

ICMJE DISCLOSURE FORM

Date: 6/17/2023

Your Name: Elizabeth V. Arkema

Manuscript Title: Epidemiology and Damage accrual of Systemic Lupus Erythematosus in Central Sweden: A single-center population-based cohort study over 14 years from Östergötland County

Manuscript Number (if known): ACROR-23-014

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="389 338 1501 450"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="389 555 1501 667"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="389 763 1501 875"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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Date: 6/17/2023

Your Name: Muna Saleh

Manuscript Title: Epidemiology and Damage accrual of Systemic Lupus Erythematosus in Central Sweden: A single-center population-based cohort study over 14 years from Östergötland County

Manuscript Number (if known): ACROR-23-014

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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Date: 6/17/2023

Your Name: Julia F. Simard

Manuscript Title: Epidemiology and Damage accrual of Systemic Lupus Erythematosus in Central Sweden: A single-center population-based cohort study over 14 years from Östergötland County

Manuscript Number (if known): ACROR-23-014

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="389 562 1497 667"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="389 898 1497 1003"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="389 1111 1497 1216"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="389 1323 1497 1429"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="389 1536 1497 1641"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="389 1727 1497 1832"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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Date: 6/17/2023

Your Name: Christopher Sjöwall

Manuscript Title: Epidemiology and Damage accrual of Systemic Lupus Erythematosus in Central Sweden: A single-center population-based cohort study over 14 years from Östergötland County

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