

ICMJE DISCLOSURE FORM

Date: 5/27/2024

Your Name: Johannes Dirks

Manuscript Title: Disease-specific T cell receptors maintain pathogenic T helper cell responses in postinfectious Lyme arthritis

Manuscript Number (if known): 179391

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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Date: 5/27/2024

Your Name: Jonas Fischer

Manuscript Title: Disease-specific T cell receptors maintain pathogenic T helper cell responses in postinfectious Lyme arthritis

Manuscript Number (if known): 179391

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Date: 5/27/2024

Your Name: Julia Klaussner

Manuscript Title: Disease-specific T cell receptors maintain pathogenic T helper cell responses in postinfectious Lyme arthritis

Manuscript Number (if known): 179391

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Date: 5/27/2024

Your Name: Christine Hofmann

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Manuscript Number (if known): 179391

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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.

ICMJE DISCLOSURE FORM

Date: 5/27/2024

Your Name: Annette Holl-Wieden

Manuscript Title: Disease-specific T cell receptors maintain pathogenic T helper cell responses in postinfectious Lyme arthritis

Manuscript Number (if known): 179391

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: 5/27/2024

Your Name: Victoria Buck

Manuscript Title: Disease-specific T cell receptors maintain pathogenic T helper cell responses in postinfectious Lyme arthritis

Manuscript Number (if known): 179391

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: 5/27/2024

Your Name: Christian Klemann

Manuscript Title: Disease-specific T cell receptors maintain pathogenic T helper cell responses in postinfectious Lyme arthritis

Manuscript Number (if known): 179391

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ICMJE DISCLOSURE FORM

Date: 5/27/2024

Your Name: Hermann Girschick

Manuscript Title: Disease-specific T cell receptors maintain pathogenic T helper cell responses in postinfectious Lyme arthritis

Manuscript Number (if known): 179391

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ICMJE DISCLOSURE FORM

Date: 5/27/2024

Your Name: Ignazio Caruana

Manuscript Title: Disease-specific T cell receptors maintain pathogenic T helper cell responses in postinfectious Lyme arthritis

Manuscript Number (if known): 179391

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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.

ICMJE DISCLOSURE FORM

Date: 5/27/2024

Your Name: Florian Erhard

Manuscript Title: Disease-specific T cell receptors maintain pathogenic T helper cell responses in postinfectious Lyme arthritis

Manuscript Number (if known): 179391

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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ICMJE DISCLOSURE FORM

Date: 5/27/2024

Your Name: Henner Morbach

Manuscript Title: Disease-specific T cell receptors maintain pathogenic T helper cell responses in postinfectious Lyme arthritis

Manuscript Number (if known): 179391

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