

## ICMJE DISCLOSURE FORM

Date: 4/29/21

Your name: Sidney Wolfe

Manuscript Title: Mandatory disclosure of pharmaceutical and medical device companies' payments to physicians: necessary information to accelerate reduction of health-harming financial conflicts

Manuscript number (if known): DTB-2021-000023

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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