

ICMJE DISCLOSURE FORM

Date: 11/21/2021

Your Name: Maaïke Biewenga

Manuscript Title: B-cell activating factor of the tumour necrosis family (BAFF) and IL-21 levels predict treatment response in autoimmune hepatitis

Manuscript Number (if known): JHEPR-D-21-00243

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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| | 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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| | Zambon Pharma unrestricted research grant | To institution |
| | Click the tab key to add additional rows. | |
| Time frame: past 36 months | | |

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None <table border="1"> <tr> <td>Chiesi Pharmaceuticals – research grant</td> <td>To institution</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | Chiesi Pharmaceuticals – research grant | To institution | | | | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <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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| 4 | Consulting fees | <input checked="" type="checkbox"/> None <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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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None <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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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <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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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None <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 | |
| | | A4GS for AIH, planned | To institution |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None | |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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Please place an "X" next to the following statement to indicate your agreement:

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|---|---|--|
| <p>I certify that I have answered every question and have not altered the wording of any of the <input checked="" type="checkbox"/> questions on this form.</p> | | |

ICMJE DISCLOSURE FORM

Date: 11/21/2021

Your Name: Sebastiaan Heidt

Manuscript Title: B-cell activating factor of the tumour necrosis family (BAFF) and IL-21 levels predict treatment response in autoimmune hepatitis

Manuscript Number (if known): JHEPR-D-21-00243

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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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" data-bbox="437 383 1011 488"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None <table border="1" data-bbox="437 629 1011 763"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None <table border="1" data-bbox="437 853 1011 958"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1200 1011 1305"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1413 1011 1518"> <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 checked="" type="checkbox"/> None <table border="1" data-bbox="437 1626 1011 1731"> <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 checked="" type="checkbox"/> None <table border="1" data-bbox="437 1850 1011 1955"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | |
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| 1 0 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None | |
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| 1 1 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| 1 2 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 1 3 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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ICMJE DISCLOSURE FORM

Date: 11/22/2021

Your Name: Manon Vergunst

Manuscript Title: B-cell activating factor of the tumour necrosis family (BAFF) and IL-21 levels predict treatment response in autoimmune hepatitis

Manuscript Number (if known): JHEPR-D-21-00243

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ICMJE DISCLOSURE FORM

Date: 11/21/2021

Your Name: Camiel Marijnissen

Manuscript Title: B-cell activating factor of the tumour necrosis family (BAFF) and IL-21 levels predict treatment response in autoimmune hepatitis

Manuscript Number (if known): JHEPR-D-21-00243

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| | Zambon Pharma -research grant | institution |
| | Click the tab key to add additional rows. | |
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|--|--|---|--|-------------|--|--|--|--|--|--|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None <table border="1" data-bbox="437 398 1011 510"> <tr> <td data-bbox="437 398 1011 439">Chiesi Pharmaceuticals -research grant</td> <td data-bbox="1011 398 1414 439">institution</td> </tr> <tr> <td data-bbox="437 439 1011 479"></td> <td data-bbox="1011 439 1414 479"></td> </tr> <tr> <td data-bbox="437 479 1011 510"></td> <td data-bbox="1011 479 1414 510"></td> </tr> </table> | Chiesi Pharmaceuticals -research grant | institution | | | | | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" data-bbox="437 667 1011 779"> <tr> <td data-bbox="437 667 1011 707"></td> <td data-bbox="1011 667 1414 707"></td> </tr> <tr> <td data-bbox="437 707 1011 748"></td> <td data-bbox="1011 707 1414 748"></td> </tr> <tr> <td data-bbox="437 748 1011 779"></td> <td data-bbox="1011 748 1414 779"></td> </tr> </table> | | | | | | | | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None <table border="1" data-bbox="437 907 1011 1064"> <tr> <td data-bbox="437 907 1011 947"></td> <td data-bbox="1011 907 1414 947"></td> </tr> <tr> <td data-bbox="437 947 1011 987"></td> <td data-bbox="1011 947 1414 987"></td> </tr> <tr> <td data-bbox="437 987 1011 1028"></td> <td data-bbox="1011 987 1414 1028"></td> </tr> <tr> <td data-bbox="437 1028 1011 1064"></td> <td data-bbox="1011 1028 1414 1064"></td> </tr> </table> | | | | | | | | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1146 1011 1258"> <tr> <td data-bbox="437 1146 1011 1187"></td> <td data-bbox="1011 1146 1414 1187"></td> </tr> <tr> <td data-bbox="437 1187 1011 1227"></td> <td data-bbox="1011 1187 1414 1227"></td> </tr> <tr> <td data-bbox="437 1227 1011 1258"></td> <td data-bbox="1011 1227 1414 1258"></td> </tr> </table> | | | | | | | | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1534 1011 1646"> <tr> <td data-bbox="437 1534 1011 1574"></td> <td data-bbox="1011 1534 1414 1574"></td> </tr> <tr> <td data-bbox="437 1574 1011 1615"></td> <td data-bbox="1011 1574 1414 1615"></td> </tr> <tr> <td data-bbox="437 1615 1011 1646"></td> <td data-bbox="1011 1615 1414 1646"></td> </tr> </table> | | | | | | | | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1751 1011 1863"> <tr> <td data-bbox="437 1751 1011 1792"></td> <td data-bbox="1011 1751 1414 1792"></td> </tr> <tr> <td data-bbox="437 1792 1011 1832"></td> <td data-bbox="1011 1792 1414 1832"></td> </tr> <tr> <td data-bbox="437 1832 1011 1863"></td> <td data-bbox="1011 1832 1414 1863"></td> </tr> </table> | | | | | | | | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |

