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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	X_None	

None

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

Date:______2022/5/19_____ Your Name:______Tianyu Tao______ Manuscript Title:_ Systemic glucocorticoid-free therapy in treatment-naïve Vogt-Koyanagi-Harada disease patients Manuscript number (if known):______

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9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	X_None	

None

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

Date:	2022/5/19	
Your Name:	Zhaohuai Li	
Manuscript Title	:_ Systemic glucocortio	coid-free therapy in treatment-naïve Vogt-Koyanagi-Harada disease patients
Manuscript num	ber (if known):	

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	No time infine for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	X_None	

None

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

Date:	2022/5/19	
Your Name:	Binyao Chen	
Manuscript Title	e:_ Systemic glucocorticoi	d-free therapy in treatment-naïve Vogt-Koyanagi-Harada disease patients
Manuscript num	nber (if known):	

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	No time infine for this item.		
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	any entity (if not indicated		
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3	Royalties or licenses	XNone	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	X_None	

None

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

Date:	2022/5/19	
Your Name:	Zhaohao Huang	
Manuscript Title:	Systemic glucocorticoid-	free therapy in treatment-naïve Vogt-Koyanagi-Harada disease patients
Manuscript numb	er (if known):	

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4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	X_None	

None

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

Date:_____2022/5/19_____ Your Name:_____Xiuxing Liu _____ Manuscript Title:_ Systemic glucocorticoid-free therapy in treatment-naïve Vogt-Koyanagi-Harada disease patients Manuscript number (if known):

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2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	X_None	

None

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

Date:	2022/5/19	
Your Name:	He Li	
Manuscript Title:	_ Systemic glucocort	icoid-free therapy in treatment-naïve Vogt-Koyanagi-Harada disease patients
Manuscript numb	per (if known):	

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11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	X_None	

None

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

Date:	2022/5/19	
Your Name:	Lihui Xie	
Manuscript Title	e:_ Systemic glucocor	ticoid-free therapy in treatment-naïve Vogt-Koyanagi-Harada disease patients
Manuscript num	nber (if known):	

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13	Other financial or non- financial interests	X_None	

None

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

Date:______2022/5/19_____ Your Name:______ Wenru Su_____ Manuscript Title:_ Systemic glucocorticoid-free therapy in treatment-naïve Vogt-Koyanagi-Harada disease patients Manuscript number (if known):

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