

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Samrachana

2. Surname (Last Name)
Adhikari

3. Date
24-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jose Scher

5. Manuscript Title
COVID-19 in Immune-Mediated Inflammatory Diseases-- A New York Case Series

6. Manuscript Identifying Number (if you know it)
20-09567

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Adhikari has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Jordan

2. Surname (Last Name)
Axelrad

3. Date
24-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jose Scher

5. Manuscript Title
COVID-19 in Immune-Mediated Inflammatory Diseases-- A New York Case Series

6. Manuscript Identifying Number (if you know it)
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Dr. Axelrad has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Rochelle

2. Surname (Last Name)
Castillo

3. Date
24-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jose Scher

5. Manuscript Title
COVID-19 in Immune-Mediated Inflammatory Diseases-- A New York Case Series

6. Manuscript Identifying Number (if you know it)
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Dr. Castillo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Alan	2. Surname (Last Name) Chen	3. Date 24-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jose Scher
5. Manuscript Title COVID-19 in Immune-Mediated Inflammatory Diseases-- A New York Case Series		
6. Manuscript Identifying Number (if you know it) 20-09567		

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Section 1. Identifying Information

1. Given Name (First Name)
Rebecca

2. Surname (Last Name)
Haberman

3. Date
24-April-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Jose Scher

5. Manuscript Title
COVID-19 in Immune-Mediated Inflammatory Diseases-- A New York Case Series

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Janssen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory Board

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Haberman reports other from Janssen, outside the submitted work.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) David

2. Surname (Last Name) Hudesman

3. Date 24-April-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Jose Scher

5. Manuscript Title COVID-19 in Immune-Mediated Inflammatory Diseases-- A New York Case Series

6. Manuscript Identifying Number (if you know it) 20-09567

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Grant and Consultant
Janssen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Abbvie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Takeda	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
BMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Hudesman reports grants and personal fees from Pfizer, personal fees from Janssen, personal fees from Abbvie, personal fees from Takeda, personal fees from BMS, outside the submitted work.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Peter 2. Surname (Last Name) Izmirly 3. Date 24-April-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Jose Scher

5. Manuscript Title
COVID-19 in Immune-Mediated Inflammatory Diseases-- A New York Case Series

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Glaxo Smith Kline (GSK)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Exagen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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- No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Izmirly reports personal fees from Glaxo Smith Kline (GSK), personal fees from Exagen, outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Andrea	2. Surname (Last Name) Neimann	3. Date 24-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jose Scher
5. Manuscript Title COVID-19 in Immune-Mediated Inflammatory Diseases-- A New York Case Series		
6. Manuscript Identifying Number (if you know it) 20-09567		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Neimann has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jose

2. Surname (Last Name)

Scher

3. Date

24-April-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

COVID-19 in Immune-Mediated Inflammatory Diseases-- A New York Case Series

6. Manuscript Identifying Number (if you know it)

20-09567

Section 2. The Work Under Consideration for Publication

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Novartis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting Fees
Pfizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting Fees
Janssen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting Fees
Abbvie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting Fees
UCB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting Fees

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Scher reports other from Novartis, other from Pfizer, other from Janssen, other from Abbvie, other from UCB, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Di

2. Surname (Last Name)
Yan

3. Date
24-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jose Scher

5. Manuscript Title
COVID-19 in Immune-Mediated Inflammatory Diseases-- A New York Case Series

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Are there any relevant conflicts of interest? Yes No

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Dr. Yan has nothing to disclose.

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