Date:10/7/2022
Your Name:Yu Zuo, MD, MS
Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION
International Clinical Database and Repository
Manuscript number (if known):_ ar-22-1178

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	NIH (K08 AR080205)	Research grant support
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

Date: <u>10/9/22</u> Your Name: <u>Sherwin Navaz</u> Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository Manuscript number (if known):\_ar-22-1178

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	<u>X</u> None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	<u>X</u> None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

5	5 Payment or honoraria for lectures, presentations,	<u>X</u> None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<u>X</u> None	
	testimony		
7	Support for attending meetings and/or travel	<u>X</u> None	
8	Patents planned, issued or	<u>X</u> None	
	pending		
9	Participation on a Data	<u>X</u> None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	<u>X</u> None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>X</u> None	
12	Receipt of equipment,	<u>X</u> None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	<u>X</u> None	
	financial interests		

Date:1/13/23
Your Name:Alex Tsodikov
Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION
International Clinical Database and Repository
Manuscript number (if known):_ ar-22-1178

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
_	r	Time frame: Since the initial	planning of the work
1	All support for the present	_XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
<i>'</i>	meetings and/or travel		
8	Patents planned, issued or	X None	
0	pending		
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		

Date:	1/14/2023
Your Name:	Lyndsay Kluge
Manuscript Title	e: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION
International Cli	nical Database and Repository
Manuscript num	ıber (if known):_ ar-22-1178

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	T	Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

Date:1/13/23
Your Name:Amala Ambati
Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION
International Clinical Database and Repository
Manuscript number (if known):_ ar-22-1178

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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	r	Time frame: Since the initial	planning of the work
1	All support for the present	_XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
<i>'</i>	meetings and/or travel		
8	Patents planned, issued or	X None	
0	pending		
	pending		
9	Participation on a Data	X None	
-	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Dessint of any inmost	V. Nere	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

Date: <u>1/16/2023</u>				
Your Name:Claire Hoy				
Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS	<b>ACTION</b>			
International Clinical Database and Repository				
Manuscript number (if known):_ <u>ar-22-1178</u>				

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		Time frame: Since the initial	planning of the work
1	All support for the present	<u>X</u> None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	<u>X</u> None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>X</u> None	
4	Consulting fees	<u>X</u> None	

5	Payment or honoraria for	<u>X</u> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<u>X</u> None	
	testimony		
	-		
7	Support for attending meetings and/or travel	<u>X</u> None	
8	Patents planned, issued or	<u>    X</u> _None	
	pending		
9	Participation on a Data	<u>X</u> None	
	Safety Monitoring Board or		
	Advisory Board		
10	0 Leadership or fiduciary role	<u>X</u> None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>X</u> None	
12	12 Receipt of equipment,	<u>X</u> None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	<u>_X_</u> None	
	financial interests		

 Date:
 10-7-22

 Your Name:
 Srilakshmi

 Yalavarthi
 Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION

 International Clinical Database and Repository\_\_\_\_\_
 Manuscript number (if known):\_ ar-22-1178

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		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

Date:8 <sup>th</sup> OCT 2022
Your Name:LAURA ANDREOLI
Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION
International Clinical Database and Repository
Manuscript number (if known):_ ar-22-1178

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	1	Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

Date:_October 7 <sup>th</sup> , 2022				
Your Name:_Maria Tektonidou				
Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION				
International Clinical Database and Repository				
Manuscript number (if known):_ ar-22-1178				

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	None	
	medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
э	Royanies of incenses		
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events	Nene	
6	Payment for expert testimony	None	
	testimony		
7	Support for attending	None	
/	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	None	
11	Stock or stock options		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

\_ X \_\_ 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:October 9, 2022
Your Name:D. Ware Branch
Manuscript Title:_Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION
International Clinical Database and Repository
Manuscript number (if known):_ ar-22-1178

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
		Time frame: past	26 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	TNF-alpha Blockade with Certolizumab to Prevent Pregnancy Complications in High-Risk Patients with APS NIH/NIAMS R21AR21069189-03S1 Role: Co-Principal Investigator (with Dr. JE Salmon, MD)	Payments to my institution
		05/11/16-Present: Certolizumab to Prevent Pregnancy Complications in High-Risk Patients with APS or SLE	Payments to my institution

