Date:		-	10/26/2022			
Your Name:		<u>-</u>	Madison Ernst			
Manuscript Title:		_	Vitamin D3 and deconvoluting a rash			
Ma	nuscript Number (if l	known):	163789-INS-RG-TR-2			
content of your manuscript. "Rel affected by the content of the ma		ript. "Rela of the mar e in doubt	ted" means any relation with for-profit or no nuscript. Disclosure represents a commitmen about whether to list a relationship/activity	/interest, it is preferable that you do so.		
ері		ension, you	The state of the s	example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	tem #1 below, report me for disclosure is th		·	ithout time limit. For all other items, the time		
			entities with whom you have this hip 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	□ No	one			
1	present manuscript (e.g., funding, provision of study materials, medical writing,	Nationa U01AR and Mu	I Institutes of Health and National Institute 064144-01, U01AR071168, of Arthritis sculoskeletal and Skin U10AR075049 s (NIAMS) grants			
1	present manuscript (e.g., funding, provision of study materials,	Nationa U01AR and Mu Disease	l Institutes of Health and National Institute 064144-01, U01AR071168, of Arthritis sculoskeletal and Skin U10AR075049			
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Nationa U01AR and Mu Disease	l Institutes of Health and National Institute 064144-01, U01AR071168, of Arthritis sculoskeletal and Skin U10AR075049 s (NIAMS) grants	Click the tab key to add additional rows.		
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments made to you or to your in	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None 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	

		Name	e all entities with whom you have this	Specifications/Comments (e.g., if payments were	
			ionship or indicate none (add rows as needed)	made to you or to your institution)	
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		None		
Plea	Please place an "X" next to the following statement to indicate your agreement:				
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:		-	10/26/2022			
Your Name:		-	Spencer Evans			
Manuscript Title:		_	Vitamin D3 and deconvoluting a rash	h		
Ma	nuscript Number (if l	known):	163789-INS-RG-TR-2			
content of your manuscript. "Rela affected by the content of the ma				/interest, it is preferable that you do so.		
epi	•	ension, you	should declare all relationships with manuf	acturers of antihypertensive medication, even if		
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Date:	9/29/2022
Your Name:	Ummiye Venus Onay
Manuscript Title:	Vitamin D3 and deconvoluting a rash
Manuscript Number (if known):	163789-INS-RG-TR-2

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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.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None     ■	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Plea	Please place an "X" next to the following statement to indicate your agreement:				
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:	10/18/2022
Your Name:	Michael Demczuk
Manuscript Title:	Vitamin D3 and deconvoluting a rash
Manuscript Number (if known):	163789-INS-RG-TR-2

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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		None		
Plea	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:	9/29/2022
Your Name:	Johann E. Gudjonsson MD, PhD
Manuscript Title:	Vitamin D3 and deconvoluting a rash
Manuscript Number (if known):	163789-INS-RG-TR-2

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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  National Institutes of Health and National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) grants  National Institutes of Health	U01AR064144-01, U01AR071168, U10AR075049  U01AR039750 (Case Western SBDRC)  P30AR075043 (UofM SBDRC)  Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	Janssen Almirall Sanofi BMS	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None  Boehringer Ingelheim	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ None  JCI Insight (editorial board)  JACI (associate editor)  JID (review/section editor)	

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13	Other financial or non-financial interests	None	
Plea	•	e following statement to indicate your agreeme	

