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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Talin

2. Surname (Last Name)  
   Barisani-Asenbauer

3. Date  
   05-November-2015

4. Are you the corresponding author?  
   [ ] Yes  [x] No

   Corresponding Author’s Name  
   Glenn Jaffe

5. Manuscript Title  
   Adalimumab in Patients with Active Non-Infectious Uveitis

6. Manuscript Identifying Number (if you know it)  
   15-09852

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  

Are there any relevant conflicts of interest?  
   [ ] Yes  [x] No

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Are there any relevant conflicts of interest?  
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Barisani-Asenbauer reports grant support and personal fees from AbbVie outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Antoine

2. Surname (Last Name)  
   Brezin

3. Date  
   19-July-2015

4. Are you the corresponding author?  
   Yes ☐  No ☑  
   Corresponding Author’s Name  
   Glenn Jaffe

5. Manuscript Title  
   Adalimumab in Patients with Active Non-Infectious Uveitis

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
   Yes ☑  No ☐

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

<table>
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Dr. Brezin reports personal fees from AbbVie during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Anne  
2. Surname (Last Name)  
   Camez  
3. Date  
   08-October-2015  
4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author's Name  
   Glenn Jaffe  
5. Manuscript Title  
   Adalimumab in Patients with Active Non-Infectious Uveitis  
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   ☑ No
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Dr. Camez reports personal fees from AbbVie Inc. outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Chu

3. Date  
   26-October-2015

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author's Name  
   Glenn Jaffe

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
Yes  ✔  No

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Dr. Chu reports grant support from Allergan and personal fees from Aldeyra, Alcon, AbbVie, Genentech, and XOMA outside the submitted work.

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Andrew

2. Surname (Last Name)  
Dick

3. Date  
17-July-2015

4. Are you the corresponding author?  
Yes ☐ No ☑

Corresponding Author’s Name  
Glenn Jaffe

5. Manuscript Title  
Adalimumab in Patients with Active Non-Infectious Uveitis

6. Manuscript Identifying Number (if you know it)  
15-09852

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
Yes ☐ No ☑

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
Yes ☑ No ☐

If yes, please fill out the appropriate information below.

<table>
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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
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<th>Comments</th>
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</tbody>
</table>
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ✔ No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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Section 6. Disclosure Statement

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Dr. Dick reports personal fees and other support from AbbVie outside the submitted work.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Pablo

2. Surname (Last Name)  
   Franco

3. Date  
   20-July-2015

4. Are you the corresponding author?  
   Yes ☐  No ☑

Corresponding Author’s Name  
Glenn Jaffe

5. Manuscript Title  
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Dr. Franco reports personal fees from Novartis and Bayer outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Arnd

2. Surname (Last Name)  
   Heiligenhaus

3. Date  
   23-October-2015

4. Are you the corresponding author?  
   Yes ☐  No ☑

Corresponding Author’s Name  
   Glenn Jaffe

5. Manuscript Title  
   Adalimumab in Patients with Active Non-Infectious Uveitis

6. Manuscript Identifying Number (if you know it)  
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Dr. Heiligenhaus reports grant support from Pfizer and Novartis, and other support from AbbVie, Alimera Sciences, Allergan, Merck Sharp & Dohme, Santen, and XOMA outside the submitted work.

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1. Given Name (First Name)  
   Glenn

2. Surname (Last Name)  
   Jaffe

3. Date  
   18-October-2015

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   Yes ☑ No

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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

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- **Royalties:** Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name) Martina
2. Surname (Last Name) Kron
3. Date 08-October-2015
4. Are you the corresponding author? Yes No
   Corresponding Author’s Name Glenn Jaffe
5. Manuscript Title Adalimumab in Patients with Active Non-Infectious Uveitis
6. Manuscript Identifying Number (if you know it) 15-09852

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No

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<tr>
<td>AbbVie Deutschland GmbH&amp;CoKG</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td>Employee</td>
</tr>
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Kron reports personal fees from AbbVie Deutschland GmbH&CoKG outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Nisha
2. Surname (Last Name)  Kwatra
3. Date  17-November-2015
4. Are you the corresponding author?  ☑ No
5. Manuscript Title  Adalimumab in Patients with Active Non-Infectious Uveitis
6. Manuscript Identifying Number (if you know it)  15-09852

