

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

Relationships not covered above.

Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Other: Anything not covered under the previous three boxes

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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



Section 1. Identifying Information							
1. Given Name (First Name) Chrysanthi	2. Surname (Last Nam Skevaki	ne)	3. Date 09-July-20)20			
4. Are you the corresponding author?	Yes ✓ No	-	ding Author's Name s Weckmann				
5. Manuscript Title Activation of group 2 innate lymphoid o	cells via TL1A/DR3: A	solution to cortic	osteroid resistance?				
6. Manuscript Identifying Number (if you known Blue-202007-2658ED	ow it)						
Section 2. The Work Under Co	nsideration for Pu	ublication					
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interests	but not limited to gran				c.) for		
Section 3. Relevant financial a	activities outside t	he submitted :	work				
Place a check in the appropriate boxes ir of compensation) with entities as describ clicking the "Add +" box. You should rep Are there any relevant conflicts of interest If yes, please fill out the appropriate info	n the table to indicate bed in the instruction ort relationships that st?	e whether you ha s. Use one line fo	ve financial relationships or each entity; add as man	y lines as you need	d by		
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other? Comments				
Hycor Biomedical	✓ ✓		Consultancy and I	research funding			
Bencard Allergie			Consultancy				
Mead Johnson Nutrition (MJN)	✓		Research funding				
Universities Giessen and Marburg Lung Centre (UGMLC), the German Centre for Lung Research (DZL), University Hospital Giessen and Marburg (UKGM)			Research funding				
Deutsche Forschungsgemeinschaft (DFG)- funded-SFB 1021 (C04), -KFO 309 (P10), and SK 317/1-1 (Project number 428518790)	✓		Research funding				



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Thermo Fisher Scientific	√	√			Consultancy and research funding
University Hospital Gießen and Marburg (UKGM)	✓				Research funding according to article 2, section 3 cooperation agreement
Section 4. Intellectual Propert	y Pate	ents & Co _l	pyrights		
Do you have any patents, whether plann	ed, pend	ing or issue	ed, broadly releva	nt to the	work? Yes 🗸 No
Section 5. Relationships not o	overed	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					
At the time of manuscript acceptance, jo On occasion, journals may ask authors to					· ·
Section 6. Disclosure Stateme					
Disclosure Stateme	nt				
Based on the above disclosures, this forn below.	n will aut	omatically (generate a disclos	sure state	ment, which will appear in the box

Dr. Skevaki reports grants and personal fees from Hycor Biomedical, personal fees from Bencard Allergie, grants from Mead Johnson Nutrition (MJN), grants from Universities Giessen and Marburg Lung Centre (UGMLC), the German Centre for Lung Research (DZL), University Hospital Giessen and Marburg (UKGM), grants from Deutsche Forschungsgemeinschaft (DFG)-funded-SFB 1021 (C04), -KFO 309 (P10), and SK 317/1-1 (Project number 428518790), grants and personal fees from Thermo Fisher Scientific, grants from University Hospital Gießen and Marburg (UKGM), outside the submitted work;



Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



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	eive payment or services from a third party (government, cog g but not limited to grants, data monitoring board, study d rest? Yes V	
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Place a check in the appropriate boxes of compensation) with entities as descr	in the table to indicate whether you have financial re ribed in the instructions. Use one line for each entity; port relationships that were present during the 36 i	add as many lines as you need by
Section 4. Intellectual Property		
Intellectual Prope	rty Patents & Copyrights	
Do you have any patents, whether plan	nned, pending or issued, broadly relevant to the work	x? ☐ Yes ✓ No

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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. Weckmann has nothing to disclose.

Evaluation and Feedback

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