ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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Royalties: Funds are coming into you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Enrique

2. Surname (Last Name)  
Alvarez

3. Date  
29-May-2018

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Robert Fox

5. Manuscript Title  
Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it)  
18-03583

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.)?

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☑ Yes  ☐ No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
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**Section 4. Intellectual Property – Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

- Yes  
- No

**Section 5. Relationships not covered above**

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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**Section 6. Disclosure Statement**

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Dr. Alvarez reports grants from Acorda, grants and personal fees from Biogen, personal fees from Celgene, personal fees from Genentech, personal fees from Genzyme, grants and personal fees from Novartis, personal fees from Teva, grants and personal fees from TG Pharmaceuticals, grants from Rocky Mountain MS Center, outside the submitted work.

**Evaluation and Feedback**

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Michelle

2. Surname (Last Name)  
   Apperson

3. Date  
   08-April-2018

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

Corresponding Author’s Name  
Robert Fox

5. Manuscript Title  
   Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it)  
   18-03583

### 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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[ ] No

### Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
[ ] Yes  
[ ] No
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Section 5. Relationships not covered above

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Dr. Apperson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   Akshata

2. Surname (Last Name)
   Ashokkumar

3. Date
   05-April-2018

4. Are you the corresponding author?  
   Yes  ✔ No

5. Manuscript Title
   Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it)
   18-03583

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Ms. Ashokkumar has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Janel

2. Surname (Last Name)  
   Barnes

3. Date  
   03-April-2018

4. Are you the corresponding author?  
   □ Yes  ✔ No

   Corresponding Author’s Name  
   Robert Fox

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Barnes has nothing to disclose.

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Bashir
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Khurram

2. Surname (Last Name)  
   Bashir

3. Date  
   03-April-2018

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

   Corresponding Author’s Name  
   Robert Fox

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
   ☑ Yes  ☐ No

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<td>National Institute of Health</td>
<td>☑</td>
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Are there any relevant conflicts of interest?  
   ☑ Yes  ☐ No

If yes, please fill out the appropriate information below.

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Bashir
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☐ Yes  ✔ No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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✔ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Bashir reports grants from National Institute of Health, during the conduct of the study; other from National Multiple Sclerosis Society, grants from Novartis, grants from Actelion, grants from MedImmune, grants from Chugai Pharmaceuticals, grants from Genzyme, grants from BiogenIdec, outside the submitted work; .

Bashir
Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Robert

2. Surname (Last Name)  
   Bermel

3. Date  
   06-April-2018

4. Are you the corresponding author?  
   □ Yes  √ No  
   Corresponding Author’s Name  
   Robert Fox

5. Manuscript Title  
   Phase 2 Trial of Iludilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it)  
   18-03583

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.)?

Are there any relevant conflicts of interest?  
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Dr. Bermel reports grants and personal fees from Biogen, grants and personal fees from Genentech, grants and personal fees from Novartis, personal fees from Roche, personal fees from Genzyme, outside the submitted work;.

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**Royalties**: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Christopher

2. Surname (Last Name)  
   Coffey

3. Date  
   06-April-2018

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

   Corresponding Author’s Name  
   Robert Fox

5. Manuscript Title  
   Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it)  
   18-03583

**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.)?

Are there any relevant conflicts of interest?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Coffey reports grants from NIH - NINDS, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Bruce

2. Surname (Last Name)  
Cohen

3. Date  
03-April-2018

4. Are you the corresponding author?  
☐ Yes  ☑ No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

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<tr>
<td>Robin</td>
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<td>4. Are you the corresponding author?</td>
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<td></td>
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Dr. Conwit has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Patricia
2. Surname (Last Name)  Coyle
3. Date  29-May-2018
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Robert J. Fox
5. Manuscript Title
   Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis
6. Manuscript Identifying Number (if you know it)
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Coyle
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Dr. Coyle reports personal fees from Accordant, personal fees from Acorda, grants from Actelion, personal fees from Bayer, personal fees from Biogen, personal fees from Celgene, grants and personal fees from Genentech/Roche, grants from MedDay, grants from NINDS, grants and personal fees from Novartis, personal fees from Sanofi Genzyme, personal fees from Serono, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 
   Cudkowicz

2. Surname (Last Name) 
   Merit

3. Date 
   04-April-2018

4. Are you the corresponding author? 
   Yes  No

   Corresponding Author’s Name 
   Robert Fox

5. Manuscript Title 
   Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it) 
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Are there any relevant conflicts of interest? 
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If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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   Josef

2. Surname (Last Name)
   Debbins

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4. Are you the corresponding author?  
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   Robert Fox

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ICMJ Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Silvia

2. Surname (Last Name)  
Delgado

3. Date  
03-April-2018

4. Are you the corresponding author?  
☐ Yes ☑ No

Corresponding Author’s Name  
Robert Fox

5. Manuscript Title  
Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it)  
18-03583

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.)?

