

## 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)

Richard

2. Surname (Last Name)

Sontheimer

3. Date

11-December-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Why Rheumatologic Skin Disease?

6. Manuscript Identifying Number (if you know it)

ATM-2020-RSD-14

### 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.)?

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Sontheimer has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) M Kari	2. Surname (Last Name) Connolly	3. Date 11-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Richard Sontheimer
5. Manuscript Title Why Rheumatologic Skin Disease?		
6. Manuscript Identifying Number (if you know it) ATM-2020-RSD-14		

### 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

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Dr. Connolly 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)

David

2. Surname (Last Name)

Fiorentino

3. Date

11-December-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Rick Sontheimer

5. Manuscript Title

Why Rheumatologic Skin Disease?

6. Manuscript Identifying Number (if you know it)

ATM-2020-RSD-14

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Victoria

2. Surname (Last Name)  
Werth

3. Date  
12-December-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Why Rheumatologic Skin Disease?

6. Manuscript Identifying Number (if you know it)  
ATM-2020-RSD-14

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If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
CLASI	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		University of Pennsylvania owns the copyright for the CLASI.

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Dr. Werth reports In addition, Dr. Werth has a patent CLASI licensed.

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