			1
		UCB Pharma Inc	
		Role: Principal Investigator	
3	Royalties or licenses	None	
4	Consulting fees	Swanson, Martin & Bell	Payments to me
		medical expert	
		consultancy	
		Bendin Sumrall & Ladner	Payments to me
		medical expert	
		consultancy	
		Michigan Professional	Payments to me
		Insurance Exchange	
		medical expert	
		consultancy	
		Gershon, Willoughby &	Payments to me
		Getz medical expert	
		consultancy	
		Snow, Christensen &	Payments to me
		Matineau medical expert	
		consultancy	
5	Payment or honoraria for	Grand Rounds, University	Payments to me
	lectures, presentations,	of Iowa, Obstetric	
	speakers bureaus,	antiphospholipid	
	manuscript writing or	syndrome: A tale of two	
	educational events	patients	
		Association of Idaho	Payments to me
		Rheumatologists.	
		Obstetric antiphospholipid	
		syndrome	
		Grand Rounds, Cornell	Payments to me
		University/Hospital for	
		Special Surgery Division of	
		Rheumatology, Obstetric	
		antiphospholipid	
		syndrome: A tale of three	
		patients	
		Grand Rounds, University	Payments to me
		of New York, Stonybrook	
6	Payment for expert	None	
	testimony		
	,		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		

9	Participation on a Data Safety Monitoring Board or Advisory Board	Member, Data Safety and Monitoring Board (DSMB), Carotenoid Supplementation During Pregnancy: Ocular and Systemic Effects (NCT03750968). Grant No 1R21EY029857-01; Bernstein, S; May 1, 2019- April 30, 2021	
		Member, Data Safety and Monitoring Board (DSMB), Surveillance and Treatment to Prevent Fetal Atrioventricular Block Likely to Occur Quickly (STOP BLOQ) (NCT04474223).	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

Date: 11/03/2022 Your Name: Esther Rodríguez ALmaraz Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository Manuscript number (if known): ar-22-1178

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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	-	Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time mint for this item.		
	-	Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

\_\_X\_ 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:October 7, 2022	
Your Name:Michelle Petri MD MPH	
Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the A	<b>APS ACTION</b>
International Clinical Database and Repository	
Manuscript number (if known):_ ar-22-1178	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
-	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	X None	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		

7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	X_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None
13	Other financial or non- financial interests	XNone

\_\_X\_ 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: 12 OCTOBER 2022
Your Name:RICARD CERVERA
Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION
International Clinical Database and Repository
Manuscript number (if known):_ ar-22-1178

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## manuscript only.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	X None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past X None	36 months
3	Royalties or licenses	X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	

9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	X None	

Date:October 10, 2022
Your Name:Rohan Willis
Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION
International Clinical Database and Repository
Manuscript number (if known):_ ar-22-1178

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	1	Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

Date:	October 7, 2022	
Your Name:	David R. Karp, MD, PhD	
Manuscript Title:	Anti-NET antibodies in antiphosph	olipid antibody-positive patients: Results from the APS ACTION
<b>International Clinica</b>	I Database and Repository	
Manuscript number	(if known):_ ar-22-1178	

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	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events	Y Nore	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
<i>'</i>	meetings and/or travel		
8	Datants planned issued or	X None	
0	Patents planned, issued or pending		
	penuing		
9	Participation on a Data	X None	
Ū	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	X None	
10	financial interests		

Date:10/7/2022	
Your Name:Quan-Zhen Li	
Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the AP	S ACTION
International Clinical Database and Repository	
Manuscript number (if known):_ ar-22-1178	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	xNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_xNone	
4	Consulting fees	_xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	xNone
6	Payment for expert testimony	xNone
7	Support for attending meetings and/or travel	_xNone
8	Patents planned, issued or pending	xNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone
11	Stock or stock options	xNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_xNone
13	Other financial or non- financial interests	_xNone

Date:	10/10/12	
Your Name:	DORUK EF	KAN
Manuscript Title:	_ Anti-NET antibodies in antipho	spholipid antibody-positive patients: Results from the APS ACTION
<b>International Clinical</b>	Database and Repository	
Manuscript number	(if known):_ ar-22-1178	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	ACR/EULAR	APS (payment made to the institution)
	any entity (if not indicated	NIH/NIAID	APS (payment made to the institution)
	in item #1 above).		
3	Royalties or licenses	Up-to-Date	APS (payment made to me)
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

Date:10/7/2022					
Your Name:Jason S. Knight, MD, PhD					
Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS AG	CTION				
International Clinical Database and Repository					
Manuscript number (if known):_ ar-22-1178					

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)			
1	All support for the present manuscript (e.g., funding,	R01HL134846	Research grant support			
	provision of study materials,					
	medical writing, article processing charges, etc.)					
	No time limit for this item.					
	Time frame: past 36 months					
2	Grants or contracts from	None				
	any entity (if not indicated					
•	in item #1 above).	••				
3	Royalties or licenses	None				
4	Consulting fees	None				

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

Date:	10/12/2022		
Your Name:	Danieli Andrade		
Manuscript Title:	Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository		
Manuscript Number (if known):	ar-22-1178		

