Date:	26/03/24						
Your Name:Melissa	Tordoff						
Manuscript Title: Integ	lanuscript Title: Integration of genetic and clinical risk factors improves the risk classification of uveitis in patients with evenile idiopathic arthritis.						
Manuscript number (if							
related to the content parties whose interests to transparency and do	of your manuscript. "Related" mea may be affected by the content o	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.					
The following question manuscript only.	s apply to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>					
to the epidemiology of		defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.					
•	rt all support for the work reporte losure is the past 36 months.	d in this manuscript without time limit. For all other item	15,				
	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)					

		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.	x_None	planning of the work
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastxNone	36 months
3	Royalties or licenses	x_None	
4	Consulting fees	_xNone	

5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_xNone	
	testimony		
7	Support for attending meetings and/or travel	_xNone	
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		
11	group, paid or unpaid Stock or stock options	x None	
11	Stock of Stock options	xNone	
12	Receipt of equipment,	x None	
	materials, drugs, medical	XNone	
	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: 27/03/24

Your Name: Samantha smith

Manuscript Title: Integration of genetic and clinical risk factors improves the risk classification of uveitis in patients with

juvenile idiopathic arthritis.

Manuscript number (if known): ar-23-1542

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</u> manuscript only.

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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)
	I	Time frame: Since the initial	planning of the work
1	All support for the present	_xNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time mint for this item.		
		Time frame: past	36 months
2	Grants or contracts from	xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	x_None	
4	Consulting fees	_xNone	
5		xNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	_xNone	
8	Patents planned, issued or pending	xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x_None	
11	Stock or stock options	x_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	xNone	

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

Date: 26/03/24

Your Name: Saskia Lawson-Tovey

Manuscript Title: Integration of genetic and clinical risk factors improves the risk classification of uveitis in patients with

juvenile idiopathic arthritis.

Manuscript number (if known): ar-23-1542

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

5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	_xNone	
	testimony		
_			
7	Support for attending meetings and/or travel	x_None	
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 services		
13	Other financial or non-	x 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: 26/03/24

Your Name: Stephen Eyre

Manuscript Title: Integration of genetic and clinical risk factors improves the risk classification of uveitis in patients with

juvenile idiopathic arthritis.

Manuscript number (if known): ar-23-1542

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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		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).	xNone	
3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

5	lectures, presentations,	xNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	testimony		
_			
7	Support for attending meetings and/or travel	xNone	
	-		
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		
	services		
13	Other financial or non-	x None	
13	financial interests	^_NOTIE	
	iniariciai inicerescs		

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

Date: 26/03/24

Your Name: Andrew Morris

Manuscript Title: Integration of genetic and clinical risk factors improves the risk classification of uveitis in patients with

juvenile idiopathic arthritis.

Manuscript number (if known): ar-23-1542

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		Time frame: Since the initial	planning of the work
1	All support for the present	X None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X None	
-	any entity (if not indicated	Artene	
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	X None	

5		X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events	VNana	
ь	Payment for expert testimony	X None	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel	XIIIII	
	3 ,		
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	X None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
-11	Stock of Stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X 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: 27/03/2

Your Name: Michael Beresford

Manuscript Title: Integration of genetic and clinical risk factors improves the risk classification of uveitis in patients with

juvenile idiopathic arthritis.

Manuscript number (if known): ar-23-1542

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

5	Payment or honoraria for	_xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
	Payment for expert	_xNone	
	testimony		
	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	x_None	
	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		
	Stock or stock options	xNone	
12	Receipt of equipment,	xNone	
	materials, drugs, medical		
	writing, gifts or other services		
l I	SCI VICCS		
	Other financial or non-	_xNone	
13		_xNone	

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

Date: 26/03/24

Your Name: Andrew D. Dick

Manuscript Title: Integration of genetic and clinical risk factors improves the risk classification of uveitis in patients with

juvenile idiopathic arthritis.

Manuscript number (if known): ar-23-1542

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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	xNone	planning of the work
1	manuscript (e.g., funding,	ANOTIC	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame; past	26 months
2	Grants or contracts from	Time frame: past	36 Months
_	any entity (if not indicated	ANOTIC	
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees		

5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	xNone	
	testimony	ANOTIC	
	,		
7	Support for attending meetings and/or travel	xNone	
	G ,		
8	Patents planned, issued or	xNone	
	pending		
	D 111 11 D 1		
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
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 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: 15 March 2024

Your Name: Kimme Hyrich

Manuscript Title: Integration of genetic and clinical risk factors improves the risk classification of uveitis in patients with

juvenile idiopathic arthritis.

Manuscript number (if known): ar-23-1542

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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.	xNone	
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).	Pfizer	Grant paid to institution for research unrelated to JIA or uveitis.
		BMS	Grant paid to institution for research unrelated to JIA or uveitis.
3	Royalties or licenses	x_None	

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

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

Date:_ 26/03/24

Your Name: Lucy R Wedderburn

Manuscript Title: Integration of genetic and clinical risk factors improves the risk classification of uveitis in patients with

juvenile idiopathic arthritis.

Manuscript number (if known): ar-23-1542

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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,	UK Medical Research Council MR/R013926/1	Paid to UCL and academic partners
	provision of study materials,	Versus Arthritis Charity	Paid to UCL and academic partners
	medical writing, article processing charges, etc.)	Great Ormond Street Children's Charity VS0518	Paid to UCL
	No time limit for this item.	In kind contributions to	N/A
		CLUSTER: AbbVie, UCB,	
		Pfizer GSK and SOBI	
		AbbVie research grant	Paid to UCL and academic partners
		SOBI research grant	Paid to UCL and academic partners
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIHR Great Ormond Street Biomedical Research Centre	Paid to UCL
3	Royalties or licenses	X None	

4	Consulting fees	X None	None related to this manuscript
5	Payment or honoraria for lectures, presentations, speakers bureaus,	Advanced Targeted therapies meeting speaker honorarium, 2022	Paid to UCL
	manuscript writing or	Speaker fees Pfizer 2023	Paid to UCL
6	educational events Payment for expert	X None	
	testimony	A Hone	
7	Support for attending	X None	
	meetings and/or travel		
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	X None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X 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: 15/march/2024

Your Name: Athimalaipet V Ramanan

Manuscript Title: Integration of genetic and clinical risk factors improves the risk classification of uveitis in patients with

juvenile idiopathic arthritis.

Manuscript number (if known): ar-23-1542

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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	x_None	
4	Consulting fees		Abbvie, Eli Lilly, UCB, Astra Zeneca

5	Payment or honoraria for lectures, presentations,		Abbvie, Eli Lilly, Pfizer, Roche, Novartis, UCB, Alimera, SOBI
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	_xNone	
	testimony		
7	Support for attending	y None	
,	meetings and/or travel	xNone	
8	Patents planned, issued or	xNone	
	pending		
0	Darticipation on a Data	y None	
9	Participation on a Data Safety Monitoring Board or	_xNone	
	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		
	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:_ 26/03/24

Your Name: John Bowes

Manuscript Title: Integration of genetic and clinical risk factors improves the risk classification of uveitis in patients with

juvenile idiopathic arthritis.

Manuscript number (if known): ar-23-1542

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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	x_None	
4	Consulting fees	_xNone	

5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	testimony		
7	Support for attending meetings and/or travel	xNone	
	G ,		
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		
	services		
13		x_None	
13	services	x_None	

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