Are there any relevant conflicts of interest?  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Delgado 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)  
L. Dana

2. Surname (Last Name)  
DeWitt

3. Date  
08-April-2018

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

Corresponding Author’s Name  
Robert J. Fox

5. Manuscript Title  
Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it)  
18-03583

Section 2. The Work Under Consideration for Publication

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Dr. DeWitt reports personal fees from Biogen, personal fees from Teva, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Dixie

2. Surname (Last Name)  
   Ecklund

3. Date  
   06-April-2018

4. Are you the corresponding author?  
   ☐ Yes ☑ No

   Corresponding Author’s Name  
   Robert J. Fox

5. Manuscript Title  
   Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it)  
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Dr. Ecklund 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)  
   Angela

2. Surname (Last Name)  
   Flores

3. Date  
   04-April-2018

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author’s Name  
   Robert Fox

5. Manuscript Title  
   Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it)  
   18-03583

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ICMJ Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Robert

2. Surname (Last Name)  
   Fox

3. Date  
   10-April-2018

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

5. Manuscript Title  
   Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it)  
   18-03583

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Dr. Fox reports personal fees from Biogen, personal fees from GlaxoSmithKline, grants and personal fees from Novartis, personal fees from Mallinckrodt, personal fees from Actelion, personal fees from EMD Serono, personal fees from Genentech, personal fees from Teva, personal fees from Xenoprot, personal fees from Apitope, outside the submitted work.
Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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**Section 1. Identifying Information**

1. **Given Name (First Name)**  
   Barbara

2. **Surname (Last Name)**  
   Giesser

3. **Date**  
   01-June-2018

4. **Are you the corresponding author?**  
   Yes ☑ No

Corresponding Author’s Name  
Robert Fox

5. **Manuscript Title**  
Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis

6. **Manuscript Identifying Number (if you know it)**  
18-03583

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

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Are there any relevant conflicts of interest?  
☑ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the "X" button.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Trevis  

2. Surname (Last Name)  
   Gleason  

3. Date  
   04-May-2018  

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

   Corresponding Author’s Name  
   Robert Fox  

5. Manuscript Title  
   Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis  

6. Manuscript Identifying Number (if you know it)  
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Mr. Gleason has nothing to disclose.

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1. Given Name (First Name)  
   Myla  
2. Surname (Last Name)  
   Goldman  
3. Date  
   29-May-2018  
4. Are you the corresponding author?  
   □ Yes  
   ✔ No  
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   Robert Fox  
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Andrew

2. Surname (Last Name)  
Goodman

3. Date  
06-June-2018

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Corresponding Author’s Name  
Robert Fox

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Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☐ Yes  ✓ No

Section 5. Relationships not covered above

Are there any other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 6. Disclosure Statement

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Dr. Goodman reports grants from NINDS, during the conduct of the study; grants and personal fees from Acorda Therapeutics, personal fees from Adamas, grants and personal fees from Atara, grants and personal fees from Biogen, personal fees from Celgene, grants and personal fees from Genentech Roche, grants and personal fees from Genzyme sanofi, personal fees from Mylan, grants and personal fees from Novartis, grants and personal fees from Sun Pharma, grants and personal fees from Teva, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Xuemei

2. Surname (Last Name)  
   Huang

3. Date  
   03-April-2018

4. Are you the corresponding author?  
   Yes ☐ No ☑

Corresponding Author’s Name  
Robert Fox

5. Manuscript Title  
   Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it)  
   18-03583

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Are there any relevant conflicts of interest?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Ms. Huang 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)  Patricia
2. Surname (Last Name)  Jagodnik
3. Date  03-April-2018
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Robert J. Fox
5. Manuscript Title  Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis
6. Manuscript Identifying Number (if you know it)  18-03583

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.)?

