D-4			0/06/0004	
Date:			8/26/2021	
Your Name:			Robyn Domsic	
Ma	nuscript Title:		Qualitative interviews to assess the conte Raynaud Diary in patients with systemics	• •
Ma	nuscript Number (if kr	nown):	ACROR-22-049	
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned.		pt. "Rela f the ma in doub s/activiti nsion, yo entioned	inuscript. Disclosure represents a commitment of about whether to list a relationship/activity/interests should be defined broadly. For expectation and the manuscript. Out for the work reported in this manuscript with manuscript with manuscript.	-for-profit third parties whose interests may be to transparency and does not necessarily nterest, it is preferable that you do so. cample, if your manuscript pertains to the cturers of antihypertensive medication, even if
			all entities with whom you have this 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.			Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or		lone	

		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	✓ NoneAisa PharmaceuticalsCSL Behring	myself myself
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	PA Rheumatology Medical Society West Virginia Rheumatology Society	myself myself
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Aisa Pharmacueticals Eicos Sciences	Myself myself
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

	ICIVIJE DISCLOSURE FORIVI
Date:	9/6/2022
Your Name:	Robin Pokrzywinski
Manuscript Title:	Qualitative interviews to assess the content validity and usability of the electronic Raynaud Diary in patients with systemic sclerosis
Manuscript Number (if known):	ACROR-22-049
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript. In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.	

		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	of the work
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	I'm a full-time employee for Evidera, Eicos Sciences, Inc hired Evidera to conduct this research.	Click the tab key to add additional rows.
3	Royalties or licenses	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None I'm a full-time employee for Evidera, Eicos Sciences, Inc hired Evidera to conduct this research.	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None I'm a full-time employee for Evidera, Eicos Sciences, Inc hired Evidera to conduct this research.	
6	Payment for expert testimony	None I'm a full-time employee for Evidera, Eicos Sciences, Inc hired Evidera to conduct this research.	
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 I'm a full-time employee for Evidera, Eicos Sciences, Inc hired Evidera to conduct this research.	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None I'm a full-time employee for Evidera, Eicos Sciences, Inc hired Evidera to conduct this research.	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	8/16/2022
Your Name:	Larissa Stassek
Manuscript Title:	Qualitative interviews to assess the content validity and usability of the electronic Raynaud Diary in patients with systemic sclerosis
Manuscript Number (if known):	ACROR-22-049

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

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

		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	CiVi Biopharma/Eicos Sciences (study sponsor)	I work for Evidera, which received funding from CiVi Biopharma/Eicos Sciences to complete the research (qualitative interviews) described in this manuscript. Evidera also received funding for staff time to develop the manuscript. Click the tab key to add additional rows.
	this item.		
		Time frame: past 36 month	is
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None □	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	□ None	
		CiVi Biopharma/Eicos Sciences (study sponsor)	As described under #1 above, Evidera has received funding from the study sponsor to conduct research. We also provided consultation on endpoint strategy/regulatory interactions for their clinical trial program.
5	Payment or honoraria for	□ None	
	lectures, presentations, speakers bureaus,	CiVi Biopharma/Eicos Sciences (study sponsor)	As described under #1 above, Evidera received funding from the study sponsor to draft the manuscript.
	manuscript		
	writing or educational events		
6	Payment for expert testimony	[⊠] None	
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety	[⊠] None	
	Monitoring Board or Advisory Board		
10			
10	Leadership or fiduciary role in		
	other board, society,		
	committee or advocacy group, paid or unpaid		
	paid or unpaid		

			all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options		None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

ICMJE DISCLOSURE FORM				
Date:	Pate: 9/20/2021			
Your Name:	_	Wade W. Benton		
Manuscript Title:		Qualitative interviews to assess the conte Raynaud Diary in patients with systemics	•	
Manuscript Number (if k	known):	ACROR-22-049		
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript. In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.				
		entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	

		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.	□ None Eicos Sciences Time frame: past 36 months	Study and Manuscript Funding (Employee/Officer)			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None				
3	Royalties or licenses	None None				

