ICMJE DISCLOSURE FORM

Date: ___11/17/2021__________________________________________________________
Your Name: ___Jin Li________________________________________________________
Manuscript Title: Novel Knowledge on the Pathogenesis of Juvenile Idiopathic Arthritis by Integrative Genetic Analysis
Manuscript number (if known): ar-21-0417

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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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. | _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                                                                          |
|   | Financial or Non-financial Interest                                                                 | Answer |
|---|---------------------------------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 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 Advisory Board                                  | X None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid    | X None |
| 11| Stock or stock options                                                                               | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                    | X None |
| 13| Other financial or non-financial interests                                                           | X None |

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: 11/17/21

Your Name: Yun Rose Li

Manuscript Title: Novel Knowledge on the Pathogenesis of Juvenile Idiopathic Arthritis by Integrative Genetic Analysis

Manuscript number (if known): ar-21-0417

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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 | |
|   | NIH F30 | Fellowship award |
|   | NIH F32 | Fellowship award |
|   | CHOP ITMAT JIPGP | Pilot Research Award |
|   | | |

**Time frame: Since the initial 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 |
|   | Description                                                                 | Answer   |
|---|-------------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,          | None     |
|   | manuscript writing or educational events                                      |          |
| 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   | None     |
|   | group, paid or unpaid                                                         |          |
| 11| Stock or stock options                                                        | None     |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other       | None     |
|   | services                                                                      |          |
| 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.
ICMJE DISCLOSURE FORM

Date: __11/15/21__

Your Name: ___Joseph Glessner______________________________

Manuscript Title: Novel Knowledge on the Pathogenesis of Juvenile Idiopathic Arthritis by Integrative Genetic Analysis

Manuscript number (if known): ar-21-0417

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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 |
|   | Description                                                                 | Answer |
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| 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 Advisory Board            | _X_ None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
|11 | Stock or stock options                                                       | _X_ None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
|13 | Other financial or non-financial interests                                   | _X_ None |

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: November 14th, 2021

Your Name: Jie Yang

Manuscript Title: Novel Knowledge on the Pathogenesis of Juvenile Idiopathic Arthritis by Integrative Genetic Analysis
Manuscript number (if known): ar-21-0417

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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 the Ministry of Science and Technology of China Grant number 2018YFC1313002 |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| **3** | Royalties or licenses | None |
| **4** | Consulting fees | None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,         | X  | None |
|   | 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 Advisory Board           | X  | None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy | X  | None |
| 11 | Stock or stock options                                                      | X  | None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other     | X  | None |
|   | services                                                                     |    |      |
|13 | Other financial or non-financial interests                                  | X  | None |

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ICMJE DISCLOSURE FORM

Date:__________November 15, 2021_______________________________________________________
Your Name:____Michael March_________________________________________________________________
Manuscript Title: Novel Knowledge on the Pathogenesis of Juvenile Idiopathic Arthritis by Integrative Genetic Analysis
Manuscript number (if known): ar-21-0417

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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 |
|   | Description                                                                 |  
|---|------------------------------------------------------------------------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  |
| 6 | Payment for expert testimony                                                 |
| 7 | Support for attending meetings and/or travel                                  |
| 8 | Patents planned, issued or pending                                           |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid |
| 11| Stock or stock options                                                       |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services |
| 13| Other financial or non-financial interests                                   |

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Date: ___ 11/15/2021
Your Name: ___ Charlly Kao ___

Manuscript Title: Novel Knowledge on the Pathogenesis of Juvenile Idiopathic Arthritis by Integrative Genetic Analysis
Manuscript number (if known): ar-21-0417

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|   | **No time limit for this item.** |                                                                 | |
| 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 |
|   | Time frame: past 36 months |


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

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ICMJE DISCLOSURE FORM

Date: ___ 11/16/2021 ___
Your Name: ___ Courtney Vaccaro ___
Manuscript Title: Novel Knowledge on the Pathogenesis of Juvenile Idiopathic Arthritis by Integrative Genetic Analysis
Manuscript number (if known): ar-21-0417

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| Item | 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.** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | **Time frame: Since the initial planning of the work** |
|      | No time limit for this item. | _X_ None |
| **2.** | Grants or contracts from any entity (if not indicated in item #1 above). | **Time frame: past 36 months** |
|      | _X_ None |
| **3.** | Royalties or licenses | _X_ None |
| **4.** | Consulting fees | _X_ None |
|   | Description                                                                 | Response |
|---|-----------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 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 Advisory Board           | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11| Stock or stock options                                                      | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13| Other financial or non-financial interests                                   | _X_ None |

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ICMJE DISCLOSURE FORM

Date: ___11/17/2021__________________________
Your Name: ___Jonathan Bradfield__________________________
Manuscript Title: Novel Knowledge on the Pathogenesis of Juvenile Idiopathic Arthritis by Integrative Genetic Analysis
Manuscript number (if known): ar-21-0417

