Da	te: <u>7/17/23</u>					
Your Name: Iya Agha						
Manuscript Title:A Rare Presentation of Chronic Generalized Idiopathic pruritus Manuscript number (if known):						
rel par to rel	ated to the content of your ries whose interests may be transparency and does not reationship/activity/interest,	manuscript. "Related" mean e affected by the content of necessarily indicate a bias. it is preferable that you do s	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so.			
	inuscript only.	to the dutilor stellationship	sydetivities, interests as they relate to the <u>carrent</u>			
to me	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	Specifications/Comments			
		whom you have this relationship or indicate none (add rows as needed)	(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	None				
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.					
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months			
3	Royalties or licenses	None				
1	Consulting fees	None				

5

Payment or honoraria for

lectures, presentations,

None

	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or	None		
	non-financial interests			
Ple	Please summarize the above conflict of interest in the following box:			
_				

No conflict of interest to report– financially or personally		

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

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 7-18-33							
Your Name: Emmanue Khodro							
Mar Title	Manuscript Title: A Rore Presentation of Generalised Idiopathic Provitis						
	Manuscript number (if known):						
liste relat for-p part repr to tr list a	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						
man	ne <u>current</u> nuscript only.						
man to th	nuscript pertains ne epidemiology of hype	ertension, you should o	uld be defined broadly. For example, if your declare all relationships with manufacturers cation 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	Specifications/Comments (e.g., if payments were made to you or to your institution)				
	Tin	ne frame: Since the initia	l planning of the work				
1	All support for the present manuscript	None					
(e.g., funding, provision of study materials, medical writing, article							

processing charges.

	etc.) No time limit for this		
	item.		
		Time frame: past	36 months
2	Grants or contracts	None	
	from any entity (if not indicated in item #1		
	above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational	<u>✓_</u> None	
6	Payment for expert testimony	<u>√</u> None	
7	Support for attending meetings and/or travel	<u>✓_</u> None	
8	Patents planned, issued	<u>✓</u> None	
	or pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory		
	Board		
10	Leadership or fiduciary	None	
	role in other board, society, committee or		
	advocacy group, paid or		

11	Stock or stock options	<u>✓</u> None				
12	Receipt of equipment,	None				
	materials, drugs, medical writing, gifts or					
	other services					
13	Other financial or non-	None				
	financial interests					
Plea	Please summarize the above conflict of interest in the following box:					

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

None.

\(\) I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 07/18/2023					
Your Name: Ryan Cornell					
Manuscript Title: A Rare Presentation of Chronic Generalized Idiopathic pruritus:					
Manuscript number (if known):					

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.

		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.	x_None	
		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	x None	
4	Consulting fees	x None	

5	Payment or honoraria for	x None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x None	
	testimony		
_			
7	Support for attending meetings and/or travel	_xNone	
8	Patents planned, issued or	x None	
	pending		
9	Participation on a Data	x None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	x None	
	Stock of Stock options	X 11011C	
12	Receipt of equipment,	x None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or	x None	
	non-financial interests		

Please summarize the above conflict of interest in the following box:

All author interest to		eted the ICMJ	E uniform di	sclosure form	The authors	have no con	flicts of
interest to	ueciure.						

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

 x_{\perp} I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	7/20/2023
Your N	ame:Jaskaran Ghotra
Manus	cript Title:_A Rare Presentation of Chronic Generalized Idiopathic pruritus
Manus	cript_number (if known):

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</u> manuscript only.

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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)
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.	Time frame: Since the initial _x_None	planning of the work
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: past _x_None _x_None	36 months
4	Consulting fees	x None	

		,	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x None	
6	Payment for expert testimony	x None	
7	Support for attending meetings and/or travel	x None	
8	Patents planned, issued or pending	x None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x None	
11	Stock or stock options	_x_ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x None	
13	Other financial or non- financial interests	x None	

Please summarize the above conflict of interest in the following box:

No Conflict			

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	07.17.23								
Your Name:	Noor Asif								
Manuscript	Title: A Rare	Presentation a	nd Novel	Treatment o	f Chronic	Generalized	Idiopathic	Pruritus	
Manuscrint	number (if kno	wn) ACR-23	40-CI						

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.

		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.	_x None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	_x None	
4	Consulting fees	_xNone	

5	Payment or honoraria for	x None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	x None	
	testimony		
	,		
7	Support for attending meetings and/or travel	_xNone	
	g .		
8	Patents planned, issued or	_xNone	
	pending		
9	Participation on a Data	_x None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	x None	
10	in other board, society,	x None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_xNone	
12	Receipt of equipment,	x None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or	_x None	
	non-financial interests		

Please summarize the above conflict of interest in the following box:

We have no conflicts of interest to disclose.

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

_X__I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:August 16, 2023						
our Name:Saif Aldeen Agha						
Manuscript Title: A Rare Prese	ntation: Chronic Generalized Idiopathic Pruritis					
Manuscript number (if known):	ACR-23-40-R2					

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.

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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.	None	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	None None None None None None None None						
speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	None None None None None						
manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	None None None None None						
educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	None None None None None						
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Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	None None None						
Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	None None None						
Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	None None None						
Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	None None						
pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	None None						
pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	None None						
pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	None None						
pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	None None						
Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	None						
Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	None						
Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	None						
Advisory Board O Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 1 Stock or stock options							
O Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options							
in other board, society, committee or advocacy group, paid or unpaid Stock or stock options							
group, paid or unpaid Stock or stock options	None						
1 Stock or stock options	None						
	_None						
) Receipt of equipment							
Receipt of equipment							
	None						
materials, drugs, medical	Tronc						
writing, gifts or other							
services							
	None						
financial interests							
lease summarize the above conflict o	of interest in the following box:						
I have no financial or other conflicts of interest to report.							
lease place an "X" next to the follow	ving statement to indicate your agreement:						
I certify that I have answered ever	I certify that I have answered every question and have not altered the wording of any of the questions on this						

Date:August 16, 2023	
Your Name:Ayad KM Agha	
Manuscript Title:A Rare Presentation: Chronic Generalized Idiopathic Pruritis	
Manuscript number (if known): ACR-23-40-R2	

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.

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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
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel	NoneNoneNone	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
	nse summarize the above co	nflict of interest in the fo	llowing box:

___X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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