**

      No, I have no relevant interests of this type

j. **Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select "Fiduciary Officer")**

No, I have no relevant interests of this type

k. **Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

l. **Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select "Travel")**

No, I have no relevant interests of this type

7. **Was any individual paid to provide professional writing assistance with this manuscript?**

   No.

8. **Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?**

   No.

9. **In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?**

   No.

10. **Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.**

    No.

Certification

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

Convey Global Disclosure System | AAMC

Sep 06, 2022 09:25:27 EDT
American Society of Neuroradiology

John Huston

Discloser Identifier: AJNR-22-00721-2143197 **Disclosure Purpose:** AJNR Disclosures

Disclosure Information:

1. **Are you the corresponding author?**

   No.

2. **What is the Manuscript Title?**

   Non-Stenotic Carotid Plaques and Embolic Stroke of Undetermined Source: A Multi-modality Review

3. **What is the Manuscript Identifying Number (if you know it)?**

   not known

4. **Please select which of the following apply to each relationship or activity:**

   a. **Independent Contractor - Data And Safety Monitoring** EISAI INC.

      Neither

   b. **Grant / Contract** Batterman Family Foundation

      Neither

   c. **Stock** Resoundant

      Neither

   d. **Patent** Brain MR Elastography

      Neither

5. **I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.**

   Yes

6. **Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.**

   a. **Employment (If you need to add an interest, return to the previous step and select "Employment")**

      No, I have no relevant interests of this type

   b. **Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

      No, I have no relevant interests of this type

   c. **Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

      No, I have no relevant interests of this type

   d. **Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")**

      No, I have no relevant interests of this type

   e. **Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")**

      No, I have no relevant interests of this type

   f. **Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")**

Yes, as disclosed above

g. **Expert witness testimony (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

h. **Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

i. **Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select "Patents")**

Yes, as disclosed above

j. **Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select "Fiduciary Officer")**

No, I have no relevant interests of this type

k. **Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)**

Yes, as disclosed above

l. **Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select "Travel")**

No, I have no relevant interests of this type

7. **Was any individual paid to provide professional writing assistance with this manuscript?**

No.

8. **Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?**

No.

9. **In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?**

No.

10. **Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.**

No.

Certification

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

Convey Global Disclosure System | AAMC

Sep 07, 2022 09:48:24 EDT
American Society of Neuroradiology

James Klaas

Discloser Identifier: AJNR-22-00721-55997553 **Disclosure Purpose:** AJNR Disclosures

Disclosure Information:

1. **Are you the corresponding author?**

   No.

2. **What is the Manuscript Title?**

   Non-Stenotic Carotid Plaques and Embolic Stroke of Undetermined Source: A Multi-modality Review

3. **What is the Manuscript Identifying Number (if you know it)?**

4. **Please select which of the following apply to each relationship or activity:**

   You are not disclosing any interests to this organization.

5. **I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.**

   Yes

6. **Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.**

   a. **Employment (If you need to add an interest, return to the previous step and select "Employment")**

      No, I have no relevant interests of this type

   b. **Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

      No, I have no relevant interests of this type

   c. **Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

      No, I have no relevant interests of this type

   d. **Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")**

      No, I have no relevant interests of this type

   e. **Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")**

      No, I have no relevant interests of this type

   f. **Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")**

      No, I have no relevant interests of this type

   g. **Expert witness testimony (If you need to add an interest, return to the previous step and select "Independent Contractor")**

      No, I have no relevant interests of this type

   h. **Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)**

      No, I have no relevant interests of this type

   i. **Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select "Patents")**

      No, I have no relevant interests of this type

j. **Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select "Fiduciary Officer")**

No, I have no relevant interests of this type

k. **Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

l. **Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select "Travel")**

No, I have no relevant interests of this type

7. **Was any individual paid to provide professional writing assistance with this manuscript?**

   No.

8. **Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?**

   No.

9. **In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?**

   No.

10. **Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.**

    No.

Certification

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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Sep 12, 2022 11:16:32 EDT
American Society of Neuroradiology

Giuseppe Lanzino

Discloser Identifier: AJNR-22-00721-15699280 **Disclosure Purpose:** AJNR Disclosures

Disclosure Information:

1. **Are you the corresponding author?**

   No.

2. **What is the Manuscript Title?**

   Carotid arterial tortuosity and internal carotid artery plaque composition

3. **What is the Manuscript Identifying Number (if you know it)?**

4. **Please select which of the following apply to each relationship or activity:**

   You are not disclosing any interests to this organization.

5. **I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.**

   Yes

6. **Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.**

   a. **Employment (If you need to add an interest, return to the previous step and select "Employment")**

      No, I have no relevant interests of this type

   b. **Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

      No, I have no relevant interests of this type

   c. **Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

      No, I have no relevant interests of this type

   d. **Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")**

      No, I have no relevant interests of this type

   e. **Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")**

      No, I have no relevant interests of this type

   f. **Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")**

      No, I have no relevant interests of this type

   g. **Expert witness testimony (If you need to add an interest, return to the previous step and select "Independent Contractor")**

      No, I have no relevant interests of this type

   h. **Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)**

      No, I have no relevant interests of this type

   i. **Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select "Patents")**

      No, I have no relevant interests of this type

j. **Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select "Fiduciary Officer")**

No, I have no relevant interests of this type

k. **Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

l. **Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select "Travel")**

No, I have no relevant interests of this type

7. **Was any individual paid to provide professional writing assistance with this manuscript?**

   No.

