

ICMJE DISCLOSURE FORM

Date: 5/31/2022

Your Name: [Anthony Lee Shelton]

Manuscript Title: [A challenging case of Granulomatosis with polyangiitis with cardiac involvement: a rare case report.]

Manuscript Number (if known): [Click or tap here to enter text.]

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 author's relationships/activities/interests should be defined broadly. 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 frame: Since the initial 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.	<input type="checkbox"/> None <div style="border: 1px solid black; padding: 2px;"> [The publication fee of this study was supported by the Department of Pediatric Rheumatology at Oklahoma University Health Sciences Center at the OU Children's Hospital. </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> We appreciate their assistance with funding the amount of the manuscript submission f </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px; font-size: x-small;"> Click the tab key to add additional rows. </div>
Time frame: past 36 months		
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical	<input checked="" type="checkbox"/> None	

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	writing, gifts or other services		
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		The publication fee of this study was supported by the Department of Pediatric Rheumatology at Oklahoma University Health Sciences Center at the OU Children's Hospital.	
<p>Please Summarize the above conflict of interest in the following box:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>The publication fee of this study was supported by the Department of Pediatric Rheumatology at Oklahoma University Health Sciences Center at the OU Children's Hospital.</p> </div> <p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 6/7/2022

Your Name: [Suparshva Parikh]

Manuscript Title: [A challenging case of Granulomatosis with polyangiitis with cardiac involvement: a rare case report.]

Manuscript Number (if known): [Click or tap here to enter text.]

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ICMJE DISCLOSURE FORM

Date: 6/3/2022

Your Name: [Catherine Mims]

Manuscript Title: [A challenging case of Granulomatosis with polyangiitis with cardiac involvement: a rare case report.]

Manuscript Number (if known): [Click or tap here to enter text.]

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ICMJE DISCLOSURE FORM

Date: 6/8/2022

Your Name: [Ana I Quintero-Del Rio, MD, MPH, FAAP]

Manuscript Title: [A challenging case of Granulomatosis with polyangiitis with cardiac involvement: a rare case report.]

Manuscript Number (if known): [Click or tap here to enter text.]

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