Date:		3/1/2022			
Your Name: Manuscript Title:		Monica Yang	Monica Yang		
		Clinical Phenotypes of Patients Molecular Signatures in Skin	with Systemic Sclerosis with Distinct		
	nuscript Number (if own):	ACR-21-0839			
of your manuscript. "Related" m the content of the manuscript. Di		lated" means any relation with for-profit or not-for	rities/interests listed below that are related to the content r-profit third parties whose interests may be affected by parency and does not necessarily indicate a bias. If you able that you do so.		
epio	demiology of hyperte	os/activities/interests should be defined broadly. For a sion, you should declare all relationships with manned in the manuscript.	or example, if your manuscript pertains to the nufacturers of antihypertensive medication, even if that		
In item #1 below, report all support for disclosure is the past 36 mont			t without time limit. For all other items, the time frame		
		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 plan	ning of the work		
1	All support for the	□ None			
	present manuscript (e.g.,	NIH	T32 AR079068		
	funding, provision of study materials,		Click the tab key to add additional rows.		
medical writing,					
	charges, etc.)				
	No time limit for this item.				
		Time frame: past 36 m	onths		
2	Grants or	<b>⊠</b> None			
	contracts from any entity (if not				
	indicated in item				
	#1 above)				

1 8/26/2021 ICMJE Disclosure Form

Royalties or

licenses

 $\boxtimes$ 

None

3

		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 None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	None 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     ■	

			cations/Comments (e.g., if payments were o you or to your institution)	
11	Stock or stock options	None     Non		
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:	3/1/2022		
Your Name:	Vivien Goh		
Manuscript Title:	Clinical Phenotypes of Patients with Systemic Sclerosis with Distinct Molecular Signatures in Skin		
Manuscript Number (if known):	ACR-21-0839		

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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 plann	ing of the work
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		Time frame: past 36 mo	onths
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None None	
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	

			e all entities with whom you have this onship or indicate none (add rows as ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
7	Support for attending meetings and/or travel		None	
8	Patents planned, issued or pending		None	
9	Participation on a Data Safety Monitoring Board or Advisory Board		None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		None	
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/1/2022	
Your Name:	Julia Lee	
Manuscript Title:	Clinical Phenotypes of Patients with Systemic Sclerosis with Distinct Molecular Signatures in Skin	
Manuscript Number (if known):	ACR-21-0839	

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 None	

		some all entities with whom you have this lationship or indicate none (add rows as leded)  Specifications/Comments (e.g., if payments made to you or to your institution)	s were	
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:	3/1/2022	
Your Name:	Monica Espinoza	
Manuscript Title:	Clinical Phenotypes of Patients with Systemic Sclerosis with Distinct Molecular Signatures in Skin	
Manuscript Number (if known):	ACR-21-0839	

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		Time frame: past 36 mo	onths
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None None	
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	

		Name all entities with relationship or indicat needed)		Specifications/Comments (e.g., if payments were made to you or to your institution)
7	Support for attending meetings and/or travel	⊠ None		
8	Patents planned, issued or pending	⊠ None		
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None		
11	Stock or stock options	⊠ None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
13	Other financial or non-financial interests	⊠ None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/1/2022
Your Name:	Yiwei Yuan
Manuscript Title:	Clinical Phenotypes of Patients with Systemic Sclerosis with Distinct Molecular Signatures in Skin
Manuscript Number (if known):	ACR-21-0839

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		Time frame: past 36 m	onths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None 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     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending	None 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     Non		
13	Other financial or non-financial interests	None     Non		
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:	3/1/2022
Your Name:	Kathleen Arens
Manuscript Title:	Clinical Phenotypes of Patients with Systemic Sclerosis with Distinct Molecular Signatures in Skin
Manuscript Number (if known):	ACR-21-0839

