

ICMJE DISCLOSURE FORM

Date: 5/25/2023

Your Name: Morgan Essex

Manuscript Title: Spondyloarthritis, acute anterior uveitis, and Crohn's disease have both shared and distinct gut microbiota

Manuscript Number (if known): ar-22-1299

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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Date: 5/25/2023

Your Name: Valeria Rios Rodriguez

Manuscript Title: Spondyloarthritis, acute anterior uveitis, and Crohn's disease have both shared and distinct gut microbiota

Manuscript Number (if known): ar-22-1299

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Your Name: Judith Rademacher

Manuscript Title: Spondyloarthritis, acute anterior uveitis, and Crohn's disease have both shared and distinct gut microbiota

Manuscript Number (if known): ar-22-1299

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Date: 5/25/2023

Your Name: Fabian Proft, MD

Manuscript Title: Spondyloarthritis, acute anterior uveitis, and Crohn's disease have both shared and distinct gut microbiota

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		ASAS	Member
		ASAS	EC Member 2021-2023
		Y-ASAS	Leader 2021-2023
		GRAPPA	Member
		GRAPPA	SC Member
		Y-GRAPPA	Chair 2021-2024
		EMEUNET	Member
		EMEUNET/EULAR	EMEUNET Peer-Mentoring Sub-Committee Member
		DGRh	Member
		DGRh	Management Recommendations / Guidelines Board Member
		DGRh	Education Board Member
		DGRh	Digitalization Board Member
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Date: 5/25/2023

Your Name: Ulrike Löber

Manuscript Title: Spondyloarthritis, acute anterior uveitis, and Crohn's disease have both shared and distinct gut microbiota

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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.

ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Lajos Markó

Manuscript Title: Spondyloarthritis, acute anterior uveitis, and Crohn's disease have both shared and distinct gut microbiota

Manuscript Number (if known): ar-22-1299

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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ICMJE DISCLOSURE FORM

Date: 5/25/2023

Your Name: Till Strowig

Manuscript Title: Spondyloarthritis, acute anterior uveitis, and Crohn's disease have both shared and distinct gut microbiota

Manuscript Number (if known): ar-22-1299

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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ICMJE DISCLOSURE FORM

Date: 5/25/2023

Your Name: J       Marchand

Manuscript Title: Spondyloarthritis, acute anterior uveitis, and Crohn’s disease have both shared and distinct gut microbiota

Manuscript Number (if known): ar-22-1299

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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ICMJE DISCLOSURE FORM

Date: 5/25/2023

Your Name: Jennifer A. Kirwan

Manuscript Title: Spondyloarthritis, acute anterior uveitis, and Crohn's disease have both shared and distinct gut microbiota

Manuscript Number (if known): ar-22-1299

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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ICMJE DISCLOSURE FORM

Date: 5/25/2023

Your Name: Britta Siegmund

Manuscript Title: Spondyloarthritis, acute anterior uveitis, and Crohn's disease have both shared and distinct gut microbiota

Manuscript Number (if known): ar-22-1299

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ICMJE DISCLOSURE FORM

Date: 5/25/2023

Your Name: Sofia Kirke Forslund

Manuscript Title: Spondyloarthritis, acute anterior uveitis, and Crohn's disease have both shared and distinct gut microbiota

Manuscript Number (if known): ar-22-1299

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 checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> Click the tab key to add additional rows.						
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ICMJE DISCLOSURE FORM

Date: 5/26/2023

Your Name: Denis Poddubnyy

Manuscript Title: Spondyloarthritis, acute anterior uveitis, and Crohn's disease have both shared and distinct gut microbiota

Manuscript Number (if known): ar-22-1299

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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		AbbVie, Bristol-Myers Squibb, Eli Lilly, Janssen, MSD, Medscape, Novartis, Peervoice, Pfizer, and UCB	Personal speaker fees
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		No Data Safety Monitoring Board participation. Advisory board participation is summarized under (4) consulting fees	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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