

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

grados

2. Surname (Last Name)

aurelie

3. Date

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

schleinitz+

5. Manuscript Title

IgG4-related disease in monozygotic twins: a case report

6. Manuscript Identifying Number (if you know it)

L16-0122

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Thibaut	2. Surname (Last Name) Vaysse	3. Date 08-June-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Nicolas Schleinitz
5. Manuscript Title IgG4-related disease in monozygotic twins: a case report		
6. Manuscript Identifying Number (if you know it) L16-0122		

### Section 2. The Work Under Consideration for Publication

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### Section 1. Identifying Information

1. Given Name (First Name)  
nicolas

2. Surname (Last Name)  
schleinitz

3. Date  
23-May-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
"IgG4-related disease in monozygotic twins: a case report"

6. Manuscript Identifying Number (if you know it)  
L16-0122

### Section 2. The Work Under Consideration for Publication

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Dr. schleinitz has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Mikael	2. Surname (Last Name) Ebbo	3. Date 28-May-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Schleinitz
5. Manuscript Title IgG4-related disease in monozygotic twins: a case report		
6. Manuscript Identifying Number (if you know it) L16-0122		

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Dr. Ebbo has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Frack      2. Surname (Last Name) Carbonnel      3. Date 24-November-2016

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Nicolas Schleinitz

5. Manuscript Title  
IgG4-related disease in monozygotic twins: a case report

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?     Yes     No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Enterome	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ferring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Abbvie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Takeda	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mayoly Spindler	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Janssen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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