

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Tabea

2. Surname (Last Name)

Seeliger

3. Date

30-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Prof. Dr. Thomas Skripuletz

5. Manuscript Title

Hearing dysfunction in patients with Neuro-Sjögren: a cross sectional study

6. Manuscript Identifying Number (if you know it)

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Dr. Seeliger has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Lena

2. Surname (Last Name)

Bönig

3. Date

30-April-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Prof. Dr. Thomas Skripuletz

5. Manuscript Title

Hearing dysfunction in patients with Neuro-Sjögren: a cross sectional study

6. Manuscript Identifying Number (if you know it)

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Dr. Bönig has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Torsten

2. Surname (Last Name)  
Witte

3. Date  
30-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Prof. Dr. Thomas Skripuletz

5. Manuscript Title  
Hearing dysfunction in patients with Neuro-Sjögren: a cross sectional study

6. Manuscript Identifying Number (if you know it)

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Dr. Witte has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Thea	2. Surname (Last Name) Thiele	3. Date 27-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Prof. Dr. Thomas Skripuletz
5. Manuscript Title Hearing dysfunction in patients with Neuro-Sjögren: a cross sectional study		
6. Manuscript Identifying Number (if you know it) _____		

### Section 2. The Work Under Consideration for Publication

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Dr. Thiele has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Anke

2. Surname (Last Name)

Lesinski-Schiedat

3. Date

05-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Prof. Dr. Thomas Skripuletz

5. Manuscript Title

Hearing dysfunction in patients with Neuro-Sjögren: a cross sectional study

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Dr. Lesinski-Schiedat has nothing to disclose.

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Martin

2. Surname (Last Name) Stangel

3. Date 30-April-2020

4. Are you the corresponding author?  Yes  No Corresponding Author's Name Thomas Skripuletz

5. Manuscript Title Hearing dysfunction in patients with Neuro-Sjögren: a cross sectional study

6. Manuscript Identifying Number (if you know it) \_\_\_\_\_

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bayer Healthcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Takeda	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CSL Behring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sanofi-Genzyme	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grifols	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Merck-Serono	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Novartis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Teva	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MedDay	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alexion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biogen	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Janssen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

### Section 5. Relationships not covered above

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- Yes, the following relationships/conditions/circumstances are present (explain below):
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### Section 6. Disclosure Statement

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Dr. Stangel reports personal fees from Bayer Healthcare, personal fees from Takeda, personal fees from CSL Behring, grants and personal fees from Sanofi-Genzyme, personal fees from Grifols, grants and personal fees from Merck-Serono, personal fees from Roche, grants and personal fees from Novartis, personal fees from Teva, personal fees from MedDay, personal fees from Alexion, grants and personal fees from Biogen, personal fees from Janssen, outside the submitted work; .

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Instructions

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#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Thomas

2. Surname (Last Name)

Lenarz

3. Date

05-May-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Prof. Dr. Thomas Skripuletz

5. Manuscript Title

Hearing dysfunction in patients with Neuro-Sjögren: a cross sectional study

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

Yes

No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?

Yes

No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes

No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Lenarz has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Nils

2. Surname (Last Name)

Prenzler

3. Date

30-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Prof. Dr. Thomas Skripuletz

5. Manuscript Title

Hearing dysfunction in patients with Neuro-Sjögren: a cross sectional study

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### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Prenzler has nothing to disclose.

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1. Given Name (First Name) 2. Surname (Last Name) 3. Date  
 Thomas Skrিপuletz 30-April-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
 Hearing dysfunction in patients with Neuro-Sjögren: a cross sectional study

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Alexion, Bayer Vital, Biogen, Celgene, CSL Behring, Merck, Novartis, Roche, Sanofi Aventis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honoraria for scientific lectures or consultancy

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