

# ICMJE DISCLOSURE FORM

**Date:** 9/26/2023

**Your Name:** Dawoon Han

**Manuscript Title:** Microenvironmental network of clonal CXCL13+CD4+ T cells and regulatory T cells in pemphigus chronic blisters

**Manuscript Number (if known):** 166357-JCI-CMED-RV-3

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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**Manuscript Title:** Microenvironmental network of clonal CXCL13+CD4+ T cells and regulatory T cells in pemphigus chronic blisters

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**Your Name:** Taehee Kim

**Manuscript Title:** Microenvironmental network of clonal CXCL13+CD4+ T cells and regulatory T cells in pemphigus chronic blisters

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

# ICMJE DISCLOSURE FORM

**Date:** 9/26/2023

**Your Name:** Ahreum Song

**Manuscript Title:** Microenvironmental network of clonal CXCL13+CD4+ T cells and regulatory T cells in pemphigus chronic blisters

**Manuscript Number (if known):** 166357-JCI-CMED-RV-3

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# ICMJE DISCLOSURE FORM

**Date:** 9/26/2023

**Your Name:** Changhyeon Kim

**Manuscript Title:** Microenvironmental network of clonal CXCL13+CD4+ T cells and regulatory T cells in pemphigus chronic blisters

**Manuscript Number (if known):** 166357-JCI-CMED-RV-3

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# ICMJE DISCLOSURE FORM

**Date:** 9/26/2023

**Your Name:** Joon Ho Shim

**Manuscript Title:** Microenvironmental network of clonal CXCL13+CD4+ T cells and regulatory T cells in pemphigus chronic blisters

**Manuscript Number (if known):** 166357-JCI-CMED-RV-3

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# ICMJE DISCLOSURE FORM

**Date:** 9/26/2023

**Your Name:** Hyun Je Kim

**Manuscript Title:** Microenvironmental network of clonal CXCL13+CD4+ T cells and regulatory T cells in pemphigus chronic blisters

**Manuscript Number (if known):** 166357-JCI-CMED-RV-3

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# ICMJE DISCLOSURE FORM

**Date:** 9/26/2023

**Your Name:** Honesty Kim

**Manuscript Title:** Microenvironmental network of clonal CXCL13+CD4+ T cells and regulatory T cells in pemphigus chronic blisters

**Manuscript Number (if known):** 166357-JCI-CMED-RV-3

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		Enable medicine	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
<p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

# ICMJE DISCLOSURE FORM

**Date:** 9/26/2023

**Your Name:** Hillary Blaize D'Angio

**Manuscript Title:** Microenvironmental network of clonal CXCL13+CD4+ T cells and regulatory T cells in pemphigus chronic blisters

**Manuscript Number (if known):** 166357-JCI-CMED-RV-3

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		Enable medicine	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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.

# ICMJE DISCLOSURE FORM

**Date:** 9/26/2023

**Your Name:** Ryan Preska

**Manuscript Title:** Microenvironmental network of clonal CXCL13+CD4+ T cells and regulatory T cells in pemphigus chronic blisters

**Manuscript Number (if known):** 166357-JCI-CMED-RV-3

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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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
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## ICMJE DISCLOSURE FORM

**Date:** 9/26/2023

**Your Name:** Aaron T. Mayer

**Manuscript Title:** Microenvironmental network of clonal CXCL13+CD4+ T cells and regulatory T cells in pemphigus chronic blisters

**Manuscript Number (if known):** 166357-JCI-CMED-RV-3

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# ICMJE DISCLOSURE FORM

**Date:** 9/26/2023

**Your Name:** Miri Kim

**Manuscript Title:** Microenvironmental network of clonal CXCL13+CD4+ T cells and regulatory T cells in pemphigus chronic blisters

**Manuscript Number (if known):** 166357-JCI-CMED-RV-3

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# ICMJE DISCLOSURE FORM

**Date:** 9/26/2023

**Your Name:** Eun-Ji Choi

**Manuscript Title:** Microenvironmental network of clonal CXCL13+CD4+ T cells and regulatory T cells in pemphigus chronic blisters

**Manuscript Number (if known):** 166357-JCI-CMED-RV-3

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# ICMJE DISCLOSURE FORM

**Date:** 9/26/2023

**Your Name:** Tae-Gyun Kim

**Manuscript Title:** Microenvironmental network of clonal CXCL13+CD4+ T cells and regulatory T cells in pemphigus chronic blisters

**Manuscript Number (if known):** 166357-JCI-CMED-RV-3

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**Date:** 9/26/2023

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**Manuscript Title:** Microenvironmental network of clonal CXCL13+CD4+ T cells and regulatory T cells in pemphigus chronic blisters

**Manuscript Number (if known):** 166357-JCI-CMED-RV-3

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**Your Name:** Kyemyung Park

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# ICMJE DISCLOSURE FORM

**Date:** 9/26/2023

**Your Name:** Soo-Chan Kim

**Manuscript Title:** Microenvironmental network of clonal CXCL13+CD4+ T cells and regulatory T cells in pemphigus chronic blisters

**Manuscript Number (if known):** 166357-JCI-CMED-RV-3

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.

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.

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# ICMJE DISCLOSURE FORM

**Date:** 9/22/2023

**Your Name:** Jong Hoon Kim

**Manuscript Title:** Microenvironmental network of clonal CXCL13+CD4+ T cells and regulatory T cells in pemphigus chronic blisters

**Manuscript Number (if known):** 166357-JCI-CMED-RV-3

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