Response Summary:

1.. Name
Andre Williams

2.. Degree(s)
- PhD

3.. Primary Employer
Florida Atlantic Unuversity

4.. Email Address:
andrewilliams@health.fau.edu

1a. Primary Investigator (if applicable)
- I am the PI for this project - I and my institution will sign the Data Use Agreement for this project

5.. Select the appropriate box(es) to indicate third party sources from which you or your institution will receiv e payment or services at any time for any aspect of the proposed research (including but not limited to study design, manuscript preparation, statistical analysis, etc.).
Please note: you do not need to include your primary employer.
- No payment or services will be received by me or my institution for the proposed research

6.. Do you have any patents, whether planned, pending, or issued, broadly relevant to the proposed research?
- No

7.. Select the statement that applies:
- I (and/or my spouse or domestic partner) have no financial relationships to disclose.

8.. Are there other relationships or activities that others could perceive to have influenced, or that give the ap pearance of potentially influencing, the research for which you are submitting this form?
- No other relationships/conditions/circumstances exist that present a potential conflict of interest

9.. By signing below, you attest that the information provided is correct
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