Date:	03/03/21
Your Name:	Connar Stanley James Westgate
Manuscript Tit	tle: Systemic and adipocyte transcriptional and metabolic dysregulation in Idiopathic Intracrania
Hypertension	
Manuscript nu	imber (if known): <u>145346-INS-CMED-RV-3</u>

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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		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.	None Midlands Neuroscience Teaching and Research Fund grant	Payment made to my institution
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

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

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

Date:	03/03/21
Your Name:	Hannah Botfield
Manuscript Tit	le: Systemic and adipocyte transcriptional and metabolic dysregulation in Idiopathic Intracrania
Hypertension	
Manuscript nu	mber (if known): <u>145346-INS-CMED-RV-3</u>

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	_XNone	

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

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

Date:03/04/202	21
Your Name:_Zerin	Alimajstorovic
Manuscript Title:	Systemic and adipocyte transcriptional and metabolic dysregulation in Idiopathic Intracranial
<u>Hypertension</u>	
Manuscript numbe	r (if known): 145346-INS-CMED-RV-3

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

Date:	_04/03/2021	
Your Name:	ANDREAS YIANGOU _	
Manuscript 1	Fitle: Systemic and adipocyte	transcriptional and metabolic dysregulation in Idiopathic Intracranial
Hypertensic	<u>on</u>	
Manuscript i	number (if known): <u>145346-IN</u>	S-CMED-RV-3

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		Time frame: Since the initial	planning of the work
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

Date: 28/0	2/2021	
Your Name:	Mark Wals	h
Manuscript Title:	Systemic and	adipocyte transcriptional and metabolic dysregulation in Idiopathic Intracranial
<u>Hypertension</u>		
Manuscript numb	er (if known):	145346-INS-CMED-RV-3

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3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

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

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

Date:01.03.21		
Your Name: Gabrie	elle Smith	
Manuscript Title:	Systemic and adipocyte transcriptional and metabolic dysregulation in Idiopathic Intracranial	
<u>Hypertension</u>		
Manuscript number	er (if known): 145346-INS-CMED-RV-3	

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

s r	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None	
	educational events		
	Payment for expert testimony	None	
	Support for attending meetings and/or travel	None	
	Patents planned, issued or pending	None	
9 F	Dorticination on a Data	Nege	
	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
	Leadership or fiduciary role	None	
	in other board, society,		
C	committee or advocacy group, paid or unpaid		
11 5	Stock or stock options	None	
	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
	Other financial or non-	None	
	financial interests		

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

Date:03/03/202	21
Your Name:Risl	ni Singhal
Manuscript Title:	Systemic and adipocyte transcriptional and metabolic dysregulation in Idiopathic Intracrania
<u>Hypertension</u>	
Manuscript number	er (if known): 145346-INS-CMED-RV-3

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	None	
	testimony		
-	6 16 11 1:		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
	-		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
	·		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests	NOTIC	
	maricial interests		

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

Date:5/03/20	21
Your Name:Ja	imes L. Mitchell
Manuscript Title:	Systemic and adipocyte transcriptional and metabolic dysregulation in Idiopathic Intracranial
<u>Hypertension</u>	
Manuscript numb	er (if known): 145346-INS-CMED-RV-3

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
4.0			
13	Other financial or non-	None	
13	Other financial or non- financial interests	None	

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

Date: 02	.03.21
Your Name:	Olivia Grech
Manuscript	Title:Systemic and adipocyte transcriptional and metabolic dysregulation in Idiopathic Intracrania
Hypertensi	<u>on</u>
Manuscript	number (if known): 145346-INS-CMED-RV-3

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		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.	Author institutes	Manuscript revisions, creation of a figure.
		Time frame: past	36 months
2	Grants or contracts from		
	any entity (if not indicated in item #1 above).	Brain Research UK	PhD studentship. Paid to the university, from whom I am provided with a stipend
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

Date:0	4/03/21
Your Name:	Dr Keira Markey
Manuscript Titl	e: Systemic and adipocyte transcriptional and metabolic dysregulation in Idiopathic Intracrania
Hypertension	
Manuscript nur	nber (if known): <u>145346-INS-CMED-RV-3</u>

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	TEVA talk 2018 regarding 11B-HSD1 inhibitor (AZD4017) in IIH	Honoraria given.
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	

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

Date:	_28 th Feb 2021	
Your Name:	Daniel Hebenstre	it
Manuscript '	Title: Systemic and adipod	cyte transcriptional and metabolic dysregulation in Idiopathic Intracranial
Hypertension	<u>on</u>	
Manuscript	number (if known): <u>14534</u>	6-INS-CMED-RV-3

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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Date:	01/03/2021	
Your Name:	Daniel A Tennant	
Manuscript Title:	Systemic and adipocyte tr	<u>anscriptional and metabolic dysregulation in Idiopathic Intracranial</u>
<u>Hypertension</u>		
Manuscript number	er (if known): <u>145346-INS-</u>	CMED-RV-3