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ICMJE DISCLOSURE FORM

Date: 11/21/2021

Your Name: Prof.dr.r.a.de man

Manuscript Title: B-cell activating factor of the tumour necrosis family (BAFF) and IL-21 levels predict treatment response in autoimmune hepatitis

Manuscript Number (if known): JHEPR-D-21-00243

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: 11/21/2021

Your Name: A.A. van der Eijk

Manuscript Title: B-cell activating factor of the tumour necrosis family (BAFF) and IL-21 levels predict treatment response in autoimmune hepatitis

Manuscript Number (if known): JHEPR-D-21-00243

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: 11/21/2021

Your Name: Adriaan van der Meer

Manuscript Title: B-cell activating factor of the tumour necrosis family (BAFF) and IL-21 levels predict treatment response in autoimmune hepatitis

Manuscript Number (if known): JHEPR-D-21-00243

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: 11/21/2021

Your Name: Leendert A. Trouw

Manuscript Title: B-cell activating factor of the tumour necrosis family (BAFF) and IL-21 levels predict treatment response in autoimmune hepatitis

Manuscript Number (if known): JHEPR-D-21-00243

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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1760 1011 1872"> <tr><td></td><td></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) |
|-----------|---|--|---|
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |

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

| | 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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| <p>I certify that I have answered every question and have not altered the wording of any of the <input checked="" type="checkbox"/> questions on this form.</p> | | |

ICMJE DISCLOSURE FORM

Date: 11/21/2021

Your Name: Bart van Hoek

Manuscript Title: B-cell activating factor of the tumour necrosis family (BAFF) and IL-21 levels predict treatment response in autoimmune hepatitis

Manuscript Number (if known): JHEPR-D-21-00243

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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

| | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) | | | | | | |
|---|--|--|-------------------------------|---------------|-------|-------------|---|-------------|
| Time frame: Since the initial planning of the work | | | | | | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Zambon Pharma -research grant</td> <td>To insitution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | Zambon Pharma -research grant | To insitution | | | Click the tab key to add additional rows. | |
| Zambon Pharma -research grant | To insitution | | | | | | | |
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| Click the tab key to add additional rows. | | | | | | | | |
| Time frame: past 36 months | | | | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Norgine, Sandoz, Astellas</td> <td>institution</td> </tr> <tr> <td>ZonMW</td> <td>institution</td> </tr> <tr> <td>Chiesi Pharma</td> <td>institution</td> </tr> </table> | Norgine, Sandoz, Astellas | institution | ZonMW | institution | Chiesi Pharma | institution |
| Norgine, Sandoz, Astellas | institution | | | | | | | |
| ZonMW | institution | | | | | | | |
| Chiesi Pharma | institution | | | | | | | |

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|----------|--|--|---|--------------------|--|--|--|--|--|
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" data-bbox="437 383 927 488"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None <table border="1" data-bbox="437 629 927 763"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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 <table border="1" data-bbox="437 853 927 958"> <tr> <td data-bbox="437 853 927 891">Norgine</td> <td data-bbox="927 853 1414 891">Institution and me</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | Norgine | Institution and me | | | | | |
| Norgine | Institution and me | | | | | | | | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1200 927 1305"> <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 <table border="1" data-bbox="437 1424 927 1529"> <tr> <td data-bbox="437 1424 927 1462">Astellas</td> <td data-bbox="927 1424 1414 1462">me</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | Astellas | me | | | | | |
| Astellas | me | | | | | | | | |
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| | | | | | | | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None <table border="1" data-bbox="437 1637 927 1742"> <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 checked="" type="checkbox"/> None <table border="1" data-bbox="437 1861 927 1966"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
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| 1 1 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| 1 2 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> None | |
| | | Norgine (Pharmaco-economic analysis) | institution |
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| | | | |
| 1 3 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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| <p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> | | | |