Date:	12/9/2021
Your Name:	Peter Stoustrup
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
Manuscript Number (if known):	Click or tap here to enter text.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	☑ None	
3	Royalties or licenses	None	

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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 Head of Orthodontic Section, Aarhus University, Denmark	

		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)
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	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	12/10/2021
Your Name:	Cory M Resnick
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
Manuscript Number (if known):	Click or tap here to enter text.

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	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. Grants or contracts from any entity (if not		None Time frame: past 36 month None	Click the tab key to add additional rows.
	indicated in item #1 above).			
3	Royalties or licenses		None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments werrelationship or indicate none (add rows as needed)made to you or to your institution)	e
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 □ □ □ □	

		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)
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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:	11/18/2021
Your Name:	Shelly Abramowicz
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary _consensus-based recommendations
Manuscript Number (if known):	Click or tap here to enter text.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	☑ None	
3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments werrelationship or indicate none (add rows as needed)made to you or to your institution)	e
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 □ □ □ □	

		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)
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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:	11/17 2021
Your Name:	Thomas Klit Pedersen
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
Manuscript Number (if known):	Click or tap here to enter text.

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

		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)
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 Member of the TMJaw board	

		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)
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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:	11/17/2021
Your Name:	Ambra Michelotti
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
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	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. Grants or contracts from any entity (if not		None Time frame: past 36 month None	Click the tab key to add additional rows.
	indicated in item #1 above).			
3	Royalties or licenses		None	

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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 □ □ □ □	

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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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:	11/30/2021
Your Name:	Annelise Küseler
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
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		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	☑ None	
3	Royalties or licenses	None	

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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 □ □ □ □	

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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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Date:	12/10/2021
Your Name:	Bernd Koos
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
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- 6292		Time frame: past 36 months	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None		
3	Royalties or licenses	None		

		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)
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 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

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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	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.



3

Date:	12/8/2021
Your Name:	Carlalberta Verna
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
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		Time frame: Since the initial planning of the work		
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3	#1 above). Royalties or	⊠ None		
	licenses			

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments werrelationship or indicate none (add rows as needed)made to you or to your institution)	e
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 □ □ □ □	

		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)
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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:	11/30/2021
Your Name:	Ellen Berit Nordal
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary _consensus-based recommendations
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments werrelationship or indicate none (add rows as needed)made to you or to your institution)	e
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 ☑ □ ☑ □ ☑ □ ☑ □	

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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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:	11/30/2021
Your Name:	Eric Granquist
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
Manuscript Number (if known):	Click or tap here to enter text.

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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 we made to you or to your institution)	
4	Consulting fees	□ None	
		ZimmerBiomet	Myself/device development
5	Payment or honoraria for	□ None	
	lectures, presentations,	Zimmerbiomet	Myself/teaching/course
	speakers	Wiley publishing	Myself/Book royalties
	bureaus, manuscript		
	writing or educational events		
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or	⊠ None	
	travel		
8	Patents planned, issued or pending	⊠ None	
	pending		
9	Participation on a Data Safety Monitoring	⊠ None	
	Board or Advisory Board		
10	Leadership or fiduciary role in	⊠ None	
	other board, society,		
	committee or advocacy group,		
	paid or unpaid		

		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)
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	
Plea 🖂	-	t to the following statement to indicate your agreem answered every question and have not altered the wo	

Date: 11/17/2021	
Your Name:	Josefine Mareile Halbig
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary _consensus-based recommendations
Manuscript Number (if known):	Click or tap here to enter text.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	☑ None	
3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments werrelationship or indicate none (add rows as needed)made to you or to your institution)	e
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 □ □ □ □	

		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)
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	
Plea 🖂	-	t to the following statement to indicate your agreement to and the second statement to and have not altered the wo	

Date:	11/30/2021
Your Name:	Kasper Dahl Kristensen
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
Manuscript Number (if known):	Click or tap here to enter text.

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			ies with whom you have this r indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None		
3	Royalties or licenses	⊠ None		

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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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	

			ll entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		one	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		one	
13	Other financial or non-financial interests	⊠ N¢	one	

Please place an "X" next to the following statement to indicate your agreement:

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3

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

Date:	11/15/2021
Your Name:	Leonard B. Kaban, DMD, MD
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
Manuscript Number (if known):	Click or tap here to enter text.

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

			Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of	f 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	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	☑ None	
3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments werrelationship or indicate none (add rows as needed)made to you or to your institution)	e
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 □ □ □ □	

		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)
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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:	11/23/2021
Your Name:	Linda Z. Arvidsson
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
Manuscript Number (if known):	Click or tap here to enter text.

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			ions/Comments (e.g., if payments were ou 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.		key to add additional rows.
		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	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)Specifications/Comments (e.g., if paymen made to you or to your institution)	ts were
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	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ×	Please place an "X" next to the following statement to indicate your agreement:			

Date:	11/30/2021
Your Name:	Lynn Spiegel
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
Manuscript Number (if known):	Click or tap here to enter text.

