

American Journal of Gastroenterology

ASSOCIATE & INTERNATIONAL ASSOCIATE EDITORS' DISCLOSURE OF FINANCIAL INTEREST STATEMENT

We, the editors of the *American Journal of Gastroenterology*, believe that all readers should be aware of any competing interests that the editors may have when considering an article or writing for the Journal.

Disclosure of Relevant Financial Relationships

List the names of proprietary entities producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies, with which you or your spouse/partner have, or have had, a **relevant financial relationship*** within the past 12 months.

No, I do not have a relevant financial relationship.

Yes, I do have a relevant financial relationship. Provide information below:

Nature of Relevant Financial Relationship (choose all that apply)	Name of Company(s)	Self	Spouse/ Partner
<input type="checkbox"/> Consultant		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speaker's Bureau		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

By checking this box, I attest that the completed information is accurate. Please accept this as my signature.

Printed Name: **Edgar Achkar**

Date: **January 2006**

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<input type="checkbox"/> Speaker's Bureau		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)	Given Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Honoraria	Astra-Zeneca, Novartis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

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Printed Name: **Fernando Azpiroz**

Date: **January 2006**

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Nature of Relevant Financial Relationship (choose all that apply)	Name of Company(s)	Self	Spouse/ Partner
<input checked="" type="checkbox"/> Consultant	CONMED, GlaxoSmithKline	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Speaker's Bureau	AstraZeneca, Cook	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)	Pentax Instruments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

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Printed Name: John Baillie

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<input checked="" type="checkbox"/> Consultant	BSCI, Olympus, Alveolus, Cook Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Speaker's Bureau	BSCI, ConMed, Wilson-Cook, Olympus	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)	BSCI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Honoraria	BSCI, Wilson-Cook, Olympus, ConMed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

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Printed Name: Todd Baron

Date: **July 2006**

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<input type="checkbox"/> Consultant		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speaker's Bureau		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

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Printed Name: Carol Burke

Date: July 2006

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<input checked="" type="checkbox"/> Consultant	Pfizer Inc. (US)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Speaker's Bureau	Takeda (Japan), AstraZeneca	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)	Pfizer Inc. (US)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

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Printed Name: **Francis K.L. Chan**

Date: **January 2006**

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<input type="checkbox"/> Consultant		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speaker's Bureau		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

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Printed Name: **Henry Cohen**

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<input type="checkbox"/> Consultant		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speaker's Bureau		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

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Printed Name: Jason Connor

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Nature of Relevant Financial Relationship (choose all that apply)	Name of Company(s)	Self	Spouse/ Partner
<input checked="" type="checkbox"/> Consultant	AstraZeneca	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speaker's Bureau		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)	AstraZeneca	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

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Printed Name: **Gary Falk**

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Nature of Relevant Financial Relationship (choose all that apply)	Name of Company(s)	Self	Spouse/ Partner
<input checked="" type="checkbox"/> Consultant	Altanapharma, J&J, Steigerwald	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Speaker's Bureau	Altanapharam, AstraZeneca, Novartis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)	Altanapharma, Zeriapharmaceuticals, Ardeypharma	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

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Printed Name: Gerald Holtmann

Date: July 2006

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Nature of Relevant Financial Relationship (choose all that apply)	Name of Company(s)	Self	Spouse/ Partner
<input checked="" type="checkbox"/> Consultant	Abbott Japan, Astellas Pharma, AstraZeneca (Japan), Dainippon-Sumitomo, Eisai, Takeda Pharmaceutical, Zeria Pharmaceutical	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speaker's Bureau		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

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Printed Name: **Michio Hongo**

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Nature of Relevant Financial Relationship (choose all that apply)	Name of Company(s)	Self	Spouse/ Partner
<input checked="" type="checkbox"/> Consultant	Astra Zeneca	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Speaker's Bureau	Astra Zeneca	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)	Astra Zeneca	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

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Printed Name: Janusz Jankowski

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<input checked="" type="checkbox"/> Consultant	Centocor, Abbott, Elan, Prometheus Labs, Procter & Gamble, Romark	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Speaker's Bureau	Prometheus Labs, Abbott, Procter & Gamble	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

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Printed Name: **Bret Lashner**

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<input checked="" type="checkbox"/> Consultant	NovoNordisk	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speaker's Bureau		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Honoraria	Ferring SA, Actelion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

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Printed Name: **Didier Lebrec**

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<input checked="" type="checkbox"/> Consultant	Schering	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Speaker's Bureau	Schering, Roche, Gilead, Salix	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)	Schering	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Honoraria	Schering, Gilead, Roche, Salix	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Full-time/part-time Employee	Astellas	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

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Printed Name: **Bruce A Luxon**

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<input checked="" type="checkbox"/> Consultant	Glaxo Smith Kline	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speaker's Bureau		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)	AstraZeneca	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Honoraria	Wyeth, Takeda, AstraZeneca	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

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Printed Name: **Kenneth E.L. McColl**

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<input checked="" type="checkbox"/> Consultant	AstraZeneca, Janssen-Ortho	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Speaker's Bureau	AstraZeneca, Janssen-Ortho, Altana	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Other (describe): Chair funded by an unrestricted donation to the Univeristy	AstraZeneca	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Printed Name: Paul Moayyedi

Date: January 2006

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ASSOCIATE & INTERNATIONAL ASSOCIATE EDITORS' DISCLOSURE OF FINANCIAL INTEREST STATEMENT

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Disclosure of Relevant Financial Relationships

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No, I do not have a relevant financial relationship.

