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   Lisa

2. Surname (Last Name)  
   Rice

3. Date  
   13-April-2015

4. Are you the corresponding author?  
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   Corresponding Author's Name  
   Robert Lafyatis

5. Manuscript Title  
   RAPID DECREASE IN TRANSFORMING GROWTH FACTOR-BETA REGULATED BIOMARKER EXPRESSION AND CLINICAL IMPROVEMENT IN SYSTEMIC SCLEROSIS SKIN AFTER TREATMENT WITH FRESOLIMUMAB

6. Manuscript Identifying Number (if you know it)  
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   Padilla

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   Robert Lafyatis

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McLaughlin

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   Allison

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   Mathes

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   Robert Lafyatis

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   Ziemek

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   Goummih

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   Robert Lafyatis

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   Sashidhar

2. Surname (Last Name)  
   Nakerakanti

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   Robert Lafyatis

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   Michael

2. Surname (Last Name)  
   York

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   Robert Lafyatis

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2. Surname (Last Name) Farina
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   Robert

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   Spiera

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   Corresponding Author’s Name  
   Robert Lafayette

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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

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Section 1. Identifying Information

1. Given Name (First Name)  
Romy

2. Surname (Last Name)  
Christmann

3. Date  
13-April-2015

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author's Name  
Robert Lafyatis

5. Manuscript Title  
RAPID DECREASE IN TRANSFORMING GROWTH FACTOR-BETA REGULATED BIOMARKER EXPRESSION AND CLINICAL IMPROVEMENT IN SYSTEMIC SCLEROSIS SKIN AFTER TREATMENT WITH FRESOLIMUMAB

6. Manuscript Identifying Number (if you know it)  
77958-CMED-RV-2

Section 2. The Work Under Consideration for Publication

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Jessica

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Gordon

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1. Given Name (First Name)  
   Janice  

2. Surname (Last Name)  
   Weinberg  

3. Date  
   13-April-2015  

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

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   Robert Lafyatis  

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1. Given Name (First Name)  Robert
2. Surname (Last Name)  Lafyatis
3. Date  13-April-2015
4. Are you the corresponding author?  Yes  No

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Robert

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Simms

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Robert Lafyatis

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- No

## Section 5. Relationships not covered above

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## Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Michael

2. Surname (Last Name)  
Whitfield

3. Date  
13-April-2015

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author's Name  
Robert Lafyatis

5. Manuscript Title  
RAPID DECREASE IN TRANSFORMING GROWTH FACTOR-BETA REGULATED BIOMARKER EXPRESSION AND CLINICAL IMPROVEMENT IN SYSTEMIC SCLEROSIS SKIN AFTER TREATMENT WITH FRESOLIMUMAB

6. Manuscript Identifying Number (if you know it)  
77958-CMED-RV-2

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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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.

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