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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.) | _x__ None                                                                              |
|   | No time limit for this item.                                                                     |                                                                                     |
| 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 | _x_ None |
| 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 Advisory Board | _x_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _x_ None |
| 11 | Stock or stock options | _x_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _x_ None |
| 13 | Other financial or non-financial interests | _x_ None |

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Date: November 14, 2021
Your Name: Junyi Li

Manuscript Title: Novel Knowledge on the Pathogenesis of Juvenile Idiopathic Arthritis by Integrative Genetic Analysis
Manuscript number (if known): ar-21-0417

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| 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 |
|   | **Time frame: past 36 months**                                                                  |                                                                                     |
|   | Description                                                                 | X  | None |
|---|----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X  | None |
| 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 Advisory Board           | X  | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X  | None |
| 11| Stock or stock options                                                      | X  | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X  | None |
| 13| Other financial or non-financial interests                                  | X  | None |

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ICMJE DISCLOSURE FORM

Date: __11/15/2021__________________________
Your Name: ___Frank Mentch__________________________________________
Manuscript Title: Novel Knowledge on the Pathogenesis of Juvenile Idiopathic Arthritis by Integrative Genetic Analysis
Manuscript number (if known): ar-21-0417

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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. | _x__None |
| **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 |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Financial or Non-Financial Activity                                                                 |
|---|---------------------------------------------------------------------------------------------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | __x__ None |
| 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 Advisory Board                                   | __x__ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid   | __x__ None |
| 11| Stock or stock options                                                                               | __x__ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                    | __x__ None |
| 13| Other financial or non-financial interests                                                           | __x__ 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.
ICMJE DISCLOSURE FORM

Date:_______________ Nov 14, 2021

Your Name:_______________ Hui-Qi Qu

Manuscript Title: Novel Knowledge on the Pathogenesis of Juvenile Idiopathic Arthritis by Integrative Genetic Analysis
Manuscript number (if known): ar-21-0417

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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.) | __X__ None |
|   | No time limit for this item. | |
| **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 |
|   | Description                                                                                           | _X_ None       |
|---|-------------------------------------------------------------------------------------------------------|----------------|
| 5 | Payment or honoraria for lectures, presentations, 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 Advisory Board                                      | _X_ None       |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid      | _X_ None       |
| 11| Stock or stock options                                                                                | _X_ None       |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                       | _X_ None       |
| 13| Other financial or non-financial interests                                                              | _X_ None       |

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:________2021.11.14___________________________________________________________
Your Name:____Xiaohui Qi________________________________________________________
Manuscript Title: Novel Knowledge on the Pathogenesis of Juvenile Idiopathic Arthritis by Integrative Genetic Analysis
Manuscript number (if known): ar-21-0417

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) |
|---|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | x_None
   | No time limit for this item.                                                             |                                                                                  |

Time frame: Since the initial planning of the work

|   | 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) |
|---|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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                                                                           |

Time frame: past 36 months
|   | Description                                                                 | 123 | 456 |
|---|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _x_ None |   |
| 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 Advisory Board | _x_ None |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _x_ None |   |
| 11 | Stock or stock options | _x_ None |   |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _x_ None |   |
| 13 | Other financial or non-financial interests | _x_ None |   |

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: __11/14/21__________________________  
Your Name: __Xiao Chang__________________________  
Manuscript Title: Novel Knowledge on the Pathogenesis of Juvenile Idiopathic Arthritis by Integrative Genetic Analysis  
Manuscript number (if known): ar-21-0417

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

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:__11/14/21__

Your Name:__Cuiping Hou__

Manuscript Title: Novel Knowledge on the Pathogenesis of Juvenile Idiopathic Arthritis by Integrative Genetic Analysis

Manuscript number (if known): ar-21-0417

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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) |
|---|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| **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 |
|   | ![X] None | |
|   | ![X] None | |
|   | ![X] None | |
|   | ![X] None | |

**Time frame: Since the initial planning of the work**

|   | 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) |
|---|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ![X] None |
|   | ![X] None | |
|   | ![X] None | |

**Time frame: 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) |
|---|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| **3** | Royalties or licenses | ![X] None |
|   | ![X] 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 | ![X] None |
|   | ![X] None | |
|   | Description                                                                 |   |   |
|---|-----------------------------------------------------------------------------|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 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 Advisory Board            | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                       | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                   | X | None |

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: ___11/17/2021__________________________________________________________
Your Name: ___Debra J. Abrams________________________________________________
Manuscript Title: Novel Knowledge on the Pathogenesis of Juvenile Idiopathic Arthritis by Integrative Genetic Analysis
Manuscript number (if known): ar-21-0417