Dat	e:	-	10/26/2022			
Your Name:		-	Lam C Tsoi			
Manuscript Title:		<u>-</u>	Vitamin D3 and deconvoluting a rash			
Ma	nuscript Number (if l	known):	163789-INS-RG-TR-2			
con affe indi	tent of your manuscrected by the content cicate a bias. If you ar	ript. "Rela of the mar e in doubt	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.			
epi	•	ension, you	The state of the s	example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
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13	Other financial or non-financial interests		None		
Plea	Please place an "X" next to the following statement to indicate your agreement:				
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:		9/29/2022					
Your Name:		Kord Honda	Kord Honda				
Manuscript Title:		Vitamin D3 and dec	convoluting a rasl	1			
Ma	nuscript Number (if k	163789-INS-F	163789-INS-RG-TR-2				
con affe	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.						
epi	demiology of hyperte		•	xample, if your manuscript pertains to the acturers of antihypertensive medication, even if			
	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	ı have this	Specifications/Comments to a life normants were			
		relationship or indicate none (ad		Specifications/Comments (e.g., if payments were made to you or to your institution)			
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1	All support for the	relationship or indicate none (ad	d rows as needed)	made to you or to your institution)			
1	All support for the present manuscript (e.g., funding, provision of study materials,	Time frame: Since  None  National Institutes of Health and of Arthritis and Musculoskeletal Diseases (NIAMS) grants	d rows as needed) the initial planning of the initial	made to you or to your institution)			
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1 12/13/2021 ICMJE Disclosure Form

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		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)
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     Non	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None     Non	
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	

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Plea	•	e following statement to indicate your agreeme	

Date:	9/29/2022
Your Name:	Dauren Biyashev
Manuscript Title:	Vitamin D3 and deconvoluting a rash
Manuscript Number (if known):	163789-INS-RG-TR-2

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13	Other financial or non-financial interests		None	
Plea	se place an "X" nex	t to th	e following statement to indicate your agreeme	ent:
$\boxtimes$	I certify that I have	answe	ered every question and have not altered the wo	rding of any of the questions on this form.

Date:	10/18/2022
Your Name:	Thomas S. McCormick
Manuscript Title:	Vitamin D3 and deconvoluting a rash
Manuscript Number (if known):	163789-INS-RG-TR-2

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     ■	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None     ■	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Plea	se place an "X" nex	t to th	e following statement to indicate your agreeme	ent:
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Dat	e:		10/26/2022		
You	ır Name:		Luisa F Christensen		
Ma	nuscript Title:		Vitamin D3 and deconvoluting a rash	1	
Manuscript Number (if known):		known):	163789-INS-RG-TR-2		
con affe indi The epic that	etent of your manuscrected by the content of icate a bias. If you are author's relationship demiology of hyperted to medication is not medication is not medication.	ript. "Rela of the man re in doubt ps/activition ension, you nentioned	ated" means any relation with for-profit or no nuscript. Disclosure represents a commitmer t about whether to list a relationship/activity/ es/interests should be defined broadly. For ea u should declare all relationships with manufa in the manuscript.	interest, it is preferable that you do so.	
	me for disclosure is th				
			l entities with whom you have this ship 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 o	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	Nationa U01AR and Mu	al Institutes of Health and National Institute R064144-01, U01AR071168, of Arthritis asculoskeletal and Skin U10AR075049		
	article processing charges, etc.) No time limit for	Nationa	es (NIAMS) grants al Institutes of Health U01AR039750 (Case n SBDRC)		
	article processing charges, etc.)	Nationa	es (NIAMS) grants al Institutes of Health U01AR039750 (Case	Click the tab key to add additional rows.	
	article processing charges, etc.) No time limit for	Nationa	es (NIAMS) grants al Institutes of Health U01AR039750 (Case		
2	article processing charges, etc.) No time limit for	Nationa Western	es (NIAMS) grants al Institutes of Health U01AR039750 (Case n SBDRC)		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments made to you or to your in	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None 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	

		Name	e all entities with whom you have this	Specifications/Comments (e.g., if payments were
			ionship or indicate none (add rows as needed)	made to you or to your institution)
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		None	
Plea	se place an "X" nex	t to th	e following statement to indicate your agreeme	ent:
$\boxtimes$	I certify that I have	answe	ered every question and have not altered the wo	rding of any of the questions on this form.