8. **Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?**

   No.

9. **In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?**

   No.

10. **Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.**

    Yes.

    a. **Please describe the interest or activity.**

       Superior Medical Editors: Consultant. Nested Knowledge:Consultant

Certification

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

Convey Global Disclosure System | AAMC

Sep 07, 2022 03:46:23 EDT
American Society of Neuroradiology

Lua Saba

Discloser Identifier: AJNR-22-00721-4652432 **Disclosure Purpose:** AJNR Disclosures

Disclosure Information:

1. **Are you the corresponding author?**

   No.

2. **What is the Manuscript Title?**

   Intraplaque hemorrhage on Magnetic Resonance Angiography: How often do signal abnormalities persist on follow-up imaging?

3. **What is the Manuscript Identifying Number (if you know it)?**

4. **Please select which of the following apply to each relationship or activity:**

   You are not disclosing any interests to this organization.

5. **I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.**

   Yes

6. **Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.**

   a. **Employment (If you need to add an interest, return to the previous step and select "Employment")**

      No, I have no relevant interests of this type

   b. **Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

      No, I have no relevant interests of this type

   c. **Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

      No, I have no relevant interests of this type

   d. **Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")**

      No, I have no relevant interests of this type

   e. **Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")**

      No, I have no relevant interests of this type

   f. **Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")**

      No, I have no relevant interests of this type

   g. **Expert witness testimony (If you need to add an interest, return to the previous step and select "Independent Contractor")**

      No, I have no relevant interests of this type

   h. **Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)**

      No, I have no relevant interests of this type

   i. **Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select "Patents")**

      No, I have no relevant interests of this type

j. **Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select "Fiduciary Officer")**

No, I have no relevant interests of this type

k. **Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

l. **Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select "Travel")**

No, I have no relevant interests of this type

7. **Was any individual paid to provide professional writing assistance with this manuscript?**

   No.

8. **Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?**

   No.

9. **In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?**

   No.

10. **Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.**

    No.

Certification

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

Convey Global Disclosure System | AAMC

Oct 10, 2022 10:38:38 EDT
American Society of Neuroradiology

Waleed Brinjikji

Discloser Identifier: AJNR-22-00721-13390106 **Disclosure Purpose:** AJNR Disclosures

Disclosure Information:

1. **Are you the corresponding author?**

   No.

2. **What is the Manuscript Title?**

   CTP and lesion symptomatology

3. **What is the Manuscript Identifying Number (if you know it)?**

4. **Please select which of the following apply to each relationship or activity:**

   a. **Independent Contractor - Consultant** Johnson & Johnson Medical Devices & Diagnostics Group - Latin America, L.L.C.

      Neither

   b. **Independent Contractor - Consultant** Johnson and Johnson

      Neither

   c. **Independent Contractor - Consultant** Medtronic USA, Inc.

      Neither

   d. **Independent Contractor - Consultant** Medtronic Vascular, Inc.

      Neither

   e. **Independent Contractor - Consultant** MicroVention, Inc.

      Neither

   f. **Independent Contractor - Consultant** MicroVention, Inc.

      Neither

   g. **Independent Contractor - Data And Safety Monitoring** MIVI Neurovascular

      Neither

   h. **Independent Contractor - Consultant** Stryker

      Neither

   i. **Independent Contractor - Consultant** Stryker Corporation

      Neither

   j. **Stock** Marblehead Medical LLC

      Neither

5. **I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.**

   Yes

6. **Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.**

   a. **Employment (If you need to add an interest, return to the previous step and select "Employment")**

      No, I have no relevant interests of this type

b. **Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

No, I have no relevant interests of this type

c. **Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

Yes, as disclosed above

d. **Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")**

No, I have no relevant interests of this type

e. **Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")**

Yes, as disclosed above

f. **Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")**

Yes, as disclosed above

g. **Expert witness testimony (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

h. **Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

i. **Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select "Patents")**

Yes, as disclosed above

j. **Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select "Fiduciary Officer")**

No, I have no relevant interests of this type

k. **Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

l. **Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select "Travel")**

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7. **Was any individual paid to provide professional writing assistance with this manuscript?**

   No.

8. **Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?**

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    No.

Certification

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

Convey Global Disclosure System | AAMC

Sep 06, 2022 05:11:06 EDT
American Society of Neuroradiology

John Benson

Discloser Identifier: AJNR-22-00721-36622740 **Disclosure Purpose:** AJNR Disclosures

Disclosure Information:

1. **Are you the corresponding author?**

   No.

2. **What is the Manuscript Title?**

   Non-Stenotic Carotid Plaques and Embolic Stroke of Undetermined Source: A Multi-modality Review

3. **What is the Manuscript Identifying Number (if you know it)?**

   I don't know it

4. **Please select which of the following apply to each relationship or activity:**

   You are not disclosing any interests to this organization.

5. **I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.**

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   a. **Employment (If you need to add an interest, return to the previous step and select "Employment")**

      No, I have no relevant interests of this type

   b. **Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

      No, I have no relevant interests of this type

   c. **Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

      No, I have no relevant interests of this type

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7. **Was any individual paid to provide professional writing assistance with this manuscript?**

   No.

8. **Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?**

   No.

9. **In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?**

   No.

10. **Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.**

    No.

Certification

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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