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None □	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None ■	
8	Patents planned, issued or pending	None □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	

		Name all entities with whom you have this relationship or indicate none (add rows as neede	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	□ None Eicos Sciences	Stock (Employee/Officer)	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None		
13	Other financial or non-financial interests	□ None Eicos Sciences	Employee/Officer	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:			9/6/2022	
You	ır Name:	•	Christa-Lynn Vampola	
Manuscript Title:			· · · · · · · · · · · · · · · · · · ·	ent validity and usability of the electronic sclerosis
Ma	nuscript Number (if k	nown):	ACROR-22-049	
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt The author's relationships/activities."			ted" means any relation with for-profit or no nuscript. Disclosure represents a commitmer about whether to list a relationship/activity/es/interests should be defined broadly. For each should declare all relationships with manufain the manuscript.	finterest, it is preferable that you do so. xample, if your manuscript pertains to the acturers of antihypertensive medication, even if
	tem #1 below, report me for disclosure is th		· · · · · · · · · · · · · · · · · · ·	thout time limit. For all other items, the time
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	of the work
	All support for the present manuscript (e.g., funding, provision			
_	present manuscript (e.g., funding, provision		ciences, Inc	Employee Click the tab key to add additional rows
	present manuscript (e.g.,			Employee Click the tab key to add additional rows.
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for			Click the tab key to add additional rows.
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Eicos So	ciences, Inc	Click the tab key to add additional rows.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	Eico	None os Sciences, Inc.	Employee
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

	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)			
	or disclosure is the past 36	·	e mine. Tot all other items, the time			
In item	#1 helow report all suppo	rt for the work reported in this manuscript without tim	e limit For all other items, the time			
•	edication is not mentioned	·	, p			
	• •	es/interests should be defined broadly. For example, if u should declare all relationships with manufacturers o	•			
	·		· ·			
	•	nuscript. Disclosure represents a commitment to trans t about whether to list a relationship/activity/interest, i	• • •			
		ated" means any relation with for-profit or not-for-prof				
		e ask you to disclose all relationships/activities/interest				
Manuso	cript Number (if known):	ACROR-22-049				
		Raynaud Diary in patients with systemic sclerosis				
Manuscript Title: Qualitative interviews to assess the content validity and usability of the electronic						
Your Na	me: Daniel E Furst, MD					
Date.		0/3/2022				
Date:	te: 8/5/2022					

		relationship or indicate none (add rows as needed)	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.	None □	Click the tab key to add additional rows.						
		Time frame: past 36 months	s						
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None Amgen, Corbus, CSL Behring, Galapagos, Gilead, GSK, Horizon, Kadmon, Novartis, Pfizer,Roche/Genetech, Talaris	Grant/Research Support						
3	Royalties or licenses	None ■							

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
4	Consulting fees	□ None		
		Amgen, Corbus, Galapagos, Horizon, Kadmon, Pfizer, Talaris	Consulting	
5	Payment or honoraria for	□ None		
	lectures, presentations,	CME	Speakers Bureaus	
	speakers bureaus, manuscript writing or educational			
6	events Payment for	None		
	expert testimony			
_				
7	Support for attending	None		
	meetings and/or travel			
8	Patents planned, issued or pending	⊠ None		
9	Participation on a Data Safety	⊠ None		
	Monitoring Board or Advisory			
	Board			
10	Leadership or fiduciary role in	⊠ None		
	other board, society,			
	committee or advocacy group,			
	paid or unpaid			

