Date:	5/27/2023
Your Name:	Korawit Kanjana
Manuscript Title:	Autoimmunity to synovial extracellular matrix proteins
Manuscript Number (if known):	161170-JCI-CMRD-1

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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.

			Il entities with whom you have this ship 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	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.	N N	one	Click the tab key to add additional rows.
			Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).		one	
3	Royalties or licenses	× N	one	

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

		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)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea 🖂	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.		

Date:	5/26/2023
Your Name:	Klemen Strle
Manuscript Title:	Autoimmunity to synovial extracellular matrix proteins
Manuscript Number (if known):	161179-JCI-CMRD-1

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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.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	3
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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)
3	Royalties or licenses	□ None	
4	Consulting fees	□ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□ None	
7	Support for attending meetings and/or travel	□ None	
8	Patents planned, issued or pending	□ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in	□ None	

		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)
	other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None	
13	Other financial or non-financial interests	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.			

Dat	e:	-	5/26/2023	
You	ır Name:	_	Robert B. Lochhead	
Ma	nuscript Title:	<u>-</u>	Autoimmunity to synovial extracellular mat	rix proteins
Ma	nuscript Number (if k	known):	161170-JCI-CMRD-1	
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interested by the content of the manuscript. Disclosure represents a commitment to transparency and does not necess indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to		ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so.		
tha	t medication is not mo	entioned i	n the manuscript.	
	tem #1 below, report me for disclosure is th			ithout time limit. For all other items, the time
			entities with whom you have this hip 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	of the work
			Time frame. Since the initial planning	of the work
1	All support for the present manuscript (e.g.,	□ No	one	or the work
1	present manuscript (e.g., funding, provision	T32-AR- F32-Al-1	-007258 125764	
1	present manuscript (e.g.,	T32-AR-	-007258 125764	Click the tab key to add additional rows.
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	T32-AR- F32-Al-1	-007258 125764	Click the tab key to add additional rows.
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	T32-AR- F32-AI-1 R21-AI-1	007258 125764 148982	Click the tab key to add additional rows.

		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)
4	Consulting fees	□ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	□ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	□ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None	
13	Other financial or non-financial interests	None	
Plea	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 wo	rding of any of the questions on this form.

Date:	5/30/2023
Your Name:	Annalisa Pianta
Manuscript Title:	Autoimmunity to synovial extracellular matrx proteins
Manuscript Number (if known):	161170-JCI-CRMD-1
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 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 hat medication is not mentioned in the manuscript.	
In item #1 below, report all suppor frame for disclosure is the past 36	rt for the work reported in this manuscript without time limit. For all other items, the time 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)
Tim	e frame: Since the i	nitial 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.	None	Click the tab key to add additional rows.
Tim	e frame: past 36 mo	onths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None	

		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)	
11	Stock or stock options	□ None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None		
13	Other financial or non-financial interests	□ None		
Plea	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.			

5/28/2023

Date:

Your Name:			Laura M. Mateyka		
Manuscript Title:			Autoimmunity to synovial extracellular matrix proteins		
Mai	nuscript Number (if	known):	161170-JCI-CRMD-1		
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			l entities with whom you have this ship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning of	of the work	
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			Time frame: past 36 months	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[N	one		
3	Royalties or licenses	[N	one		

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None	
6	Payment for expert testimony	□ None	
7	Support for attending meetings and/or travel	□ None	
8	Patents planned, issued or pending	□ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None	

		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)	
11	Stock or stock options	□ None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None		
13	Other financial or non-financial interests	□ None		
Plea [⊠]	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.			

Dat	te:		5/28/2023			
You	ır Name:		Qi Wang			
Ma	nuscript Title:		Autoimmunity to synovial extracellular mate	rix proteins		
Ma	nuscript Number (if k	nown):	161170-JCI-CMRD-1			
cor affe ind The epi tha	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 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.					
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Tin	Time frame: Since the initial planning of the work					
1	All support for the present manuscript (e.g.,	□ N	one			

Tim	e frame: Since the ir	nitial p	lanning of the work	
	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.		None	Click the tab key to add additional rows.
Tim	e frame: past 36 mo	nths		
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

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

			tions/Comments (e.g., if payments were you or to your institution)	
11	Stock or stock	None		
	options			
12	Receipt of equipment,	None		
	materials, drugs,			
	medical writing, gifts or other			
	services	1		
13	Other financial or non-financial	None		
	interests			
Plea	ıse place an "X" nex	the following statement to indicate your agreement:		
1	•			
	I certify that I have	swered every question and have not altered the wording of a	ny of the questions on this form.	
ICM	JE DISCLOSURE FOR			
Date	e:	5/27/2023		
You	r Name:	Sheila L Arvikar		
Mar	nuscript Title:	Autoimmunity to synovial extracellular matrix protein	Autoimmunity to synovial extracellular matrix proteins	
Mar	nuscript Number (if	wn): 161170-JCI-CMRD-1		
con affe	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.			
epic	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.			
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Tim	e frame: past 36 mo	nths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Global Lyme Alliance (research grant)	
3	Royalties or licenses	None	
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	

		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)	
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or pending	■ None		
9	Participation on a Data Safety Monitoring Board or Advisory Board	■ None		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None		
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	■ None		
13	Other financial or non-financial interests	■ None		
Plea	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.			

Date:	5/26/2023
Your Name:	David E Kling
Manuscript Title:	Autoimmunity to synovial extracellular matrix proteins
Manuscript Number (if known):	161170-JCI-CMRD-1

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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.		None	Click the tab key to add additional rows.
Tim	e frame: past 36 mo	onths		
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3	Royalties or licenses		None	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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11	Stock or stock options	■ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	■ None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	5/29/2023
Your Name:	Cameron DeAngelo
Manuscript Title:	Autoimmunity to synovial extracellular matrix proteins
Manuscript Number (if known):	161170-JCI-CMRD-1

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Tim	e frame: past 36 mo	onths		
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options	■ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	■ None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	5/27/2023
Your Name:	Lucy Curham
Manuscript Title:	Autoimmunity to synovial extracellular matrix proteins
Manuscript Number (if known):	161170-JCI-CMRD-1

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Tim	ie frame: past 36 mo	nths	
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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	■ None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	5/28/2023	
Your Name:	Alan G Barbour	
Manuscript Title:	Autoimmunity to synovial extracellular matrix proteins	
Manuscript Number (if known):	161170-JCI-CMRD-1	
In the interest of transparency, we	a ack you to disclose all relationships (activities (interests listed below that are related to the	

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Tim	e frame: past 36 mo	onths		
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	□ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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13	Other financial or non-financial interests	□ None	
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X	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	7/28/2023
	-
Your Name:	Catherine E Costello
Manuscript Title:	Autoimmunity to synovial extracellular matrix proteins
Manuscript Number (if known):	161170-JCI-CMRD-1
content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned	rt for the work reported in this manuscript without time limit. For all other items, the time

		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)
Tim	e frame: Since the i	nitial planning of the work	
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Manuscript Title:	Autoimmunity to synovial extracellular matrix proteins
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Manuscript Title:	Autoimmunity to synovial extracellular matrix proteins
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