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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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) |
|---|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None |
|   | **No time limit for this item.**                                                               |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | None |
| 3 | Royalties or licenses                                                                         | None |
| 4 | Consulting fees                                                                              | None |
|   |                                                                 | __X__ None                                      |
|---|-----------------------------------------------------------------|-----------------------------------------------|
| 5 | Payment or honoraria for lectures, presentations,               |                                               |
|   | 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 Advisory Board| __X__ None                                    |
|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 writing, gifts  | __X__ None                                    |
|   | or other services                                               |                                               |
|13 | Other financial or non-financial interests                      | __X__ None                                    |

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: 11.15.2021
Your Name: HAIYOU QIU
Manuscript Title: Novel Knowledge on the Pathogenesis of Juvenile Idiopathic Arthritis by Integrative Genetic Analysis
Manuscript number (if known): ar-21-0417

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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| Item | 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.) | ✔️ None |
| | **No time limit for this item.** | |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ✔️ None |
| 3 | Royalties or licenses | ✔️ None |
| 4 | Consulting fees | ✔️ None |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 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   |
| 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:

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: ____________________ 11/17/2021 ________________________________

Your Name: _____________________ Zhi Wei ________________________________

Manuscript Title: Novel Knowledge on the Pathogenesis of Juvenile Idiopathic Arthritis by Integrative Genetic Analysis

Manuscript number (if known): ar-21-0417

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) |
|----|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 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                                                                 |
| 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   |
|   | speakers bureaus, manuscript writing or educational events      | None|
| 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 Advisory    | x   |
|   | Board                                                            | None|
| 10| Leadership or fiduciary role in other board, society, committee| x   |
|   | or advocacy group, paid or unpaid                               | None|
| 11| Stock or stock options                                         | x   |
|   | None                                                             |     |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts  | x   |
|   | or other services                                               | None|
| 13| Other financial or non-financial interests                       | x   |
|   | None                                                             |     |

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: November 17th, 2021

Your Name: John Connolly

Manuscript Title: Novel Knowledge on the Pathogenesis of Juvenile Idiopathic Arthritis by Integrative Genetic Analysis

Manuscript number (if known): ar-21-0417

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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|---|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| **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.) | ___X__None                                                                          |
|   | **No time limit for this item.**                                                                 |                                                                                      |
| **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                                                                          |
|   | Description                                                                 | X | None |
|---|------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 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 Advisory Board             | X | None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
|11 | Stock or stock options                                                       | X | None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
|13 | Other financial or non-financial interests                                   | X | None |

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:__________Nov. 14, 2021__________________________________________
Your Name:______Fengxiang Wang _______________________________________
Manuscript Title: Novel Knowledge on the Pathogenesis of Juvenile Idiopathic Arthritis by Integrative Genetic Analysis
Manuscript number (if known): ar-21-0417

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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|---|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 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: Since the initial planning of the work |

| # | 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) |
|---|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X__None | Time frame: past 36 months |
| 3 | Royalties or licenses | X__None |
| 4 | Consulting fees | X__None |
|   | Description                                                                 |   |
|---|-----------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 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 Advisory Board           | X None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
|11 | Stock or stock options                                                      | X None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
|13 | Other financial or non-financial interests                                  | X None |

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: _11/14/2021______________________________________________________________

Your Name: James Snyder ______________________________________________________

Manuscript Title: Novel Knowledge on the Pathogenesis of Juvenile Idiopathic Arthritis by Integrative Genetic Analysis
Manuscript number (if known): ar-21-0417

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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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| --- | 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                                                                          |
|    |                                                                                                 |                                                                                  |
|    |                                                                                                 |                                                                                  |
| 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                                                                          |
|    |                                                                                                 |                                                                                  |
|    | Time frame: past 36 months                                                                     |                                                                                  |

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*ICMJE Disclosure Form*
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X  None |
|---|--------------------------------------------------------------------------------------------------|----------|
| 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 Advisory Board                                  | X  None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  | X  None |
|11 | Stock or stock options                                                                              | X  None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                    | X  None |
|13 | Other financial or non-financial interests                                                          | X  None |

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: __ November 15, 2021
Your Name: __________Susan D. Thompson

Manuscript Title: Novel Knowledge on the Pathogenesis of Juvenile Idiopathic Arthritis by Integrative Genetic Analysis
Manuscript number (if known): ar-21-0417

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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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** | **No time limit for this item.** | **None** |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | __x__ None |
| 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 |
| **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 |
|   | Description                                                                 | Option | Comment |
|---|-----------------------------------------------------------------------------|--------|---------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _x_ None |         |
| 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 Advisory Board           | _x_ None |         |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _x_ None |         |
|11 | Stock or stock options                                                      | _x_ None |         |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _x_ None |         |
|13 | Other financial or non-financial interests                                  | _x_ 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.
ICMJE DISCLOSURE FORM

