Summary of Interests

Company or Organization

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Relevant to this Disclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thornhill Medical</td>
<td>Employment</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Title: Research Director

Additional Questions

1. Are you the corresponding author?
   Yes.

2. What is the Manuscript Title?
   The choroid plexus as an alternative locus for the identification of the arterial input function for calculating cerebral perfusion metrics using MRI

3. What is the Manuscript Identifying Number (if you know it)?
   AJNR-23-00850

4. Please select which of the following apply to each relationship or activity:
   a. Employment: Thornhill Medical
      The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

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”)
      Yes, as disclosed above

   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.
Summary of Interests

I do not have any interests to disclose at this time.

Additional Questions

1. Are you the corresponding author?
   No.

2. What is the Manuscript Title?
   The choroid plexus as an alternative locus for the identification of the arterial input function for calculating cerebral perfusion metrics using MRI

3. What is the Manuscript Identifying Number (if you know it)?
   AJNR-23-00850

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
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.
Summary of Interests

Company or Organization

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Relevant to this Disclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thornhill Medical Inc.</td>
<td>Employment</td>
<td>Yes</td>
</tr>
<tr>
<td>Title: Chief Scientific Officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thornhill Medical Inc.</td>
<td>Stock</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Intellectual Property

<table>
<thead>
<tr>
<th>Type</th>
<th>Is Licensed</th>
<th>Relevant to this Disclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patent - subject of paper may be patentable</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Description: subject of paper may be patentable</td>
<td>Patent Status: Provisional</td>
<td></td>
</tr>
<tr>
<td>Licensees:</td>
<td>Patent Holder: Current Institution</td>
<td></td>
</tr>
</tbody>
</table>

Additional Questions

1. **Are you the corresponding author?**
   
   No.

2. **What is the Manuscript Title?**
   
   The choroid plexus as an alternative locus for the identification of the arterial input function for calculating cerebral perfusion metrics using MRA

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. **Employment** Thornhill Medical Inc.
      
      The relationship is outside the work reported in the manuscript but topically related and within the past 36 months
   
   b. **Stock** Thornhill Medical Inc.
      
      The relationship is outside the work reported in the manuscript but topically related and within the past 36 months
   
   c. **Patent** subject of paper may be patentable
      
      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”)
      Yes, as disclosed above

   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”)
      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”)
      Yes, as disclosed above

   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.
Summary of Interests

I do not have any interests to disclose at this time.

Additional Questions

1. Are you the corresponding author?
   No.

2. What is the Manuscript Title?
   The feasibility of assessing steno-occlusive cerebrovascular disease using a non-invasively generated dynamic susceptibility contrast agent: transient hypoxia induced deoxyhemoglobin

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.
Summary of Interests

Company or Organization

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Relevant to this Disclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thornhill Medical</td>
<td>Employment</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Title: Senior Scientist

Additional Questions

1. Are you the corresponding author?
   No.

2. What is the Manuscript Title?
   The choroid plexus as an alternative locus for the identification of the arterial input function for calculating cerebral perfusion metrics using MRI

3. What is the Manuscript Identifying Number (if you know it)?
   AJNR-23-00850.

4. Please select which of the following apply to each relationship or activity:
   a. Employment  Thornhill Medical
      The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived.

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”)
      Yes, as disclosed above

   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
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 on a 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.
Summary of Interests

I do not have any interests to disclose at this time.

Additional Questions

1. Are you the corresponding author?
   No.

2. What is the Manuscript Title?
   The choroid plexus as an alternative locus for the identification of the arterial input function for calculating cerebral perfusion metrics using MRI

3. What is the Manuscript Identifying Number (if you know it)?
   AJNR-23-00850.R1

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
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.
### Summary of Interests

**Company or Organization**

<table>
<thead>
<tr>
<th>Entity</th>
<th>Type</th>
<th>Relevant to this Disclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital foundation</td>
<td>Grant / Contract</td>
<td>Yes</td>
</tr>
<tr>
<td>Thornhill Medical</td>
<td>Stock</td>
<td></td>
</tr>
</tbody>
</table>

**Intellectual Property**

<table>
<thead>
<tr>
<th>Type</th>
<th>Is Licensed</th>
<th>Relevant to this Disclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patent - Imaging Reductions in Cerebrovascular Reactivity</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Description: Imaging Reductions in Cerebrovascular Reactivity Patent Status: Issued Licensees: Thornhill Medical Other Organization</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Patent - Imaging abnormalities in vascular response | No | Yes |
| Description: Imaging abnormalities in vascular response Patent Status: Issued Licensees: Thornhill Medical Other Organization |

### Additional Questions

1. **Are you the corresponding author?**
   - No.

2. **What is the Manuscript Title?**
   - The feasibility of assessing steno-occlusive cerebrovascular disease using a non-invasively generated dynamic susceptibility contrast agent: transient hypoxia induced deoxyhemoglobin

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

4. **Please select which of the following apply to each relationship or activity:**
   - **Grant / Contract** Hospital foundation
     - The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived
   - **Stock** Thornhill Medical
     - The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived
   - **Patent** Imaging Reductions in Cerebrovascular Reactivity
     - The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived
   - **Patent** Imaging abnormalities in vascular response
     - The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived
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”)
      Yes, as disclosed above

   b. Grants or contracts for research (If you need to add an interest, return to the previous step and select “Grant/Contract”)
      Yes, as disclosed above

   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”)  
      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”)  
      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.