Corresponding Author’s Name  Glenn Jaffe

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  ☑ Yes  ☑ No

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☑ Yes  ☑ No

Kwatra
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Dr. Kwatra reports personal fees from AbbVie Inc. outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Quan

2. Surname (Last Name)
   Nguyen

3. Date
   06-November-2015

4. Are you the corresponding author?  Yes  No  ✔

   Corresponding Author’s Name
   Glenn Jaffe

5. Manuscript Title
   Adalimumab in Patients with Active Non-Infectious Uveitis

6. Manuscript Identifying Number (if you know it)
   15-09852

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No  ✔
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Dr. Nguyen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   David  
2. Surname (Last Name)  
   Scales  
3. Date  
   14-October-2015
4. Are you the corresponding author?  
   ✔ Yes  
   No
5. Manuscript Title  
   Adalimumab in Patients with Active Non-Infectious Uveitis
6. Manuscript Identifying Number (if you know it)  
   15-09852

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Are there any relevant conflicts of interest?  
   ✔ Yes  
   No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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<td>Consulting and participation in AbbVie steering committee</td>
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Dr. Scales reports personal fees from AbbVie during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)          2. Surname (Last Name)  3. Date
Alexandra                           Song                        08-October-2015

4. Are you the corresponding author?  Yes ☐ No ☑

Corresponding Author’s Name
Glenn Jaffe

5. Manuscript Title
Adalimumab in Patients with Active Non-Infectious Uveitis

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- **Other:** Anything not covered under the previous three boxes
- **Pending:** The patent has been filed but not issued
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- **Licensed:** The patent has been licensed to an entity, whether earning royalties or not
- **Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Eric

2. Surname (Last Name)  
   Suhler

3. Date  
   23-October-2015

4. Are you the corresponding author?  
   Yes [✓]  No [ ]

Corresponding Author’s Name  
Glenn Jaffe

5. Manuscript Title  
   Adalimumab in Patients with Active Non-Infectious Uveitis

6. Manuscript Identifying Number (if you know it)  
   15-09852

**Section 2. The Work Under Consideration for Publication**

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
Yes [✓]  No [ ]

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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<tr>
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<td>✔</td>
<td>✔</td>
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</table>

I am a member of the steering committee of this clinical trial which is a compensated position. I was also an investigator in the study and my institution received support for this work.

**Section 3. Relevant financial activities outside the submitted work.**

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
Yes [✓]  No [ ]

If yes, please fill out the appropriate information below.
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<tr>
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<td>Support for investigator initiated trial</td>
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<td>Support for investigator initiated trial</td>
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<tr>
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<td>Support for investigator initiated trial, multicenter industry-sponsored trial</td>
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<td></td>
<td>✔</td>
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<td></td>
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</tr>
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<td></td>
<td></td>
<td></td>
<td>Unrestricted grant to my institution</td>
</tr>
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</table>

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

- Yes  
- No

**Section 5. Relationships not covered above**

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- Yes
- No other relationships/conditions/circumstances that present a potential conflict of interest

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Dr. Suhler reports grant support and personal fees from AbbVie during the conduct of the study; grant support from Bristol-Myers Squibb, Genentech, EyeGate, the NEI/NIH, and Research to Prevent Blindness, and personal fees from XOMA and Santen outside the submitted work.

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Samir

2. Surname (Last Name)  
   Tari

3. Date  
   08-October-2015

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Glenn Jaffe

5. Manuscript Title  
   Adalimumab in Patients with Active Non-Infectious Uveitis

6. Manuscript Identifying Number (if you know it)  
   15-09852

**Section 2. The Work Under Consideration for Publication**

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
   Yes  ✔  No

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<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td></td>
<td>Employee</td>
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Dr. Tari reports personal fees from AbbVie Inc. outside the submitted work.

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**Section 1. Identifying Information**

1. **Given Name (First Name)**
   Jennifer

2. **Surname (Last Name)**
   Thorne

3. **Date**
   16-October-2015

4. Are you the corresponding author?  
   [ ] Yes  ✔️ No

   **Corresponding Author’s Name**
   Glenn Jaffe

5. **Manuscript Title**
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6. **Manuscript Identifying Number (if you know it)**
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<td>Study center; Advisory board</td>
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