

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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3. Relevant financial activities outside the submitted work.

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



Section 1.	Identifying Inform	mation					
1. Given Name (First Name) Sasha		2. Surname (Last Name Bernatsky	e) 3. Date 08-February-2017				
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Marvin J Fritzler				
5. Manuscript Titl Environmental e		kers predictive of rheum	atoid arthritis and the pathway to precision medicine				
6. Manuscript Ide JLPM-17-11	ntifying Number (if you k	xnow it)					
Section 2.							
Section 2.	The Work Under C	Consideration for Pu	blication				
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 Yes No							
Section 3.	Polovant financial	lactivities outside th	a submitted work				

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Are there any relevant conflicts of interest?		Yes	\checkmark	No
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Section 4. Intellectual Property -- Patents & Copyrights

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



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Section 6. Disclosure Statement

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Dr. Bernatsky has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Jean	2. Surname (Last Name) Pfau	3. Date 08-February-2017
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6. Manuscript ldentifying Number (if you k JLPM-17-11	now it)	
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JLPM-17-11

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No

Are there any relevant conflicts of interest? Yes

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
Inova Diagnostics Inc.		\checkmark			Consultant, Speaker Bureau	

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