Are there any relevant conflicts of interest?  Yes  No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Ms. Jagodnik 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)  
   Burk

2. Surname (Last Name)  
   Jubelt

3. Date  
   10-April-2018

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author’s Name  
   Robert Fox

5. Manuscript Title  
   Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it)  
   18-03583

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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Are there any relevant conflicts of interest?  
   ☐ Yes  ☑ No

Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Jubelt has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Eric

2. Surname (Last Name)  
   Klawiter

3. Date  
   05-June-2018

4. Are you the corresponding author?  
   ☐ Yes  ☑ No

   Corresponding Author’s Name  
   Robert Fox

5. Manuscript Title  
   Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
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   ☑ Yes  ☐ No

If yes, please fill out the appropriate information below.

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Dr. Klawiter reports grants and personal fees from Biogen, personal fees from Acorda, personal fees from Celgene, grants and personal fees from EMD Serono, grants and personal fees from AtlasSD, grants and personal fees from Genentech/Roche, personal fees from Shire Pharmaceuticals, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Elizabeth

2. Surname (Last Name)  
   Klingner

3. Date  
   04-April-2018

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

5. Manuscript Title  
   Phase 2 Trial of Idubilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it)  
   18-03583

Section 2. The Work Under Consideration for Publication

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Ms. Klingner 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) Maxine
2. Surname (Last Name) Koep
3. Date 05-April-2018
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Robert Fox
5. Manuscript Title
   Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis
6. Manuscript Identifying Number (if you know it)
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Dr. Koepp 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)  
   Stephen

2. Surname (Last Name)  
   Krieger

3. Date  
   29-May-2018

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

   Corresponding Author’s Name  
   Robert Fox

5. Manuscript Title  
   Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it)  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Krieger reports personal fees from Acorda, personal fees from Bayer, personal fees from Biogen, personal fees from Celgene, personal fees from EMD Serono, personal fees from Genentech, personal fees from Genzyme, personal fees from Mallinckrodt, personal fees from Novartis, personal fees from Teva, outside the submitted work;.

Krieger
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Section 1. Identifying Information

1. Given Name (First Name)  
   Neil

2. Surname (Last Name)  
   Lava

3. Date  
   05-April-2018

4. Are you the corresponding author?  
   ☐ Yes  ☑ No  
   Corresponding Author’s Name  
   Robert Fox

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Section 1. Identifying Information

1. Given Name (First Name)  
Jeffrey

2. Surname (Last Name)  
Long

3. Date  
03-April-2018

4. Are you the corresponding author?  
☐ Yes  ☑ No  
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4. **Intellectual Property.**

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. **Given Name (First Name)**
   Mark

2. **Surname (Last Name)**
   Lowe

3. **Date**
   03-April-2018

4. **Are you the corresponding author?**
   - Yes
   - No
   Corresponding Author’s Name
   Robert Fox

5. **Manuscript Title**
   Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis

6. **Manuscript Identifying Number (if you know it)**
   18-03583

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- No

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Dr. Lowe 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)  
Sharon

2. Surname (Last Name)  
Lynch

3. Date  
03-April-2018

4. Are you the corresponding author?  
☐ Yes  ☑ No

5. Manuscript Title  
Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it)  
18-03583

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.)?

Are there any relevant conflicts of interest?  
☑ Yes  ☐ No

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Dr. Lynch reports grants from NIH, during the conduct of the study; other from Teva, other from Biogen, other from Roche, other from Novartis, other from Mallinkrodt, other from TG Therapeutics, other from Actelion, other from Sanofi, other from MedDay, other from Genzyme, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Kazuko

2. Surname (Last Name)  
   Matsuda

3. Date  
   03-April-2018

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

   Corresponding Author’s Name  
   Robert J Fox

5. Manuscript Title  
   Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it)  
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<td>no</td>
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<td>I am a full employee of the company provided study drug for this clinical trial</td>
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</table>

Matsuda
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No
If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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<td>☐</td>
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Section 1. Identifying Information

1. Given Name (First Name)  
   Michelle

2. Surname (Last Name)  
   McGovern

3. Date  
   05-April-2018

4. Are you the corresponding author?  
   Yes  No

   Corresponding Author’s Name  
   Robert Fox

5. Manuscript Title  
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Ms. McGovern 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)  
   Harold
2. Surname (Last Name)  
   Moses
3. Date  
   29-May-2018

4. Are you the corresponding author?  
   Yes ☐ No ☑
   Corresponding Author’s Name  
   Robert Fox

5. Manuscript Title  
   Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it)  
   18-03583

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.)?  

