

ICMJE DISCLOSURE FORM

Date: 10/8/2021

Your Name: Anne Davidson

Manuscript Title: Urine Proteomics and Renal Single Cell Transcriptomics Implicate IL-16 in Lupus Nephritis

Manuscript number (if known): ar-21-0264.R1

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: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 10/4/2021

Your Name: Betty Diamond

Manuscript Title: Urine Proteomics and Renal Single Cell Transcriptomics Implicate IL-16 in Lupus Nephritis

Manuscript number (if known): ar-21-0264.R1

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ICMJE DISCLOSURE FORM

Date: 10/4/2021
 Your Name: Arnon Arazi
 Manuscript Title: Urine Proteomics and Renal Single Cell Transcriptomics Implicate IL-16 in Lupus Nephritis
 Manuscript number (if known): ar-21-0264.R1

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ICMJE DISCLOSURE FORM

Date: 10/4/2021
 Your Name: Avi Z. Rosenberg
 Manuscript Title: Urine Proteomics and Renal Single Cell Transcriptomics Implicate IL-16 in Lupus Nephritis
 Manuscript number (if known): ar-21-0264.R1

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Date: 10/4/2021

Your Name: Betty Diamond

Manuscript Title: Urine Proteomics and Renal Single Cell Transcriptomics Implicate IL-16 in Lupus Nephritis

Manuscript number (if known): ar-21-0264.R1

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ICMJE DISCLOSURE FORM

Date: 10/4/2021

Your Name: H. Michael Belmont, MD

Manuscript Title: Urine Proteomics and Renal Single Cell Transcriptomics Implicate IL-16 in Lupus Nephritis

Manuscript number (if known): ar-21-0264.R1

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Date: 10/4/2021

Your Name: Celine C Berthier

Manuscript Title: Urine Proteomics and Renal Single Cell Transcriptomics Implicate IL-16 in Lupus Nephritis

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ICMJE DISCLOSURE FORM

Date: 10/4/2021
 Your Name: William Apruzzese
 Manuscript Title: Urine Proteomics and Renal Single Cell Transcriptomics Implicate IL-16 in Lupus Nephritis
 Manuscript number (if known): ar-21-0264.R1

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ICMJE DISCLOSURE FORM

Date: 10/4/2021

Your Name: Jill Buyon

Manuscript Title: Urine Proteomics and Renal Single Cell Transcriptomics Implicate IL-16 in Lupus Nephritis

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Date: 10/4/2021
 Your Name: Chandra Mohan
 Manuscript Title: Urine Proteomics and Renal Single Cell Transcriptomics Implicate IL-16 in Lupus Nephritis
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 10/11/2021
 Your Name: Robert Clancy
 Manuscript Title: Urine Proteomics and Renal Single Cell Transcriptomics Implicate IL-16 in Lupus Nephritis
 Manuscript number (if known): ar-21-0264.R1

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: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 10/4/2021
 Your Name: Deepak Rao
 Manuscript Title: Urine Proteomics and Renal Single Cell Transcriptomics Implicate IL-16 in Lupus Nephritis
 Manuscript number (if known): ar-21-0264.R1

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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4	Consulting fees	<input checked="" type="checkbox"/> None	
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		The Jerome L. Greene Foundation	Dr Fava's support
		The Cupid Foundation	Dr Fava's support
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 10/11/2021
 Your Name: Derek Fine
 Manuscript Title: Urine Proteomics and Renal Single Cell Transcriptomics Implicate IL-16 in Lupus Nephritis
 Manuscript number (if known): ar-21-0264.R1

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 10/4/2021
 Your Name: Peter Izmirly
 Manuscript Title: Urine Proteomics and Renal Single Cell Transcriptomics Implicate IL-16 in Lupus Nephritis
 Manuscript number (if known): ar-21-0264.R1

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: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/>	2/2019 Scientific Advisory Board GSK embrace study 3/2021 Scientific Advisory Board-Momenta/Jansen- CHB study
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 10/4/2021
 Your Name: Judith A. James, MD, PhD
 Manuscript Title: Urine Proteomics and Renal Single Cell Transcriptomics Implicate IL-16 in Lupus Nephritis
 Manuscript number (if known): ar-21-0264.R1

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Time frame: past 36 months			
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4	Consulting fees	<input checked="" type="checkbox"/> None	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 10/11/2021
 Your Name: Jose Monroy-Trujillo
 Manuscript Title: Urine Proteomics and Renal Single Cell Transcriptomics Implicate IL-16 in Lupus Nephritis
 Manuscript number (if known): ar-21-0264.R1

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ICMJE DISCLOSURE FORM

Date: 10/8/2021
 Your Name: Nir Hacoen
 Manuscript Title: Urine Proteomics and Renal Single Cell Transcriptomics Implicate IL-16 in Lupus Nephritis
 Manuscript number (if known): ar-21-0264.R1

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: past 36 months			
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	Danger Bio BioNTech
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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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: 10/4/2021
 Your Name: Michelle Petri MD MPH
 Manuscript Title: Urine Proteomics and Renal Single Cell Transcriptomics Implicate IL-16 in Lupus Nephritis
 Manuscript number (if known): ar-21-0264.R1

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 10/9/2021

Your Name: Soumya Raychaudhuri

Manuscript Title: Urine Proteomics and Renal Single Cell Transcriptomics Implicate IL-16 in Lupus Nephritis

Manuscript number (if known): ar-21-0264.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

The author's relationships/activities/interests should be **defined broadly**. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	NIH grants: UH2-AR067676, UH2-AR067677, UH2-AR067679, UH2-AR067681, UH2-AR067685, UH2- AR067688, UH2-AR067689, UH2-AR067690, UH2-AR067691, UH2-AR067694, UM2- AR067678, and AR074096.	These awards supported the Accelerating Medicines Partnership in RA/SLE network. Funding was provided to the institutions that collaborated in this project.

Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> X ___ None	
3	Royalties or licenses	<input checked="" type="checkbox"/> X ___ None	
4	Consulting fees	<input type="checkbox"/> ___ None	Gilead, Pfizer, Rheos Medicines, and Janssen
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X ___ None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X ___ None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X ___ None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X ___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X ___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X ___ None	
11	Stock or stock options	<input checked="" type="checkbox"/> X ___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X ___ None	
13	Other financial or non-financial interests	<input type="checkbox"/> ___ None	founder for Mestag

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: 10/11/2021
 Your Name: Ting Zhang
 Manuscript Title: Urine Proteomics and Renal Single Cell Transcriptomics Implicate IL-16 in Lupus Nephritis
 Manuscript number (if known): ar-21-0264.R1

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: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 10/4/2021
 Your Name: David Wofsy
 Manuscript Title: Urine Proteomics and Renal Single Cell Transcriptomics Implicate IL-16 in Lupus Nephritis
 Manuscript number (if known): ar-21-0264.R1

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: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 10/4/2021
 Your Name: PARIDE FENAROLI
 Manuscript Title: Urine Proteomics and Renal Single Cell Transcriptomics Implicate IL-16 in Lupus Nephritis
 Manuscript number (if known): ar-21-0264.R1

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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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None
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