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		Time frame: Since the initial planning	; of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	☑ None          □       □      <	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	☑ None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments wererelationship or indicate none (add rows as needed)made to you or to your institution)
4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None         Lecture for Bristol-Meyers-Squibb, non-related         subject         Image: Subject         Image: Subject
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None         Brazilian Society of Rheumatology         Rheumatology Society – State of São Paulo         APS Action Alliance for Clinical Trials &Intl.         Networking         Member of Antiphospholipid Syndrome         Committee (unpaid)         Scientific Committee (unpaid)         Scientific Steering Committee (Unpaid)

		me all entities with whom you have this Specifications/Comments (e.g ationship or indicate none (add rows as needed) made to you or to your institu				
11	Stock or stock options	None				
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	I None				
13	Other financial or non-financial interests	None				
Plea	Please place an "X" next to the following statement to indicate your agreement:					

Date:	10-12-202	Val	• +	
Your Name:	H. MICHARI	KC/	M 61	
Manuscript Title:	Anti-NET antibodi	es in an	ntiphosp	holipid antibody-positive patients: Results from the APS ACTION
International Clinica	al Database and Repo	sitory_		
Manuscript number	r (if known):_ ar-22-1:	178		

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>X</u> None	
3	Royalties or licenses	<u>V</u> None	
4	Consulting fees	<u> </u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>None</u>
6	Payment for expert testimony	<u>X</u> None
7	Support for attending meetings and/or travel	<u>None</u>
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>X</u> None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>X</u> None
11	Stock or stock options	<u>None</u>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>X</u> None
13	Other financial or non- financial interests	X_None

Date: 13<sup>th</sup> October 2022 Your Name: Maria Laura Bertolaccini Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository Manuscript number (if known): ar-22-1178

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee, or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

Sethacciu

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	UCB Pharma	

Payment or honoraria for lectures, presentations,	XNone	
manuscript writing or educational events		
Payment for expert testimony	XNone	
Support for attending meetings and/or travel	XNone	
Patents planned, issued or pending	X_None	
Participation on a Data Safety Monitoring Board or Advisory Board	UCB Pharma	
Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
Stock or stock options	XNone	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
Other financial or non- financial interests	X_None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	lectures, presentations,         speakers bureaus,         manuscript writing or         educational events         Payment for expert         testimony         Support for attending         meetings and/or travel

Guillen or 2/

Date:10/10/22
Your Name:Katarina Kmetova
Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION
International Clinical Database and Repository
Manuscript number (if known):_ ar-22-1178

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	_xNone	
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	x_None	
4	Consulting fees	_xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	xNone
6	Payment for expert testimony	xNone
7	Support for attending meetings and/or travel	xNone
8	Patents planned, issued or pending	x_None
9	Participation on a Data Safety Monitoring Board or Advisory Board	x_None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x_None
11	Stock or stock options	x_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None
13	Other financial or non- financial interests	_xNone

Date: 15 October 2022 Your Name: Guillermo Ruiz-Irastorza Manuscript Title:\_\_\_\_\_ Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository\_\_\_\_ Manuscript number (if known):\_ ar-22-1178\_\_\_\_\_

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None X	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None X	
З	Royalties or licenses	None X	
4	Consulting fees	None X	

5	Payment or honoraria for	None	
	lectures, presentations,	X	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony	Х	
7	Support for attending meetings and/or travel	None	
		X	
8	Patents planned, issued or	None	
	pending	X	
9	Participation on a Data	None	
	Safety Monitoring Board or	X	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,	X	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
		X	
12	Receipt of equipment,	None	
	materials, drugs, medical	Х	
	writing, gifts or other		
10	services		
13	Other financial or non-	None	
	financial interests	Х	

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

Guillermo Ruiz-Irastorza

Date:Oct 7 2022
Your Name:Savino Sciascia
Manuscript Title:MD PhD Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS
ACTION International Clinical Database and Repository
Manuscript number (if known):_ ar-22-1178

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The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	NoneNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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

fice

Torino, 07 October 7, 2022

 Date:
 October 7, 2022

 Your Name: Paul R Fortin

 Manuscript Title:\_\_\_\_\_ Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION

 International Clinical Database and Repository\_\_\_\_\_

 Manuscript number (if known):\_ ar-22-1178\_\_\_\_\_\_

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		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	X None	
5	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_XNone	
	financial interests		

Date:10/28/21	
Your Name:Maria Gerosa	
Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results fi	rom the APS ACTION
International Clinical Database and Repository	
Manuscript number (if known):_ ar-22-1178	

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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	XNone			
	Time frame: past 36 months				
2	Grants or contracts from any entity (if not indicated	XNone			
	in item #1 above).				
3	Royalties or licenses	XNone			
4	Consulting fees	XNone			

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	X None	
5	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	_XNone	