Date: 3 - 22 - 2023
Your Name: michelle Chebranious
Manuscript Title: SUCCESSED rituring to therapy in adult-onset IAA vasculity with
Manuscript number (if known): diffuse alveolar hemorrhage and renal failure:
a case report

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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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.

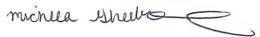
		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
0.5	CO AND LONG BUT THE	Time frame: pas	t 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	

5	Payment or honoraria for	None	
	lectures, presentations,		
	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 Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	J None	
11	Stock of Stock options	None	
12	Receipt of equipment,	✓ None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	√None	
	financial interests		

NO	conflicts	08	interest	to	disclose.

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

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



Date: 3/24/2823	
Your Name: Megan Vestie	
Manuscript Title: Successful inhome of M	in adult-inset 19th variables with diffuse
Manuscript much will many man Therapy	in adult-inset 19th vasculities with diffuse
Manuscript number (if known):	alveolar bemonlage and renal
	failure a cast report

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		Time frame: Since the initia	l 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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>y</u> None	
3	Royalties or licenses	_XNone	
4	Consulting fees	_X_None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or	None	Committee of the party
	pending		
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	_X_None	

No conflicts of interest	16

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

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

Date:04/01/2023
our Name:Christine Manthuruthil
Manuscript Title: Successful rituximab therapy in adult-onset IgA vasculitis with diffuse alveolar hemorrhage
nd renal failure: a case report
Manuscript number (if known):

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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.	_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	_X_None	
6	Payment for expert testimony	_XNone	
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	_X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone	
11	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone	
13	Other financial or non- financial interests	_XNone	

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: 3/23/2023	
Your Name: Omkar Dhamankar	_
Manuscript Title: Successful rituximab therapy in adult-onset IgA vasculitis with diffuse alveolar hemorrhage and renal failure: a case report	
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.

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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.	None	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	X None X None None	36 months
4	Consulting fees	<u>×</u> None	

5	Payment or honoraria for	<u>x</u> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<u>x</u> None	
	testimony		
7	Support for attending meetings and/or travel	<u>×</u> None	
8	Patents planned, issued or	<u>×</u> None	
	pending		
9	Participation on a Data	<u>×</u> _None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<u>×</u> None	
	in other board, society,		
	committee or advocacy		
4.4	group, paid or unpaid		
11	Stock or stock options	<u>×</u> None	
4.0			
12	Receipt of equipment,	<u>×</u> None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	<u>×</u> None	
	financial interests		
DI.		andital of the same time the fall	Landa a la acce

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.

Juffer Omkar Dhamankar

Date: 04/13/2023
Your Name: Salahuddin Kazi
Manuscript Title: Successful rituximab therapy in adult-onset IgA vasculitis with diffuse alveolar hemorrhage and renal
failure: a case report

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.

Manuscript number (if known):

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		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.		
		Time frame: past	36 months
2	Grants or contracts from	Arthritis Foundation	Paid to the institution (ended December 2021)
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

		T	1
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert	None	
O	testimony	None	
7	Support for attending meetings and/or travel	None	
0	Data at a planta di la contra di an	N. a. a. a.	
8	Patents planned, issued or pending	None	
	pending		
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	Yes	Chair of the American Board of Internal Medicine Rheumatology Board with payments made directly to me
11	Stock or stock options	None	
	Stock of Stock options		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

I serve as the Chair of the American Board of Internal Medicine Rheumatology Board which provides an honorarium as well as reimbursement for travel and lodging. I had grant support from The Arthritis Foundation which ended in December 2021

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 form.	s on this