Da	te: _	03-MAR-2022		
You	ur N	lame:SPYROPOULOS	GEORGIOS	
Ma	nus	script Title: Clinical, Imaging	and Functional Determina	nts of Sarcoidosis Phenotypes
in a	a Gr	eek population		
Ma	nus	script number (if known):	JTD-21-1760	
		•	•	ationships/activities/interests
		below that are related to th	•	•
rela	atio	n with for-profit or not-for-	profit third parties whose i	interests may be affected by
the	coı	ntent of the manuscript. Dis	sclosure represents a comn	nitment to transparency and
do	es n	ot necessarily indicate a bia	s. If you are in doubt abou	t whether to list a
rela	atio	nship/activity/interest, it is	preferable that you do so.	
		llowing questions apply to t	• •	activities/interests as they
rela	ate	to the <u>current manuscript o</u>	only.	
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		nanuscript pertains to the ep		
		•		ation, even if that medication
is n	ot r	mentioned in the manuscrip	ot.	
			•	this manuscript without time
lim	it. F	For all other items, the time	frame for disclosure is the	past 36 months.
			Name all entities with	Specifications/Comments
			whom you have this	(e.g., if payments were made to you or to
			relationship or indicate	your institution)
			none (add rows as needed)	
ī	ime	frame: Since the initial planni	ng of the work	
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1	L	All support for the present	_XNone	
		manuscript (e.g., funding,		
		provision of study materials,		
		and a discussion with the contract of a		
		medical writing, article		
		processing charges, etc.)		
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ī		processing charges, etc.)		

entity (if not indicated in

__X__None

item #1 above).

4	Consulting fees	XNone	
5	Payment or honoraria for	_XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	
Please	summarize the above conf	lict of interest in the follow	ring box:
None.			
Please	e place an "X" next to the fo	llowing statement to indic	ate your agreement:

Dat	e:u3-iviAR-2u22		
	r Name:DOMVRI KALLIO		
Ma	nuscript Title: Clinical, Imaging	and Functional Determina	nts of Sarcoidosis Phenotypes
	Greek population		
Ma	nuscript number (if known):_J	TD-21-1760	
liste rela the doe	he interest of transparency, we ed below that are related to the ition with for-profit or not-for- content of the manuscript. Dis its not necessarily indicate a bia itionship/activity/interest, it is	e content of your manuscr profit third parties whose i sclosure represents a comn as. If you are in doubt abou	ipt. "Related" means any interests may be affected by nitment to transparency and t whether to list a
	following questions apply to to the to the current manuscript o	•	activities/interests as they
you rela is no	author's relationships/activiti r manuscript pertains to the e stionships with manufacturers ot mentioned in the manuscrip tem #1 below, report all suppo tt. For all other items, the time	pidemiology of hypertension of antihypertension of antihypertensive medicant. Output for the work reported in	on, you should declare all ation, even if that medication this manuscript without time
		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)
ū	me frame: Since the initial planni	ng of the work	
1		_XNone	
T	me frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	

_X__None

4	Consulting fees	XNone	
5	Payment or honoraria for	_XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	
Please	e summarize the above conf	lict of interest in the follow	ring box:
None.			
Please	e place an "X" next to the fo	llowing statement to indic	ate your agreement:

υa	ite:	U3-IVIAR-ZUZZ		
Yo	ur N	lame:MANIKA KATERIN	A	
Ma	anus	script Title: Clinical, Imaging	and Functional Determina	nts of Sarcoidosis Phenotypes
		eek population		
Ma	anus	script number (if known): _J	JTD-21-1760	
list rel the do	ted latione content in the content i	below that are related to the n with for-profit or not-for-	e content of your manuscr profit third parties whose i sclosure represents a comn is. If you are in doubt abou	interests may be affected by nitment to transparency and t whether to list a
		llowing questions apply to t to the current manuscript o	•	activities/interests as they
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			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)
Ī	Time	frame: Since the initial planni	ng of the work	
<u>-</u>	1	All support for the present manuscript (e.g., funding,	_XNone	
		provision of study materials,		
		medical writing, article		
		processing charges, etc.) No time limit for this item.		
	Time	frame: past 36 months		
2	2	Grants or contracts from any	XNone	
		entity (if not indicated in item #1 above).		