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		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.  Grants or contracts from	None Time frame: past 36 month None	Click the tab key to add additional rows.
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None     Non	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     Non	

			e all entities with whom you have this ionship or indicate none (add rows as ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
7	Support for attending meetings and/or travel		None	
8	Patents planned, issued or pending		None	
9	Participation on a Data Safety Monitoring Board or Advisory Board		None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		None	
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/1/2022
Your Name: Zsuzsanna McMahan	
Manuscript Title:	Clinical Phenotypes of Patients with Systemic Sclerosis with Distinct Molecular Signatures in Skin
Manuscript Number (if known):	ACR-21-0839

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		Time frame: Since the initial planning	ng 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  NIH	K23 AR071473  Click the tab key to add additional rows.	
		Time frame: past 36 mor	nths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None		
3	Royalties or licenses	⊠ None		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None     ■	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None     ■	
6	Payment for expert testimony	None 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     Non		
13	Other financial or non-financial interests	None     Non		
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:	3/1/2022
Your Name:	Lauren Beussink Nelson
Manuscript Title:	Clinical Phenotypes of Patients with Systemic Sclerosis with Distinct Molecular Signatures in Skin
Manuscript Number (if known):	ACR-21-0839

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		Time frame: Since the initial planni	ng 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  Time frame: past 36 mo	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     Non	

		Name all entities with relationship or indicat needed)		Specifications/Comments (e.g., if payments were made to you or to your institution)
7	Support for attending meetings and/or travel	⊠ None		
8	Patents planned, issued or pending	⊠ None		
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None		
11	Stock or stock options	⊠ None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
13	Other financial or non-financial interests	⊠ None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	3/1/2022
Your Name:	Monique Hinchcliff
Manuscript Title:	Clinical Phenotypes of Patients with Systemic Sclerosis with Distinct Molecular Signatures in Skin
Manuscript Number (if known):	ACR-21-0839

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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.	Nih NiH	NIAMS K23 AR059763 NIAMS R01 AR073270 Click the tab key to add additional rows.
		Time frame: past 36 mo	onths
2	Grants or contracts from any entity (if not indicated in item #1 above).	None     ■	
3	Royalties or licenses	None None	

P		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  AbbVie  Boehringer Ingelheim	Honoraria for Medical advisory board participation  Honoraria for Medical advisory board participation
6	Payment for expert testimony	None     ■	
7	Support for attending meetings and/or travel	□ None  Boehringer Ingelheim	Payment to me to attend 2021 ACR meeting
8	Patents planned, issued or pending	None     Non	
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 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     Non	
13	Other financial or non-financial interests	None     Non	
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:	3/1/2022
Your Name:	Lorinda Chung
Manuscript Title:	Clinical Phenotypes of Patients with Systemic Sclerosis with Distinct Molecular Signatures in Skin
Manuscript Number (if known):	ACR-21-0839

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2	contracts from any entity (if not indicated in item #1 above).	Boerhinger Ingelheim	
3	Royalties or licenses	None	
4	Consulting fees	□ None  Boehringer Ingelheim, Mitsubishi Tanabe, Genentech, Kyverna, Eicos	Payments to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None  Boehringer Ingelheim	
6	Payment for expert testimony	None     ■	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
7	Support for attending meetings and/or travel	□ None  Boerhinger Ingelheim	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None  Reata	Payments made to me
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     ■     None     None	
13	Other financial or non-financial interests	⊠ None	
Plea 🖂		at to the following statement to indicate your agreen	
		Tables and in the district and work	