Are there any relevant conflicts of interest?  
   Yes ☐ No ☑

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Are there any relevant conflicts of interest?  
   Yes ☑ No ☐

If yes, please fill out the appropriate information below.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes  ✓ No

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Dr. Moses reports other from Medday, personal fees from Biogen, personal fees from Bayer, personal fees from Teva, personal fees from EMDSerono, personal fees from Genzyme, personal fees from Genentech, personal fees from Novartis, personal fees from Mallinckrodt, personal fees from AbbVie, outside the submitted work.
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Section 1. Identifying Information

1. Given Name (First Name)  
   Robert

2. Surname (Last Name)  
   Naismith

3. Date  
   05-April-2018

4. Are you the corresponding author?  
   Yes  No  
   Corresponding Author’s Name  
   Robert Fox

5. Manuscript Title  
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1. Given Name (First Name)
   Kunio

2. Surname (Last Name)
   Nakamura

3. Date
   29-May-2018

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   [ ] Yes   [x] No
   Corresponding Author’s Name
   Robert J Fox

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<td>Patent No. 6,366, 797 BI, Method and System for Brain Volume Analysis</td>
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<td>Brain Parenchymal Fraction; I am named in the licensing agreement, but have no contribution and no royalties from this patent.</td>
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<td>Not a patent; not pending</td>
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<td>Biogen</td>
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</tr>
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<td>Biogen</td>
<td>Not a patent; not pending; I am named in the licensing agreement, but have no contribution and no royalties from this technology.</td>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.
Identifying Information

1. Given Name (First Name)  
Sridar

2. Surname (Last Name)  
Narayanan

3. Date  
29-May-2018

4. Are you the corresponding author?  
☑ Yes  
☐ No  
Corresponding Author’s Name  
Robert J. Fox

5. Manuscript Title  
Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it)  
18-03583

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.)?

Are there any relevant conflicts of interest?  
☑ Yes  
☐ No

Section 3.
Relevant financial activities outside the submitted work.

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 entity; 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.

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☑ Yes  
☐ No

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<td>☑</td>
<td>☐</td>
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<td>☑</td>
<td>☐</td>
<td>☐</td>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Narayan reports personal fees from Novartis Canada, personal fees from NeuroRx Research, grants from Immunotec, grants from Canadian Institutes of Health Research, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Sneha

2. Surname (Last Name)  
   Natarajan

3. Date  
   04-April-2018

4. Are you the corresponding author?  
   [ ] Yes  
   [✓] No  
   Corresponding Author’s Name  
   Robert Fox

5. Manuscript Title  
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Dr. Natarajan 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)  Daniel
2. Surname (Last Name)  Ontaneda
3. Date  31-May-2018
4. Are you the corresponding author?  Yes  No
   Corresponding Author's Name  Robert J. Fox
5. Manuscript Title  Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis
6. Manuscript Identifying Number (if you know it)  18-03583

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No
If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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Dr. Ontaneda reports grants from NINDS, during the conduct of the study; personal fees from Biogen Idec, grants from Novartis, grants and personal fees from Genzyme, personal fees from Merck, grants and personal fees from Genentech, outside the submitted work.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jai

2. Surname (Last Name)  
   Perumal

3. Date  
   09-April-2018

4. Are you the corresponding author?  
   ☑️ No

   Corresponding Author’s Name  
   Robert Fox

5. Manuscript Title  
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Dr. Perumal reports personal fees from Biogen, outside the submitted work.

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michael
2. Surname (Last Name) Racke
3. Date 09-April-2018

4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name
   Robert Fox

5. Manuscript Title
   Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it)
   18-03583

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.)?

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Section 3. Relevant financial activities outside the submitted work.

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 entity; 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.

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1. Given Name (First Name)  
   Pavle

2. Surname (Last Name)  
   Repovic

3. Date  
   28-May-2018

4. Are you the corresponding author?  
   - Yes  
   - No

   Corresponding Author’s Name  
   Robert Fox

5. Manuscript Title  
   Phase 2 Trial of Lbudilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it)  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Claire

2. Surname (Last Name)  
   Riley

3. Date  
   29-May-2018

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

Corresponding Author’s Name
   Robert Fox

5. Manuscript Title  
   Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis

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Dr. Riley reports personal fees from Teva Neuroscience, personal fees from Genzyme Sanofi, personal fees from Genentech, personal fees from Celgene, personal fees from Biogen Idec, personal fees from EMD Serono, outside the submitted work.