Date: **11/14/2021**
Your Name: Carl D. Langefeld
Manuscript Title: Novel Knowledge on the Pathogenesis of Juvenile Idiopathic Arthritis by Integrative Genetic Analysis
Manuscript number (if known): ar-21-0417

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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|---|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| **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.) | _X_ None |
|   | No time limit for this item. | |
| **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 |
|   | Description                                                                 | Answer |
|---|------------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 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 Advisory Board             | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11| Stock or stock options                                                        | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13| Other financial or non-financial interests                                     | _X_ None |

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: ______16.november 2021___________________________________________________________
Your Name: ________benedicte A. Lie____________________________________________________

Manuscript Title: Novel Knowledge on the Pathogenesis of Juvenile Idiopathic Arthritis by Integrative Genetic Analysis
Manuscript number (if known): ar-21-0417

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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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | __x__None |

Time frame: Since the initial planning of the work

|   | Grants or contracts from any entity (if not indicated in item #1 above) | __x__None |
|---|------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 2 | Royalties or licenses | __x__None |
| 3 | Consulting fees | __x__None |

Time frame: past 36 months
|   | Description                                                                 | X   |
|---|-----------------------------------------------------------------------------|-----|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,         | x   |
|   | manuscript writing or educational events                                    | None|
| 6 | Payment for expert testimony                                                 | x   |
| 7 | Support for attending meetings and/or travel                                 | x   |
| 8 | Patents planned, issued or pending                                           | x   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | x   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy  | x   |
|   | group, paid or unpaid                                                        | None|
| 11| Stock or stock options                                                       | x   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other      | x   |
|   | services                                                                     | None|
| 13| Other financial or non-financial interests                                   | x   |

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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.

Oslo 16.nov 2021

[Signature]

Benedicta A. Lee
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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.) | __X__ None                                                                                                       |
|       | **No time limit for this item.**                                                                                      |                                                                                                                  |
| **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                                                                                                       |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,          | X | None |
|   | 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 Advisory Board            | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy  | X | None |
|   | group, paid or unpaid                                                        |    |      |
| 11| Stock or stock options                                                       | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other      | X | None |
|   | services                                                                     |    |      |
| 13| Other financial or non-financial interests                                   | X | None |

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ICMJE DISCLOSURE FORM

Date: November 17, 2021
Your Name: Patrick Sleiman
Manuscript Title: Novel Knowledge on the Pathogenesis of Juvenile Idiopathic Arthritis by Integrative Genetic Analysis
Manuscript number (if known): ar-21-0417

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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| Item | Description | Time frame: Since the initial planning of the work | Time frame: past 36 months |
|------|-------------|--------------------------------------------------|---------------------------|
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| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | X None | None |
| 3    | Royalties or licenses | X None | None |
| 4    | Consulting fees | X None | None |
|   | Description                                                                 |   |
|---|-----------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 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 Advisory Board           | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11| Stock or stock options                                                      | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13| Other financial or non-financial interests                                 | _X_ None |

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ICMJE DISCLOSURE FORM

Date: 11/17/2021

Your Name: Hakon Hakonarson

Manuscript Title: Novel Knowledge on the Pathogenesis of Juvenile Idiopathic Arthritis by Integrative Genetic Analysis

Manuscript number (if known): ar-21-0417

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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| **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.** | **None** | CHOP funding the Institutional Development Funds from CHOP |
| | | CHOP funding The Children’s Hospital of Philadelphia Endowed Chair in Genomic Research | |
| | | NHGRI-sponsored eMERGE Network the grant U01-HG006830 | |
| **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 | |
|   |                                                                 | __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 writing,      | _X_ None  |
|   | gifts or other services                                        |            |
|13 | Other financial or non-financial interests                     | _X_ None  |

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ICMJE DISCLOSURE FORM

Date: 18-11-2021
Your Name: Jane Munn

Manuscript Title: Novel Knowledge on the Pathogenesis of Juvenile Idiopathic Arthritis by Integrative Genetic Analysis
Manuscript number (if known): ar-21-0417

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|---|---|---|
| Time frame: Since the initial 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 | Consulting fees | _X_ None |
|   |                                                                 |   |
|---|-----------------------------------------------------------------|---|
|5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
|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 Advisory Board | X None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
|11 | Stock or stock options                                         | X None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
|13 | Other financial or non-financial interests                      | X 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.

[Signature]
ICMJE DISCLOSURE FORM

Date: ___2021.11.23___

Your Name: ___Berit Flatø___

Manuscript Title: Novel Knowledge on the Pathogenesis of Juvenile Idiopathic Arthritis by Integrative Genetic Analysis
Manuscript number (if known): ar-21-0417

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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|---|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 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                                                                           |
| 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                                                                           |

Time frame: Since the initial planning of the work

Time frame: past 36 months
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