Dat	:e:		10/26/2022		
Υοι	ır Name:		Cuong V Nguyen		
Ma	nuscript Title:		Vitamin D3 and deconvoluting a rash		
Manuscript Number (if known):		known):	163789-INS-RG-TR-2		
con affe indi	etent of your manuscrected by the content of icate a bias. If you are author's relationship	ript. "Rela of the mar re in doubt ps/activitie	ted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity, es/interests should be defined broadly. For e	/interest, it is preferable that you do so.	
	t medication is not m	-		, , , , , , , , , , , , , , , , , , , ,	
	tem #1 below, report me for disclosure is th		·	rithout time limit. For all other items, the time	
			entities with whom you have this thip 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		one		
1	present manuscript (e.g., funding, provision of study materials, medical writing,	Nationa U01AR and Mu	Institutes of Health and National Institute 0.064144-01, U01AR071168, of Arthritis asculoskeletal and Skin U10AR075049 (NIAMS) grants		
1	present manuscript (e.g., funding, provision of study materials,	Nationa U01AR and Mu Disease	al Institutes of Health and National Institute 064144-01, U01AR071168, of Arthritis seculoskeletal and Skin U10AR075049		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Nationa U01AR and Mu Disease	al Institutes of Health and National Institute .064144-01, U01AR071168, of Arthritis asculoskeletal and Skin U10AR075049 es (NIAMS) grants	Click the tab key to add additional rows	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Nationa U01AR and Mu Disease	al Institutes of Health and National Institute 064144-01, U01AR071168, of Arthritis asculoskeletal and Skin U10AR075049 es (NIAMS) grants al Institutes of Health U01AR039750 (Case in SBDRC)	Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Nationa U01AR and Mu Disease Nationa Western	al Institutes of Health and National Institute 0.064144-01, U01AR071168, of Arthritis isculoskeletal and Skin U10AR075049 is (NIAMS) grants al Institutes of Health U01AR039750 (Case in SBDRC)  Time frame: past 36 month		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from	Nationa U01AR and Mu Disease Nationa Western	al Institutes of Health and National Institute 064144-01, U01AR071168, of Arthritis asculoskeletal and Skin U10AR075049 es (NIAMS) grants al Institutes of Health U01AR039750 (Case in SBDRC)		
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	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	Nationa U01AR and Mu Disease Nationa Westerr	al Institutes of Health and National Institute 0.064144-01, U01AR071168, of Arthritis isculoskeletal and Skin U10AR075049 is (NIAMS) grants al Institutes of Health U01AR039750 (Case in SBDRC)  Time frame: past 36 month		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or	Nationa U01AR and Mu Disease Nationa Westerr	al Institutes of Health and National Institute 0.064144-01, U01AR071168, of Arthritis isculoskeletal and Skin U10AR075049 es (NIAMS) grants al Institutes of Health U01AR039750 (Case in SBDRC)  Time frame: past 36 month one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments made to you or to your in	
4	Consulting fees	None None	
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6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None 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	

		Name	e all entities with whom you have this	Specifications/Comments (e.g., if payments were
			ionship or indicate none (add rows as needed)	made to you or to your institution)
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		None	
Plea	se place an "X" nex	t to th	e following statement to indicate your agreeme	ent:
$\boxtimes$	I certify that I have	answe	ered every question and have not altered the wo	rding of any of the questions on this form.

Dat	:e:		10/26/2022			
Υοι	ır Name:		Jose-Marc Techner			
Ma	nuscript Title:		Vitamin D3 and deconvoluting a rash			
Manuscript Number (if known):			163789-INS-RG-TR-2			
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activit			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.			
	tem #1 below, report me for disclosure is th			ithout time limit. For all other items, the time		
			l entities with whom you have this ship 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.	Nationa U01AR and Mu Disease	al Institutes of Health and National Institute 2064144-01, U01AR071168, of Arthritis asculoskeletal and Skin U10AR075049 es (NIAMS) grants al Institutes of Health U01AR039750 (Case in SBDRC)	Click the tab key to add additional rows.		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Nationa U01AR and Mu Disease	al Institutes of Health and National Institute R064144-01, U01AR071168, of Arthritis asculoskeletal and Skin U10AR075049 es (NIAMS) grants al Institutes of Health U01AR039750 (Case			
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4	Consulting fees	None None	
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7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None 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	