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			e all entities with whom you have this ionship 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		of the work	
	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. Grants or contracts from any entity (if not		None Time frame: past 36 month None	Click the tab key to add additional rows.
	indicated in item #1 above).			
3	Royalties or licenses		None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments werrelationship or indicate none (add rows as needed)made to you or to your institution)	e
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 □ □ □ □	

		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)
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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:	11/19/2021
Your Name:	Matthew Stoll
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
Manuscript Number (if known):	Click or tap here to enter text.

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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	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	☑ None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None Novartis	Payments will be made to me
5	Payment or honoraria for lectures,	□ None UpToDate	Payment will be made to me
	presentations, speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or	⊠ None	
	travel		
8	Patents planned, issued or pending	⊠ None	
	pending		
9	Participation on a Data Safety Monitoring	⊠ None	
	Board or Advisory Board		
10	Leadership or fiduciary role in other board,	None Treasurer of the Spondyloarthritis Research and	
	society, committee or advocacy group,	Treatment Network (SPARTAN)	
	paid or unpaid		

		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)
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	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	12/1/2021
Your Name:	Melissa A. Lerman
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
Manuscript Number (if known):	Click or tap here to enter text.

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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	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	☑ None	
3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments werrelationship or indicate none (add rows as needed)made to you or to your institution)	e
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 □ □ □ □	

		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)
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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:	11/20/2021
Your Name:	Mia Glerup
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
Manuscript Number (if known):	Click or tap here to enter text.

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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	g 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	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this selationship or indicate none (add rows as needed) specifications/Comments (e.g., if payments were made to you or to your institution)	<u>;</u>
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 ☑ □ ☑ □ ☑ □ ☑ □	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	11/28/2021
Your Name:	PATRIZIA DEFABIANIS
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
Manuscript Number (if known):	Click or tap here to enter text.

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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	Click the tab key to add additional rows.
2	Create en	Time frame: past 36 month	15
2	Grants or contracts from	⊠ None	
	any entity (if not indicated in item		
	#1 above).		
3	Royalties or licenses	⊠ None	

			ions/Comments (e.g., if payments were ou or to your institution)
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 □ □ □ □ □ □	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ×	Please place an "X" next to the following statement to indicate your agreement:			

Date:	12/8/2021
Your Name:	Paula Frid
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
Manuscript Number (if known):	Click or tap here to enter text.

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		Name all entities with whom you have this relationship or indicate none (add rows as nee	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Time frame: Since the initial planning of the work		
2	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. Grants or contracts from any entity (if not indicated in item #1 above).	None	Click the tab key to add additional rows.
3	Royalties or	⊠ None	
	licenses		

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments werrelationship or indicate none (add rows as needed)made to you or to your institution)	e
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 □ □ □ □	

		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)
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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:	12/2/2021
Your Name:	Per Alstergren
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
Manuscript Number (if known):	Click or tap here to enter text.

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		Name all entities with whom you have thisSpecifications/Comments (erelationship or indicate none (add rows as needed)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 None Click the tab key to add additional ro Time frame: past 36 months	WS.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments werrelationship or indicate none (add rows as needed)made to you or to your institution)	e
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 □ □ □ □	

		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)
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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:	11/15/2021
Your Name:	Randy Q. Cron
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
Manuscript Number (if known):	Click or tap here to enter text.

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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 Click the tab key to add additional rows.	
		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	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments werrelationship or indicate none (add rows as needed)made to you or to your institution)	e
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 □ □ □ □	

		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)
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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:	11/30/2021
Your Name:	Sarah Ringold
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: Since the initial planning	of the work
2	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. Grants or contracts from any entity (if not indicated in item #1 above).	None	Click the tab key to add additional rows.
3	Royalties or licenses	☑ None UpToDate	

		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)
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 Vice Chair, CARRA JIA Committee	

		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)
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 Full-time employment at Janssen, started 8/9/2021 (after contributions to this work were completed)	
Plea	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.		

Date:	11/24/2021
Your Name:	Sven Erik Nørholt
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary _consensus-based recommendations
Manuscript Number (if known):	Click or tap here to enter text.

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		e all entities with whom you have this ionship 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
	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	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments werrelationship or indicate none (add rows as needed)made to you or to your institution)	e
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 □ □ □ □	

		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)
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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:	11/23/2021
Your Name:	Timo Peltomaki
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
Manuscript Number (if known):	Click or tap here to enter text.

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	☑ None	
3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments werrelationship or indicate none (add rows as needed)made to you or to your institution)	e
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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 □ □ □ □	

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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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:	12/3/2021
Your Name:	Tore A. Larheim
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
Manuscript Number (if known):	Click or tap here to enter text.

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3	Royalties or	⊠ None	
	licenses		

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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 □ □ □ □	

		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)
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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:	12/1/2021
Your Name:	Troels Herlin
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: past 36 months	
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3	Royalties or licenses	None	

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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 □ □ □ □	

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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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:	11/16/2021
Your Name:	Zachary S. Peacock, DMD, MD, FACS
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
Manuscript Number (if known):	Click or tap here to enter text.

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3	Royalties or licenses	None	

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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 Nothing related to this manuscript Nothing related to this manuscript	

		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)
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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:	11/16/2021
Your Name:	Christian J Kellenberger
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
Manuscript Number (if known):	?

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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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:	12/9/2021
Your Name:	Marinka Twilt
Manuscript Title:	Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
Manuscript Number (if known):	Click or tap here to enter text.

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