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

			ICMJE DISCLOSURE FO	RM	
Date	e:		8/17/2021		
Your Name:			Lorinda Chung		
Mar	nuscript Title:		Qualitative interviews to assess the cont Raynaud Diary in patients with systemic	ent validity and usability of the electronic sclerosis	
Mar	nuscript Number (if k	(nown):	ACROR-22-049		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned.		ript. "Rela of the man e in doubt os/activition entioned all suppor	t for the work reported in this manuscript without time limit. For all other items, the time		
			ll entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	□ No	Time frame: past 36 month	Click the tab key to add additional rows.	
2	Grants or contracts from any entity (if not indicated in item #1 above).	·	one nger Ingelheim	Payments to institution	
3	Royalties or licenses	□ N	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	□ None	
		Eicos Sciences, Genentech, Kyverna, Mitsubishi Tanabe, Jasper	Payments to me
5	Payment or honoraria for	□ None	
	lectures, presentations, speakers		
	bureaus, manuscript writing or educational events		
6	Payment for expert testimony	□ None	
	,		
7	Support for attending meetings and/or	□ None	
	travel		
8	Patents planned,	□ None	
	issued or pending		
9	Participation on a Data Safety	□ None	
	Monitoring Board or Advisory Board		
10	Leadership or	□ None	
	fiduciary role in other board, society,		
	committee or advocacy group,		
	paid or unpaid		

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options		None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:	9/19/2022
Your Name:	Virginia Steen, MD
Manuscript Title:	Qualitative interviews to assess the content validity and usability of the electronic Raynaud Diary in patients with systemic sclerosis
Manuscript Number (if known):	ACROR-22-049

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

		Name all entities with whom you have t relationship or indicate none (add rows		Specifications/Comments (e.g., if payments wer made to you or to your institution)	re
		Time frame: Since the ir	itial planning o	of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	С	Click the tab key to add additional rows.	
		Time frame: p	oast 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None			
3	Royalties or licenses	None			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None I am on the Eicos steering committee and have Been paid to attend advisory board meetings	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)			
11	Stock or stock options	None				
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None				
13	Other financial or non-financial interests	None				
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.					

Date:	9/14/2022
Your Name:	Maureen D. Mayes
Manuscript Title:	Qualitative interviews to assess the content validity and usability of the electronic Raynaud Diary in patients with systemic sclerosis
Manuscript Number (if known):	ACROR-22-049

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

		Name all entities with whom you har relationship or indicate none (add r		
		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 None	Click the tab key to add additional rows.	
		Time fran	e: past 36 months	
2	Grants or contracts from	□ None		
	any entity (if not indicated in item #1 above).	Actelion Pharma	Grant reviewer for Young Investigation (payment to me)	ator program
		Mitsubishi-Tanabe	Member, Scientific Advisory Board me); Clinical Trial Investigator (pay Institution)	,
		Boehringer-Ingelheim	Member, Scientific Advisory Board me); Clinical Trial Investigator (payment Institution)	. ,
		EICOS	Advisory Board Member (payment Clinical Trial Investigator (payment Instutition)	
		Corbus	Clinical Trial Investigator (paymen	t to

		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)
		Horizon	Institution) Clinical Trial Investigator (payment to Institution)
3	Royalties or licenses	□ None British Medical Journal (BMJ) monograph annual update on systemic sclerosis	Payment to me
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None ■	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety	⊠ 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)				
	Monitoring Board or Advisory Board					
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None				
11	Stock or stock options	None None				
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None				
13	Other financial or non-financial interests	None				
Plea	Please place an "X" next to the following statement to indicate your agreement:					