		Name	e all entities with whom you have this	Specifications/Comments (e.g., if payments were
			ionship or indicate none (add rows as needed)	made to you or to your institution)
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		None	
Plea	se place an "X" nex	t to th	e following statement to indicate your agreeme	ent:
$\boxtimes$	I certify that I have	answe	ered every question and have not altered the wo	rding of any of the questions on this form.

Dat	e:		10/26/2022		
Υοι	ır Name:		Robert M Rothbaum		
Manuscript Title:			Vitamin D3 and deconvoluting a rash		
Ma	nuscript Number (if	known):	163789-INS-RG-TR-2		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub  The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned			ated" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity, es/interests should be defined broadly. For early u should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
frar	me for disclosure is tl	he past 36	months.		
			l entities with whom you have this ship 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	Nationa U01AR and Mu Disease	al Institutes of Health and National Institute 2064144-01, U01AR071168, of Arthritis asculoskeletal and Skin U10AR075049 es (NIAMS) grants al Institutes of Health U01AR039750 (Case in SBDRC)		
	this item.			Click the tab key to add additional rows.	
			Time frame: past 36 month		
2	Grants or contracts from any entity (if not indicated in item #1 above).	× N	one	5	
3	Royalties or licenses	No.	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments made to you or to your in	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None 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	

		Name	e all entities with whom you have this	Specifications/Comments (e.g., if payments were
			ionship or indicate none (add rows as needed)	made to you or to your institution)
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		None	
Plea	se place an "X" nex	t to th	e following statement to indicate your agreeme	ent:
$\boxtimes$	I certify that I have	answe	ered every question and have not altered the wo	rding of any of the questions on this form.

Dat	e:		10/26/2022			
Your Name:			Kevin D Cooper			
Manuscript Title:			Vitamin D3 and deconvoluting a rash			
Mai	nuscript Number (if	known):	163789-INS-RG-TR-2			
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activities			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.			
	em #1 below, report ne for disclosure is th		·	ithout time limit. For all other items, the time		
			entities with whom you have this hip 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		one			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	U01AR and Mu Disease	Il Institutes of Health and National Institute 064144-01, U01AR071168, of Arthritis sculoskeletal and Skin U10AR075049 is (NIAMS) grants  Il Institutes of Health U01AR039750 (Case in SBDRC)	Click the tab key to add additional rows.		
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2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	U01AR and Mu Disease Nationa Western	064144-01, U01AR071168, of Arthritis sculoskeletal and Skin U10AR075049 s (NIAMS) grants  Il Institutes of Health U01AR039750 (Case a SBDRC)	,		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments made to you or to your in	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None 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	

		Name	e all entities with whom you have this	Specifications/Comments (e.g., if payments were
			ionship or indicate none (add rows as needed)	made to you or to your institution)
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		None	
Plea	se place an "X" nex	t to th	e following statement to indicate your agreeme	ent:
$\boxtimes$	I certify that I have	answe	ered every question and have not altered the wo	rding of any of the questions on this form.

Date:	9/29/2022
Your Name:	Kurt Lu
Manuscript Title:	Vitamin D3 and deconvoluting a rash
Manuscript Number (if known):	163789-INS-RG-TR-2

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.

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		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.	□ None  National Institutes of Health and National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) grants  National Institutes of Health	U01 AR064144, U01 AR071168, U54 AR079795 P30 AR039750 (Case Western SDRC) P30 AR075049 (Northwestern SBDRC) Click the tab key to add additional rows.			
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		Time frame: past 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	None     ■				
3	Royalties or licenses	None None				

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None			
13	Other financial or non-financial interests		None			
Please place an "X" next to the following statement to indicate your agreement:						
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