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

Date:1st March 2	021
Your Name:Jer	emy Tomlinson
Manuscript Title:	Systemic and adipocyte transcriptional and metabolic dysregulation in Idiopathic Intracranial
<u>Hypertension</u>	
Manuscript number	(if known): <u>145346-INS-CMED-RV-3</u>

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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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)
	_	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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	Pfizer, Poxel, Orbimed, Lumos	Personal payments made

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	

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

Date:1 st Marc	h 2021
Your Name:Susa	nn P Mollan
Manuscript Title:	Systemic and adipocyte transcriptional and metabolic dysregulation in Idiopathic Intracranial
<u>Hypertension</u>	
Manuscript number	r (if known): 145346-INS-CMED-RV-3

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	Invex therapeutics Neurodiem	2020, 2021 2019, 2020, 2021

		Velux foundation	2021
S5	Payment or honoraria for	Heidelberg Engineering	2019, 2020, 2021
	lectures, presentations,	Novartis	2019
	speakers bureaus, manuscript writing or	Roche	2019
	educational events	Chugai	2019
	educational events	Santen	2019
		Santhera	2019
6	Daymant for ayport	Allergan	2019
Ь	Payment for expert testimony	None	
	testimony		
7	Support for attending meetings and/or travel	Santhera	European Neuro-Ophthalmology Society (EUNOS) meeting 2019. Travel grant.
8	Patents planned, issued or pending	None	
9	Participation on a Data	Invex therapeutics	2019
	Safety Monitoring Board or	Janssen	2019
	Advisory Board		
10	Leadership or fiduciary role	EUNOS research	Unpaid
	in other board, society,	committee	
	committee or advocacy	Secretary to United	Unpaid
	group, paid or unpaid	Kingdom Neuro-	
		Ophthalmology Society (UKNOS)	
		Past chair of the	Unpaid
		international relations	onpaid
		committee. (IRC) at North	
		American Neuro-	
		ophthalmology society	
		(NANOS); Current member	
		of the membership	
		committee (NANOS);	
		abstract committee	
		(NANOS); patient	
		information committee	
		(NANOS); and IRC	
		(NANOS)	
11	Charle or shock and in a	None	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13		None	

Other financial or non-	
financial interests	

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

Date:02/03/2021	
Your Name:Christian Ludwig	
Manuscript Title: Systemic and adipocyte transcriptional and metabolic dysregulation in Idiopathic In	tracranial
<u>Hypertension</u>	
Manuscript number (if known): 145346-INS-CMED-RV-3	

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		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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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Date:28 Fe	bruary 2021	
Your Name : Ildem	Akerman	
Manuscript Title:	Systemic and	d adipocyte transcriptional and metabolic dysregulation in Idiopathic Intracrania
<u>Hypertension</u>		
Manuscript numb	er (if known):	145346-INS-CMED-RV-3

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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)
		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.	RD Lawrence fellowship, Diabetes UK	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	RD Lawrence fellowship, Diabetes UK	
3	Royalties or licenses	None	

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

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

Date:	2 nd Marc	:h 2021						
Your Nam	ne: _Gareth	Lavery						
Manuscri	pt Title <u>:</u>	Systemic and a	adipocyte trans	scriptional and	metabolic dy	sregulation i	n Idiopathic I	ntracrania
Hyperter	<u>nsion</u>							
Manuscri	pt number	r (if known):	145346-INS-CM	ED-RV-3				

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

Date:_04.03.21	
Your Name: Professor Alexandra	Sinclair
Manuscript Title: Systemic and	d adipocyte transcriptional and metabolic dysregulation in Idiopathic Intracranial
<u>Hypertension</u>	
Manuscript number (if known):	145346-INS-CMED-RV-3

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		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.	This study was supported by the National Institute of Health Research UK (NIHR-CS-011-028), the Medical Research Council UK (MR/K015184/1) and the Midlands Neuroscience Teaching and Research Fund.	All payments directly to the University of Birmingham

		Time frame: past	: 36 months
2	Grants or contracts from	x_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	x_None	
4	Consulting fees	Consulting for Invex	Payment to Alex Sinclair
		Therapeutics regarding novel drugs for Idiopathic	
		Intracranial Hypertension	
		intracramar rrypertension	
5	Payment or honoraria for	Payment from Chiesi for	Payment to Alex Sinclair
	lectures, presentations,	talks on Idiopathic	·
	speakers bureaus,	Intracranial Hypertension	
	manuscript writing or		
	educational events		
6	Payment for expert	x_None	
	testimony		
-	Compare for attending	N	
7	Support for attending meetings and/or travel	xNone	
	meetings and/or traver		
8	Patents planned, issued or	x None	
	pending		
9	Participation on a Data	x_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	xNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	Stock options at Invex	Payment to Alex Sinclair
11	Stock of Stock Options	Therapeutics regarding	1 dyment to Alex Sincial
		novel drugs for Idiopathic	
		Intracranial Hypertension	
12	Receipt of equipment,	x_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	x None	
13	financial interests	^_INOTIC	

Please place an "X" next to the following statement to indicate your agreement:
x_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.