_X__None

4	Consulting fees	XNone	
5	Payment or honoraria for	_XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	
Please	e summarize the above conf	lict of interest in the follow	ring box:
None.			
Please	e place an "X" next to the fo	llowing statement to indic	ate your agreement:

Da	ite:	03-MAR-2022		
Yc	ur N	lame:FOUKA EVANGELI	A	
M	anus	script Title: Clinical, Imaging	and Functional Determina	nts of Sarcoidosis Phenotypes
in	a Gı	eek population		
M	anus	script number (if known):_J	TD-21-1760	
In	the	interest of transparency, we	e ask you to disclose all rela	ationships/activities/interests
lis	ted	below that are related to th	e content of your manuscr	ipt. "Related" means any
re	latio	on with for-profit or not-for-	profit third parties whose i	interests may be affected by
th	e co	ntent of the manuscript. Dis	sclosure represents a comn	nitment to transparency and
dc	es r	ot necessarily indicate a bia	s. If you are in doubt abou	t whether to list a
re	latio	onship/activity/interest, it is	preferable that you do so.	
Th	e fo	llowing questions apply to t	he author's relationships/a	activities/interests as they
re	late	to the current manuscript o	nly.	
Th	e au	ıthor's relationships/activiti	es/interests should be <u>def</u> i	ned broadly. For example, if
yo	ur n	nanuscript pertains to the ep	pidemiology of hypertension	on, you should declare all
re	latio	onships with manufacturers	of antihypertensive medica	ation, even if that medication
is	not	mentioned in the manuscrip	ot.	
In	iten	n #1 below, report all suppo	rt for the work reported in	this manuscript without time
		For all other items, the time	•	·
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			Name all entities with	Specifications/Comments
			whom you have this	(e.g., if payments were made to you or to
			relationship or indicate	your institution)
			none (add rows as needed)	
	Time	frame: Since the initial planni	ng of the work	
-	4	All I C II		
	1	All support for the present	_XNone	
		manuscript (e.g., funding,		
		provision of study materials,		
		medical writing, article		
		processing charges, etc.)		
		No time limit for this item.		
	Time	frame: past 36 months		
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	2	Grants or contracts from any	X None	

entity (if not indicated in

__X__None

item #1 above).

4	Consulting fees	XNone	
5	Payment or honoraria for	_XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	
Please	e summarize the above conf	lict of interest in the follow	ring box:
None.			
Please	e place an "X" next to the fo	llowing statement to indic	ate your agreement:

Date:03-MAR-2022
Your Name: _KONTAKIOTIS THEODOROS
Manuscript Title: Clinical, Imaging and Functional Determinants of Sarcoidosis Phenotypes
n a Greek population
Manuscript number (if known): _JTD-21-1760

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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	e frame: Since the initial planni	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.	_XNone	
Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
5	Payment or honoraria for	_XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	
Please	e summarize the above conf	lict of interest in the follow	ring box:
None.			
Please	e place an "X" next to the fo	llowing statement to indic	ate your agreement:

	ate:	03-MAR-2022		
Yo	our Nar	me: _DESPOINA PAPAKOS	STA	
M	anuscr	ript Title: Clinical, Imaging	and Functional Determina	nts of Sarcoidosis Phenotypes
in	a Gree	ek population		
M	anuscr	ript number (if known):_J	TD-21-1760	
In	the in	terest of transparency, we	e ask you to disclose all rela	ationships/activities/interests
			e content of your manuscr	•
re	lation	with for-profit or not-for-	profit third parties whose i	nterests may be affected by
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re	lations	ship/activity/interest, it is	preferable that you do so.	
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IS	not me	entioned in the manuscrip	ot.	
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	Time fr	rame: Since the initial planni Il support for the present nanuscript (e.g., funding,	Name all entities with whom you have this relationship or indicate none (add rows as needed)	past 36 months. Specifications/Comments (e.g., if payments were made to you or to
	Time fr 1 Al	rame: Since the initial planni Il support for the present nanuscript (e.g., funding, rovision of study materials,	Name all entities with whom you have this relationship or indicate none (add rows as needed)	past 36 months. Specifications/Comments (e.g., if payments were made to you or to
	Time fr 1 Al m pi	rame: Since the initial planni Il support for the present nanuscript (e.g., funding, rovision of study materials, nedical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed)	past 36 months. Specifications/Comments (e.g., if payments were made to you or to
	Time fr 1 Al m pr m	Il support for the present nanuscript (e.g., funding, rovision of study materials, nedical writing, article rocessing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed)	past 36 months. Specifications/Comments (e.g., if payments were made to you or to
	Time fr 1 Al m pr m	rame: Since the initial planni Il support for the present nanuscript (e.g., funding, rovision of study materials, nedical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed)	past 36 months. Specifications/Comments (e.g., if payments were made to you or to
j	Time fr 1 Al m pi m pi N	Il support for the present nanuscript (e.g., funding, rovision of study materials, nedical writing, article rocessing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed)	past 36 months. Specifications/Comments (e.g., if payments were made to you or to
	Time fr 1 A m pi m pi N	rame: Since the initial planni Il support for the present nanuscript (e.g., funding, rovision of study materials, nedical writing, article rocessing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed)	past 36 months. Specifications/Comments (e.g., if payments were made to you or to
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_X__None

4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy	XNone	
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	XNone	
	services		
13	Other financial or non- financial interests	XNone	
Please summarize the above conflict of interest in the following box:			
None.			
Please place an "X" next to the following statement to indicate your agreement:			