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Date: 28-06-2023

Your name: Stine Simonsen

Manuscript title: Alopecia areata

Manuscript number (if known): 05-23-0290

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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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	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
Tim	e frame: Since the initial plar	•	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	⊠ None	
	etc.)  No time limit for this item.		

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Tim	Time frame: past 36 months				
	•				
2	Grants or contracts from	None     Non			
	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 events	None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	⊠ None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None 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 None
13	Other financial or non- financial interests	None

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

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Date: 29.06.2023
Your name: Farnam Barati Sedeh
Manuscript title: Alopecia areata
Manuscript number (if known): 05-23-0290
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Tim	e frame: Since the initial plan	nning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
	No time limit for this item.		

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

4	Consulting fees	None     Non	
5	Payment or honoraria for	None     Non	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None     Non	
	testimony		
7	Support for attending	☐ None	
	meetings and/or travel	Pfizer	Paid to me.
8	Patents planned, issued or	None     Non	
	pending		
9	Participation on a Data None		
9	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary role in other board,	None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	None     Non	
	materials, drugs, medical		
	writing, gifts or other services		
	501 11003		
13	Other financial or non-	None     Non	
	financial interests		

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Dat	<b>e</b> : 09-07-2023		
You	Ir name: Kirsten Rønholt		
Mai	nuscript title: Aloped	ia areata	
Mai	nuscript number (if known	n): 05-23-0290	
are re third comr	elated to the content of your parties whose interests m	our manuscript. "Related" ay be affected by the con- nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to ou do so.
	following questions apply tuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta	ains to the epidemiology of	f hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	em #1 below, report all sup r items, the time frame for		d in this manuscript without time limit. For all 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	e frame: Since the initial pla		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None     Non	
	No time limit for this item.		
	ı	1	Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	None     Non	

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Eli Lilly	Paid to me
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	None     Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ None  Member of the working group for AA under DDS	No payment
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non	
13	Other financial or non- financial interests	None	

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Date:	29-juni-2023	
Your n	name: Lone Skov	
Manus	script title:	Alopecia areata
Manus	script number (i	f known): 05-23-0290
		arency, we ask you to disclose all relationships/activities/interests listed below that ent 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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	item.		

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Tim	e frame: past 36 months		
_	Cuanta an acutuanta fuana	- Nava	
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None Novartis, Bristol- Myers Squibb, AbbVie, Janssen Pharmaceuticals, Sanofi, Almirall	Research grants paid to the hospital

3	Royalties or licenses	None		
4	Consulting fees	□ None		
		UCB	Paid to me	
5	Payment or honoraria for  None			
3	lectures, presentations, speakers bureaus, manuscript writing or educational events	AbbVie, Leo Pharma, Pfizer, Novartis, Sanofi, UCB, Bristol-Myers Squibb, Boehringer Ingelheim,.	Paid to me	
6	Payment for expert	None     Non		
	testimony			
7	Support for attending meetings and/or travel	None     Non		
8	Patents planned, issued or			
	pending			
9	Participation on a Data	□ None		
	Safety Monitoring Board or Advisory Board	AbbVie, Almirall, Leo Pharma, Pfizer, Novartis, Sanofi, UCB, Bristol-Myers Squibb, Boehringer Ingelheim, and Janssen Pharmaceuticals.	Paid to me	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Chairman on the working group for both psoriasis and AA under DDS	No payment	
11	Stock or stock options	None     Non		
11	Stock of Stock options	△ NOUE		
12		None		

	Receipt of equipment, materials, drugs, medical writing, gifts or other services		
13	Other financial or non-financial interests	⊠ None	

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