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

Dat	te:		8/19/2022				
Υοι	ur Name:		Ami Shah	Ami Shah			
Manuscript Title:			Qualitative interviews to assess the content validity and usability of the electronic Raynaud Diary in patients with systemic sclerosis				
Ma	nuscript Number (if k	(nown):	ACROR-22-049				
content of your manuscript. "Rela affected by the content of the man			elated" means any relation with for-profit or nanuscript. Disclosure represents a commitm ibt about whether to list a relationship/activit	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.			
epi	•	nsion, y	-	facturers of antihypertensive medication, even if			
	tem #1 below, report me for disclosure is th			without time limit. For all other items, the time			
			all entities with whom you have this onship 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	g of the work			
1	All support for the present		None				
1	present manuscript (e.g.,		None ing support from Eicos Sciences	Payments made to my institution			
1	present manuscript (e.g., funding, provision of study materials,			Payments made to my institution Click the tab key to add additional rows.			
1	present manuscript (e.g., funding, provision of study materials, medical writing,						
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)						
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing						
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for			Click the tab key to add additional rows.			
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Fund	ing support from Eicos Sciences	Click the tab key to add additional rows.			
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not	Fund	Time frame: past 36 mor	Click the tab key to add additional rows.			
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	Fund	ing support from Eicos Sciences Time frame: past 36 mor	Click the tab key to add additional rows.			
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	Fund	Time frame: past 36 mor	Click the tab key to add additional rows.			
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	Fund	Time frame: past 36 mor	Click the tab key to add additional rows.			
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or	Fund	Time frame: past 36 mor None cal trial grants from Medpace LLC, Arena maceuticals, Kadmon Corporation	Click the tab key to add additional rows.			
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or	Fund	Time frame: past 36 mor None cal trial grants from Medpace LLC, Arena maceuticals, Kadmon Corporation	Click the tab key to add additional rows.			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None Non	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options		None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form				

Date:	9/20/2022
Your Name:	Jerry Molitor
Manuscript Title:	Qualitative interviews to assess the content validity and usability of the electronic Raynaud Diary in patients with systemic sclerosis
Manuscript Number (if known):	ACROR-22-049
•	e ask you to disclose all relationships/activities/interests listed below that are related to the

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

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

		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
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	Received consulting fees of less than \$10,000	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
11	Stock or stock options	⊠ None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non-financial interests	None			
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:	9/19/2022
Your Name:	Kelly Oliver
Manuscript Title:	Qualitative interviews to assess the content validity and usability of the electronic Raynaud Diary in patients with systemic sclerosis
Manuscript Number (if known):	ACROR-22-049

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		e all entities with whom you have this ionship 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.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Mone f Clinical Operations, CiviBio until 08/21 entation of data at open meetings only	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea ⊠	-	e following statement to indicate your agreemen	

Date:	9/14/2022
Your Name:	Vivek Nagaraja
Manuscript Title:	Qualitative interviews to assess the content validity and usability of the electronic Raynaud Diary in patients with systemic sclerosis
Manuscript Number (if known):	ACROR-22-049

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

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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	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
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 EICOS sciences	Medical advisory board participation in 2019
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea	-	e following statement to indicate your agreement to exercise the work of the state of the work of the state of the work of the		

Date:		8/10/2021	8/10/2021			
Your Name:		Dinesh Khanna	Dinesh Khanna			
Manuscript Title:		t control to the cont	Qualitative interviews to assess the content validity and usability of the electronic Raynaud Diary in patients with systemic sclerosis			
Manuscript Number (if known):		nown): ACROR-22-049	ACROR-22-049			
con affe ind	ntent of your manuscr ected by the content of icate a bias. If you are	ot. "Related" means any relation with for the manuscript. Disclosure represents in doubt about whether to list a relation	re ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.			
epi	demiology of hyperte		es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if 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 relationship or indicate none (add rows				
		Time frame: Since the i	initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials,	None Eicos Sciences				
	medical writing,		Click the tab key to add additional rows.			
	article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.			
	article processing charges, etc.) No time limit for	Time frame:	Click the tab key to add additional rows. past 36 months			
2	article processing charges, etc.) No time limit for	Time frame: None BMS, Bayer, Horizon, Pfizer				

		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	Abbvie, Genentech, Boehringer Ingelheim, Astra Zeneca, CSL Behring, Horizon, Prometheus	Paid to me
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	Abbvie	Paid to me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Eicos Sciences	Paid to me

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)				
11	Stock or stock options	□ None					
		Eicos Sciences, Inc	Paid to me				
12	Receipt of equipment, None						
	materials, drugs, medical writing,						
	gifts or other services						
13	Other financial or non-financial	Image: Section of the property					
	interests						
Plea	Please place an "X" next to the following statement to indicate your agreement:						
[oxtimes]	$oxed{\boxtimes}$ I certify that I have answered every question and have not altered the wording of any of the questions on this form.						