

Copyright/Authorship/Disclosure Form

Clinical Rheumatology

Article Title: (first few words)

First Author:

E-mail:

AUTHORSHIP

I, the undersigned author(s), certify that:

- I have seen and approved the final version of the manuscript, and all subsequent versions.
- I have made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data;
- I have drafted the article or revised it critically for important intellectual content.
- I agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

I accept public responsibility for it, and believe it represents valid work. As an author of this article, I certify that none of the material in the manuscript has been previously published, nor is included in any other manuscript. I certify that this manuscript is not under consideration for publication elsewhere, nor has it been submitted or accepted in another publication in any form. The rights or interest in the manuscript have not been assigned to any third party.

Moreover, should the editor of *Clinical Rheumatology* request the data upon which the manuscript is based, I shall produce it. I also certify that I have read and complied with the copyright information, as found on the journal home page website.

After submission of this agreement signed by all authors, changes to the order of the author names will not be accepted by *Clinical Rheumatology*. Authors will be asked to complete an 'Authorship Change' form when requesting the removal or addition of an author name(s), change or addition of corresponding author, etc. The Authorship Change form must be signed by all named authors; implementation of the change is at the discretion of the Editor.

NOTE: If part of your manuscript – or data therein – has previously been published as an abstract in conference proceedings, or in a supplemental issue of a Journal, please state this in a footnote on the opening page of your manuscript and include a complete reference to the relevant publication.

FINANCIAL DISCLOSURE/CONFLICT OF INTEREST

I certify that any financial interests such as employment, stock ownership, honoraria, paid expert testimony, as well as any personal relationships, academic competition, and intellectual passion which may inappropriately influence my actions, have been included within my manuscript. If none exist, the statement "Conflict of Interest: the authors declare they have no conflicts of interest" has been included.

All funding sources supporting the work and all institutional or corporate affiliations of mine are acknowledged in a footnote.

I have had full access to all the data in the study (if applicable) and thereby accept full responsibility for the integrity of the data and the accuracy of the data analysis.

By checking the box next to my signature I assert that there are no conflicts of interest (both personal and institutional) regarding specific financial interests that are relevant to the work conducted or reported in this manuscript.

Page 1 of 2 (Signatures and dates are required on page 2)

All named authors of a submission must sign the form. Completed forms should be scanned and included as a .PDF during the online submission process as Supplementary Material.

Any questions, please contact the Managing Editor: Wendy J. Pontefract (w.j.pontefract@sheffield.ac.uk)

Copyright/Authorship/Disclosure Form

COMPLIANCE WITH ETHICAL STANDARDS

Where applicable, I confirm that all human and animal studies have been approved by the appropriate ethics committee and have therefore been performed in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki and its later amendments.

Where applicable, I confirm that that all persons gave their informed consent prior to their inclusion in the study. Details that might disclose the identity of the subjects under study have been omitted.

Statements affirming the above have been included prior to the References section. If these statements are not applicable, the following statement has been included: The manuscript does not contain clinical studies or patient data.

1.

Author's signature

Printed name & date

3.

Author's signature

Printed name & date

5.

Author's signature

Printed name & date

7.

Author's signature

Printed name & date

9.

Author's signature

Printed name & date

11.

Author's signature

Printed name & date

2.

Author's signature

Printed name & date

4.

Author's signature

Printed name & date

6.

Author's signature

Printed name & date

8.

Author's signature

Printed name & date

10.

Author's signature

Printed name & date

12.

Author's signature

Printed name & date

NOTE: All named authors must sign this form. If there are more than 12 authors in the authorship group then please continue the author signatures, names and dates on an additional sheet.

Page 2 of 2 (Signatures and dates are required on page 2)

All named authors of a submission must sign the form. Completed forms should be scanned and included as a .PDF during the online submission process as Supplementary Material.

Any questions, please contact the Managing Editor: Wendy J. Pontefract (w.j.pontefract@sheffield.ac.uk)