

ICMJE DISCLOSURE FORM

Date: 13-7-2021
 Your Name: D. Dasgupta
 Manuscript Title: Authors' reply
 Manuscript number (if known): _____

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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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3	Royalties or licenses	<input type="checkbox"/> None 	

4	Consulting fees	____ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____ None	
6	Payment for expert testimony	____ None	
7	Support for attending meetings and/or travel	____ None	
8	Patents planned, issued or pending	____ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	____ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	____ None	
11	Stock or stock options	____ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	____ None	
13	Other financial or non-financial interests	____ 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.

David S. W. W.

ICMJE DISCLOSURE FORM

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Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div>_____ None</div> <div>_____</div> <div>_____</div>
3	Royalties or licenses	<div>_____ None</div> <div>_____</div> <div>_____</div>

4	Consulting fees	_____ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_____ None	
6	Payment for expert testimony	_____ None	
7	Support for attending meetings and/or travel	_____ None	
8	Patents planned, issued or pending	_____ None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_____ None	
11	Stock or stock options	_____ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_____ None	
13	Other financial or non-financial interests	_____ None	

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☒ 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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