

## ICMJE DISCLOSURE FORM

Date: 4/12/22  
 Your Name: Erica Moore  
 Manuscript Title: Choroid plexus-infiltrating T cells drive murine neuropsychiatric lupus  
 Manuscript number (if known): ar-22-0308

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 **current manuscript only**.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	T32-GM007288	Grant funding for research and stipend support
		Gina M. Finzi Memorial Student Summer Fellowship Program	Award funding for research support
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

## ICMJE DISCLOSURE FORM

Date: 4/12/22  
 Your Name: Michelle W. Huang  
 Manuscript Title: Choroid plexus-infiltrating T cells drive murine neuropsychiatric lupus  
 Manuscript number (if known): ar-22-0308

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<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Training Program in Cellular and Molecular Biology & Genetics T32 GM007491	Grant funding for research and stipend support
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
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## ICMJJE DISCLOSURE FORM

Date: 4-12-22

Your Name: Cara Reynolds

Manuscript Title: Choroid plexus-infiltrating T cells drive murine neuropsychiatric lupus

Manuscript number (if known): ar-22-0308

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	NIH, NIAID (R01 AI 113919)	Grant funding for research support
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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## ICMJE DISCLOSURE FORM

Date:

April 12, 2022 \_\_\_\_\_

Your Name:

Fernando Macian \_\_\_\_\_

Manuscript Title:

Choroid plexus-infiltrating T cells drive murine neuropsychiatric lupus \_\_\_\_\_

Manuscript number (if known):

22-0308 \_\_\_\_\_

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	_____	Personnel and reagents were covered by NIH funds
		NIH, NIAID (R01 AI 113919)	
<b>Time frame: past 36 months</b>			
2		<input checked="" type="checkbox"/> None	

	Grants or contracts from any entity (if not indicated in item #1 above).		
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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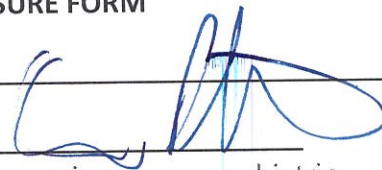
I certify that I have answered every question and have not altered the wording of any of the questions on this form. Fernando Macian 



**ICMJE DISCLOSURE FORM**

Date: April 13, 2022

Your Name: Chaim Putterman, MD



Manuscript Title: Choroid plexus-infiltrating T cells drive murine neuropsychiatric lupu

Manuscript number (if known): ar-22-0308

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	Compensated lecture to Biogen on the topic of neuropsychiatric lupus within the last year
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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