Yes, I do have a relevant financial relationship. Provide information below:

Nature of Relevant Financial Relationship (choose all that apply)	Name of Company(s)	Self	Spouse/ Partner
<input type="checkbox"/> Consultant		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speaker's Bureau		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

By checking this box, I attest that the completed information is accurate. Please accept this as my signature.

Printed Name: **Rob Odze**

Date: **January 2006**

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Nature of Relevant Financial Relationship (choose all that apply)	Name of Company(s)	Self	Spouse/ Partner
<input checked="" type="checkbox"/> Consultant	Astra-Zeneca, Medtronics	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Speaker's Bureau	Astra-Zeneca, Tap Pharmaceuticals, Wyeth, Janssen, Medtronics	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Honoraria	Astra-Zeneca, Tap Pharmaceuticals, Medtronics	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

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Printed Name: Joel E. Richter, M.D.

Date: January 2006

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<input checked="" type="checkbox"/> Consultant	Novartis, Glaxo Smith Kline, TAP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Speaker's Bureau	Novartis, AstraZeneca	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

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Printed Name: **Philip Schoenfeld**

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<input type="checkbox"/> Consultant		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speaker's Bureau		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

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Printed Name: James S. Scolapio

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<input type="checkbox"/> Consultant		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speaker's Bureau		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)	Amgen, Axcan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

By checking this box, I attest that the completed information is accurate. Please accept this as my signature.

Printed Name: Vijay Shah

Date: January 2006

American Journal of Gastroenterology

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<input type="checkbox"/> Consultant		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speaker's Bureau		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)	Astra-Zeneca educational grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Stock Shareholder (self-managed)	Alimentary Health Ltd, Elan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Honoraria	Schering	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Other (describe):	Miscellaneous speaking engagements sponsored by various companies in the past	<input checked="" type="checkbox"/>	<input type="checkbox"/>

By checking this box, I attest that the completed information is accurate. Please accept this as my signature.

Printed Name: **Fergus Shanahan**

Date: **January 2006**

American Journal of Gastroenterology

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Nature of Relevant Financial Relationship (choose all that apply)	Name of Company(s)	Self	Spouse/ Partner
<input checked="" type="checkbox"/> Consultant	Hoffmann La Roche, Roche Canada, Novartis Canada, Bristol Myers Squibb, Virexx, Celsion, Gilead Canada, Bayer, Transition Therapeutics, Migenix	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Speaker's Bureau	Hoffmann La Roche Bristol Myers Squibb	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Honoraria	Hoffmann La Roche, Roche Canada, Novartis Canada, Bristol Myers Squibb, Virexx, Celsion, Gilead Canada, Bayer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

By checking this box, I attest that the completed information is accurate. Please accept this as my signature.

Printed Name: Morris Sherman

Date: July 2006

American Journal of Gastroenterology

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Nature of Relevant Financial Relationship (choose all that apply)	Name of Company(s)	Self	Spouse/ Partner
<input checked="" type="checkbox"/> Consultant	Altana Pharma, AstraZeneca, Janssen Pharmaceutica, Novartis, Zeria	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Speaker's Bureau	Altana Pharma, AstraZeneca, Novartis , Zeria	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)	Altana Pharma	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

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Printed Name: **Vincenzo Stanghellini**

Date: **January 2006**

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Nature of Relevant Financial Relationship (choose all that apply)	Name of Company(s)	Self	Spouse/ Partner
<input checked="" type="checkbox"/> Consultant	AstraZeneca, Axcan, EBMed, Giaconda, Medscape, Solvay, Theravance, Yamanouchi, Boehringer-Ingelheim, Chugai	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speaker's Bureau		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)	Merck, Novartis, Tap Pharmaceuticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

By checking this box, I attest that the completed information is accurate. Please accept this as my signature.

Printed Name: **Nicholas J. Talley, M.D.**

Date: **January 2006**

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<input type="checkbox"/> Consultant		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speaker's Bureau		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)	Schwarz Pharma, Salix Pharmaceuticals, Pfizer, Sanofi Aventis, Medifacts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

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Printed Name: Jayant Talwalkar

Date: **January 2006**

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<input type="checkbox"/> Speaker's Bureau		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

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Printed Name: Guido Tytgat, M.D., Ph.D.

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<input checked="" type="checkbox"/> Consultant	Astra-Zeneca, Infai, TAP, Orexo, Novartis, Santarus, Allergan, Eisai, Altana, Medtronics	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Speaker's Bureau	Astra-Zeneca, TAP, Novartis, Medtronics	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)	Astra-Zeneca, Novartis, Boston-Scientific, Medtronics, Pfizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Stock Shareholder (self-managed)	Astra-Zeneca, Novartis, Pfizer, Schering-Plough, Bristol-Meyers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

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Printed Name: Nimish Vakil

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<input checked="" type="checkbox"/> Consultant	AstraZeneca; Pfizer; Merck, Sharpe & Dohme	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Speaker's Bureau	AstraZeneca	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

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Printed Name: **Neville D Yeomans**

Date: **January 2006**

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<input type="checkbox"/> Speaker's Bureau		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

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Printed Name: Alan R. Zinsmeister, PhD

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<input type="checkbox"/> Consultant		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Speaker's Bureau		<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Grant/Research Support (Secondary Investigators need not disclose)	Our department has received an unrestricted research grant from Olympus for endoscopic research. I am chief of endoscopy. Olympus is also sponsoring a visiting professorship to Australia in 2006	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stock Shareholder (self-managed)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Honoraria		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Full-time/part-time Employee		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe):		<input type="checkbox"/>	<input type="checkbox"/>

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Printed Name: Gregory Zuccaro M.D.
January 2006