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1. Given Name (First Name)  
Ken

2. Surname (Last Name)  
Sakaie

3. Date  
03-April-2018

4. Are you the corresponding author?  
☐ Yes  ☑ No

Corresponding Author’s Name  
Robert J. Fox

5. Manuscript Title  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Christopher

2. Surname (Last Name)  
   Severson

3. Date  
   21-June-2018

4. Are you the corresponding author?  
   Yes  
   No

   Corresponding Author’s Name  
   Robert Fox

5. Manuscript Title  
   Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it)  
   18-03583

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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.)?

Are there any relevant conflicts of interest?  
   Yes  
   No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☐ Yes  ☑ No

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**Section 6. Disclosure Statement**

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Severson reports grants from NIH, during the conduct of the study; personal fees from Novartis, personal fees from Biogen, personal fees from Genzyme, personal fees from Genentech, personal fees from Foundation for Neurologic Disease, personal fees from Multiple Sclerosis Society of America, outside the submitted work;
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1. Given Name (First Name)  
   Shlomo

2. Surname (Last Name)  
   Shinnar

3. Date  
   03-April-2018

4. Are you the corresponding author?  
   Yes  No

   Corresponding Author’s Name  
   Robert J Fox

5. Manuscript Title  
   Phase 2 Trial of Lbudilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it)  
   18-03583

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Shinnar reports personal fees from Eisai, personal fees from Insys, personal fees from Malinckrodt, personal fees from UCB Pharma, personal fees from Upsher Smith, outside the submitted work; .

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Valerie

2. Surname (Last Name)  
   Suski

3. Date  
   07-April-2018

4. Are you the corresponding author?  
   Yes  
   No  
   Corresponding Author’s Name  
   Robert Fox

5. Manuscript Title  
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Dr. Suski has nothing to disclose.

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   Bhaskar

2. Surname (Last Name)  
   Thoomukunta

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   03-April-2018

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***Issued***: The patent has been issued by the agency

***Licensed***: The patent has been licensed to an entity, whether earning royalties or not

***Royalties***: Funds are coming in to you or your institution due to your patent
# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)
   Brenda
2. Surname (Last Name)
   Thornell
3. Date
   08-April-2018
4. Are you the corresponding author?  
   - Yes
   - No
   Corresponding Author's Name
   Robert Fox
5. Manuscript Title
   Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis
6. Manuscript Identifying Number (if you know it)
   18-03583

## 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.)?
Are there any relevant conflicts of interest?  
   - Yes
   - No

## Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
   - Yes
   - No

## Section 4. Intellectual Property – Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - Yes
   - No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Ms. Thornell has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Bianca

2. Surname (Last Name)  
   Weinstock-Guttman

3. Date  
   09-April-2018

4. Are you the corresponding author?  
   Yes  No

   Corresponding Author’s Name  
   Robert Fox

5. Manuscript Title  
   Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it)  
   18-03583

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Section 4. Intellectual Property – Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Weinstock-Guttman 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)  
Vijayshree

2. Surname (Last Name)  
Yadav

3. Date  
03-April-2018

4. Are you the corresponding author?  
☐ Yes ☑ No

Corresponding Author’s Name  
Robert Fox

5. Manuscript Title  
Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it)  
18-03583

Section 2. The Work Under Consideration for Publication

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Dr. Yadav 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)  
   Jon

2. Surname (Last Name)  
   Yankey

3. Date  
   09-April-2018

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

Corresponding Author’s Name  
Robert Fox

5. Manuscript Title  
Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it)  
18-03583

**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.)?

Are there any relevant conflicts of interest?  
☐ Yes  ☑ No

**Section 3. Relevant financial activities outside the submitted work.**

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Are there any relevant conflicts of interest?  
☐ Yes  ☑ No

**Section 4. Intellectual Property – Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Mr. Yankey 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) 
Aram

2. Surname (Last Name) 
Zabeti

3. Date 
05-April-2018

4. Are you the corresponding author? 
☑ No

Corresponding Author’s Name
Robert Fox

5. Manuscript Title
Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it)
18-03583

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? 
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Dr. Zabeti 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)  
   Xiao peng

2. Surname (Last Name)  
   Zhou

3. Date  
   05-April-2018

4. Are you the corresponding author?  
   [ ] Yes  [✓] No  
   Corresponding Author’s Name  
   Robert J Fox

5. Manuscript Title  
   Phase 2 Trial of Ibudilast in Progressive Multiple Sclerosis

6. Manuscript Identifying Number (if you know it)  
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Dr. Zhou has nothing to disclose.

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