# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alessandro</td>
<td>Tomelleri</td>
<td>11-April-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  
   Corresponding Author's Name: Corrado Campochiaro

5. Manuscript Title  
Impact of COVID-19 pandemic on patients with large-vessel vasculitis in Italy: a monocentric survey

6. Manuscript Identifying Number (if you know it)

## 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  
   - [x] No

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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 entry; 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.  
   - [ ] Yes  
   - [x] No

## Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - [ ] Yes  
   - [x] No
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Dr. Tomelleri has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Silvia

2. Surname (Last Name)  
   Sartorelli

3. Date  
   11-April-2020

4. Are you the corresponding author?  
   Yes [ ]  No [X]  
   Corresponding Author’s Name  
   Corrado Campochiaro

5. Manuscript Title  
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## Section 1. Identifying Information

1. **Given Name** (First Name)
   - Corrado

2. **Surname** (Last Name)
   - Campochiaro

3. **Date**
   - 11-April-2020

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

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Campochiaro
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Section 1. Identifying Information

1. Given Name (First Name) Lorenzo
2. Surname (Last Name) Dagna
3. Date 11-April-2020
4. Are you the corresponding author? ☑️ Yes ☐ No
   Corresponding Author’s Name Corrado Campochiaro
5. Manuscript Title Impact of COVID-19 pandemic on patients with large-vessel vasculitis in Italy: a monocentric survey
6. Manuscript Identifying Number (if you know it)

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Dr. Dagna has nothing to disclose.

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