Date:July 30, 2021
Your Name:Dr. Bindee Kuriya
Manuscript Title:_ Understanding COVID-19 Risk in Patients with Immune Mediated Inflammatory Diseases: A
Population-based analysis of SARS-CoV-2 Testing
Manuscript number (if known):

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 manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)
	1	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		
	in item #1 above).		
3	Royalties or licenses	X None	

4	Consulting fees	Х	Rheumatology advisory board member for Pfizer, Gilead, Abbvie
_			
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
_			
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	X None	
	Advisory Board		
_			
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	_X None	

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

Date:July 28 2021		
Your Name: Sindhu Johnson		
Manuscript Title:	<del></del>	
Manuscript number (if known):		

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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		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)  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.	x None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Yes	Boehringer Ingelheim, Corbus
		100	Booming Corous
3	Royalties or licenses	x None	

4	Consulting fees	Yes	Boehringer Ingelheim, Corbus
5	Payment or honoraria for lectures, presentations,	x None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	x None	
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	x None	
	Advisory Board		
10	Leadership or fiduciary role	Yes	ACR Covid 19 Clinical Guidance Task Force
	in other board, society,	Yes	ACR Covid 19 Vaccination Guidance Task Force
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	x None	
12	Receipt of equipment, materials, drugs, medical	x None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests		
		GSK	Conduct of research, medical writing

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

Date:July 27 2021
Your Name:Aaron Drucker
Manuscript Title:_ Understanding COVID-19 Risk in Patients with Immune Mediated Inflammatory Diseases: A
Population-based analysis of SARS-CoV-2 Testing
Manuscript number (if known):

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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		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.	X_ None	
		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	X None	

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	_X None	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	X None	
_			
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	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	_X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	12 Receipt of equipment, materials, drugs, medical	_X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

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

Date:	July	28	2021
_ ~	,		

Your Name: Jessica Widdifield

Manuscript Title: Understanding COVID-19 Risk in Patients with Immune Mediated Inflammatory Diseases: A

Population-based analysis of SARS-CoV-2 Testing

Manuscript number	(if known)	:

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 manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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,	X_ None	
	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 any entity (if not indicated	X None	
	in item #1 above).		
3	Royalties or licenses	X None	

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
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	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	
<u> </u>			

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

Date	e:July 28 2021					
	r Name:Arielle Mende					
Mar	nuscript Title: Understar	nding COVID-19 Risk in Pati	ents with Immune Mediated Inflammatory Diseases: A			
-	Population-based analysis of SARS-CoV-2 Testing					
Mar	nuscript number (if known):	ACR-21-0413.R1				
rela part to t	ted to the content of your n ties whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. I	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.			
	following questions apply t	o the author's relationship	s/activities/interests as they relate to the current			
to t	he epidemiology of hyperted dication, even if that medication	nsion, you should declare a tion is not mentioned in th	·			
	em #1 below, report all sup time frame for disclosure is	-	in this manuscript without time limit. For all other items,			
		Name all entities with	Specifications/Comments			
		whom you have this	(e.g., if payments were made to you or to your			
		relationship or indicate	institution)			
		none (add rows as				
		needed) Time frame: Since the initial	Manning of the work			
	I		planning of the work			
1	All support for the present manuscript (e.g., funding,	X None				
	provision of study materials,					
	medical writing, article					
	processing charges, etc.)					
	No time limit for this item.					
		<b>T</b> : <i>f</i>	2C			
2	Grants or contracts from	Time frame: past _X None	56 Months			
_	any entity (if not indicated	_X None				
	in item #1 above).					
	,	_	_			
3	Royalties or licenses	_X None				

4	Consulting fees	_X None	
	Payment or honoraria for lectures, presentations,	_X None	
	speakers bureaus,		
	manuscript writing or educational events		
	Payment for expert testimony	_X None	
	Support for attending meetings and/or travel	_X None	
	_		
	Patents planned, issued or pending	X None	
	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
	Leadership or fiduciary role in other board, society,	_X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_X None	
	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
	Other financial or non- financial interests	X None	

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

Date:July 27 2021
Your Name:Ruth Croxford
Manuscript Title: Understanding COVID-19 Risk in Patients with Immune Mediated Inflammatory Diseases: A
Population-based analysis of SARS-CoV-2 Testing
Manuscript number (if known):

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 manuscript only</u>.

