

ICMJE DISCLOSURE FORM

Date: March 9, 2022

Your Name: Michael T. Nurmohamed

Manuscript Title: Smartphone-Assisted Patient-Initiated Care Versus Usual care in Patients With Rheumatoid Arthritis and Low Disease Activity: a Randomized Controlled Trial

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 current manuscript only.

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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)
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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
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 checked="" 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 checked="" 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 checked="" 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: March 30th 2022

Your Name: Wouter H Bos

Manuscript Title: Smartphone-Assisted Patient-Initiated Care Versus Usual care in Patients With Rheumatoid Arthritis and Low Disease Activity: a Randomized Controlled Trial

Manuscript number (if known): _____

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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.	Abbvie	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Abbvie Eli Lilly Sanofi Celgene Pfizer Roche UCB	Payments made to my institution, all outside the submitted work

3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	Abbvie UCB	Payments made to my institution, all outside the submitted work
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Abbvie Eli Lilly Galapagos Sanofi	Payments made to my institution, all outside the submitted work
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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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	

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form.

ICMJE DISCLOSURE FORM

Date: 08-03-2022
 Your Name: Maarten Boers
 Manuscript Title: Smartphone-Assisted Patient-Initiated Care Versus Usual care in Patients With Rheumatoid Arthritis and Low Disease Activity: a Randomized Controlled Trial
 Manuscript number (if known): ar-22-0037

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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ICMJE DISCLOSURE FORM

Date: 31-3-2022

Your Name: Marieke ter Wee

Manuscript Title: Smartphone-Assisted Patient-Initiated Care Versus Usual care in Patients With Rheumatoid Arthritis and Low Disease Activity: a Randomized Controlled Trial

Manuscript number (if known): _____

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4	Consulting fees	None	

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Please place an "X" next to the following statement to indicate your agreement:

X 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: MARCH 8th, 2020
 Your Name: LEO D. ROORDA
 Manuscript Title: SMARTPHONE-ASSISTED PATIENT-INITIATED CARE (...)
 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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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Place

DE GROEVE

Date

March 8th, 2022

Signature



Name

Leo D Roorda

ICMJE DISCLOSURE FORM

Date: 06-04-2022
 Your Name: J. Wisel
 Manuscript Title: Smartphone-assisted patient-initiated care vs usual care in patients with RA
 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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ICMJE DISCLOSURE FORM

Date 8-3-2022

Your Name: D van Schaardenburg

Manuscript Title: Smartphone-Assisted Patient-Initiated Care Versus Usual care in Patients With Rheumatoid Arthritis and Low Disease Activity

Manuscript number (if known): ar-22-0037

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