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|----|--|-------------------------------|--|
| 4  | Consulting fees  | <input type="checkbox"/> None |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None |  |
| 6  | Payment for expert testimony   | <input type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input type="checkbox"/> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> None |  |
| 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 |  |

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.