

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Inform	nation	
1. Given Name (First Name) Seppo	2. Surname (Last Name) Meri	3. Date 13-Noy-2020
4. Are you the corresponding author?	Yes / No	
5. Manuscript Title Dysfunction of complement rece	eptors CR3 (CD11b/18) and CR4 (C	D11c/18) in preeclampsia:
6. Manuscript Identifying Number (if you know it)		
Section 2. The Work Under C	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 inter	rest? Yes 🗸 No	ADD
Section 3. Relevant financial	l activities outside the submitted we	ork.
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 . Are there any relevant conflicts of interest? Yes Vo		
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Section 4. Intellectual Prope	rty Patents & Copyrights	
Do you have any patents, whether plan	nned, pending or issued, broadly relevant	to the work? Yes V No

Meri 2



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Meri 3