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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 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
		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	X None	

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	_X None	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	X None	
_			
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	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	_X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	_X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

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

Date:	July 30, 2021	
Your Name:	_Nigel Haroon	
Manuscript Title	e: Understand	ling COVID-19 Risk in Patients with Immune Mediated
Inflammator	y Diseases: A Popula	tion-based analysis of SARS-CoV-2
Testing	-	<u> </u>
Manuscript nun	nber (if known):	

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		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	_x None	

4 Consulting fees x None  5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  6 Payment for expert testimony x None x None x None	
5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expertx_ None	
lectures, presentations, speakers bureaus, manuscript writing or educational events  6 Payment for expertx_ None	
lectures, presentations, speakers bureaus, manuscript writing or educational events  6 Payment for expertx_ None	
lectures, presentations, speakers bureaus, manuscript writing or educational events  6 Payment for expertx_ None	
manuscript writing or educational events  6 Payment for expertx_ None	
educational events  6 Payment for expertx_ None	
7 Support for attendingx None meetings and/or travel	
8 Patents planned, issued orx_ None pending	
O Posticination on a Pote	
9 Participation on a Datax None Safety Monitoring Board or	
Advisory Board	
40 Landaubig aufidusianusla — Naga	
10 Leadership or fiduciary rolex_ None in other board, society,	
committee or advocacy	
group, paid or unpaid	
11 Stock or stock optionsx_ None	
12 Receipt of equipment,x_ None materials, drugs, medical	
writing, gifts or other	
services	
13 Other financial or nonx_ 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:July 27 2021
Your Name:Lihi Eder
Manuscript Title:_ Understanding COVID-19 Risk in Patients with Immune Mediated Inflammatory Diseases: A
Population-based analysis of SARS-CoV-2 Testing
Manuscript number (if known):

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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.	X_ None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	Abbvie, UCB, Pfizer, Eli Lily
3	Royalties or licenses	X None	

4	Consulting fees	None	Abbvie, Pfizer, Novartis, UCB
5	Payment or honoraria for lectures, presentations,	_X None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	V None	
6	testimony	X None	
_			
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	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	_X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	_X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

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

Date:	July 30, 2021		
Your Name:	_Zahi Touma		
Manuscript Titl	e: Understar	nding COVID-19 Risk in Patients with Imr	nune Mediated
Inflammator	ry Diseases: A Popul	lation-based analysis of SARS-CoV-2	
Testing			
Manuscript nur	mber (if known):		

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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)  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).	x None	
3	Royalties or licenses	x None	

4	4 Consulting fees	x None	
5	Payment or honoraria for lectures, presentations,	x None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	x None	
7	Compart for attanding	v Nana	
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	x None	
	Advisory Board		
10		A.I	
10	Leadership or fiduciary role in other board, society,	x None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
42		A1	
12	Receipt of equipment, materials, drugs, medical	x None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	x None	

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

Date:	July 18 2021
Your Name Sasha Bernatsky	
Manuscript Title:_ Understanding (	COVID-19 Risk in Patients with Immune Mediated Inflammatory Diseases: A Population-based
analysis of SARS-CoV-2 Testing	
Manuscript number (if known):_	

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		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	_x None	

4	Consulting fees	_x None	
5	Payment or honoraria for lectures, presentations,	x None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	_x None	
	_		
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	x None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	x None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_x None	
12	Receipt of equipment, materials, drugs, medical	x None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	x None	

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

**Date:** *JULY 27, 2021* **Your Name:** *RICHARD COOK* 

Manuscript Title: Understanding COVID-19 Risk in Patients with Immune Mediated Inflammatory

Diseases: A Population-based analysis of SARS-CoV-2 Testing

## Manuscript number (if known):

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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.	X None	

Time frame: past 36 months			
∈	Grants or contracts from any entity (if not indicated in	x None	
	item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	x None	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10		X None	

	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other services		
13	Other financial or non- financial interests	X None	

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