		ICMIJE DISCLOSURI		
Date:		3/1/2022		
Your Name:		Michael L. Whitfield		
Manuscript Title:		Clinical Phenotypes of Patients Molecular Signatures in Skin	Clinical Phenotypes of Patients with Systemic Sclerosis with Distinct Molecular Signatures in Skin	
Manuscript Number (if known):  ACR-21-0839				
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epi			example, if your manuscript pertains to the ifacturers of antihypertensive medication, even if that	
	tem #1 below, report a disclosure is the past ?		without time limit. For all other items, the time frame	
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		needed)	made to you of to your institution)	
			, ,	
1	All support for the present	needed)	, ,	
1	present manuscript (e.g.,	needed)  Time frame: Since the initial plann  None  Scleroderma Research Foundation	, ,	
1	present manuscript (e.g., funding, provision	needed)  Time frame: Since the initial plann  □ None  Scleroderma Research Foundation Burroughs-Wellcome PUP Big Data in the Life	, ,	
1	present manuscript (e.g., funding, provision of study materials, medical writing,	Time frame: Since the initial plann  □ None  Scleroderma Research Foundation  Burroughs-Wellcome PUP Big Data in the Life Sciences Training Program  Dr. Ralph and Marian Falk Medical Research	, ,	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	needed)  Time frame: Since the initial plann  □ None  Scleroderma Research Foundation  Burroughs-Wellcome PUP Big Data in the Life Sciences Training Program	ng of the work	
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1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Time frame: Since the initial plann  None  Scleroderma Research Foundation  Burroughs-Wellcome PUP Big Data in the Life Sciences Training Program  Dr. Ralph and Marian Falk Medical Research Trust	Click the tab key to add additional rows.	
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2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Time frame: Since the initial plann  None  Scleroderma Research Foundation  Burroughs-Wellcome PUP Big Data in the Life Sciences Training Program  Dr. Ralph and Marian Falk Medical Research Trust	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	Time frame: Since the initial plann  None  Scleroderma Research Foundation  Burroughs-Wellcome PUP Big Data in the Life Sciences Training Program  Dr. Ralph and Marian Falk Medical Research Trust  Time frame: past 36 mo	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	Time frame: Since the initial plann  None  Scleroderma Research Foundation  Burroughs-Wellcome PUP Big Data in the Life Sciences Training Program  Dr. Ralph and Marian Falk Medical Research Trust  Time frame: past 36 mo	Click the tab key to add additional rows.	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None   Abbvie	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None     ■	
8	Patents planned, issued or pending	None 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     ■	

		some all entities with whom you have this lationship or indicate none (add rows as leded)  Specifications/Comments (e.g., if payments made to you or to your institution)	s were
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:
 3/1/2022

 Your Name:
 Sanjiv J. Shah

 Manuscript Title:
 Clinical Phenotypes of Patients with Systemic Sclerosis with Distinct Molecular Signatures in Skin

 Manuscript Number (if known):
 ACR-21-0839

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4	Consulting fees	Abbott, Amgen, Aria CV, Axon, Bayer, Bristol Myers Squib, Boehringer-Ingelheim, Boston Scientific, Boxer capital Cardiora, Coridea, CVRx, Cyclerion, Cytokinetics, Edwards Lifesciences, Eidos, Eisai, eKo.ai, GSK, Imara, Intellia, Ionis, Janssen, Keyto, Lilly Medical, Merck, MyoKardia, NGM, Novo Nordisk, Prothena, Regeneron, Rivus Pharma, Sanofi, Shifamed, Tenax, United Therapeutics, and Third Rock Ventures	
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6	Payment for expert testimony	None 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 None	
11	Stock or stock options	None     ■	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     ■	
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3	Royalties or licenses	⊠ None	
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     ■	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety	⊠ None	

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4	Consulting fees	Bayer, BMS, CSL Behring Horizon, GSK, Boehringer Ingelheim, Corbus, Genentech/Roche, Chemomab Theraly, Prometheus, Astra Zeneca	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	None None	

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None     ■	
11	Stock or stock options	□ None  Eicos Sciences	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     ■	

		e all entities with whom you have this onship or indicate none (add rows as ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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Your Name:	Rishi Aggarwal	
Manuscript Title:	Clinical Phenotypes of Patients with Systemic Sclerosis with Distinct Molecular Signatures in Skin	
Manuscript Number (if known):	ACR-21-0839	

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	No time limit for this item.		
		Time frame: past 36 mg	onths
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     ■	
7	Support for attending meetings and/or travel	None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
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