

ICMJE DISCLOSURE FORM

Date: 10/29/2021

Your Name: April Barnado

Manuscript Title: Systemic lupus erythematosus pregnancy outcomes are unchanged across three decades.

Manuscript Number (if known): ACR-21-0622

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

ICMJJE DISCLOSURE FORM

Date: 10/29/2021

Your Name: Janie Hubbard

Manuscript Title: Systemic lupus erythematosus pregnancy outcomes are unchanged across three decades.

Manuscript Number (if known): ACR-21-0622

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Date: 10/29/2021

Your Name: Sarah Green

Manuscript Title: Systemic lupus erythematosus pregnancy outcomes are unchanged across three decades.

Manuscript Number (if known): ACR-21-0622

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Your Name: Alex Camai

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Please place an "X" next to the following statement to indicate your agreement:

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

ICMJJE DISCLOSURE FORM

Date: 10/29/2021

Your Name: Lee Wheless

Manuscript Title: Systemic lupus erythematosus pregnancy outcomes are unchanged across three decades.

Manuscript Number (if known): ACR-21-0622

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	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)						
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ICMJJE DISCLOSURE FORM

Date: 10/29/2021

Your Name: Sarah Osmundson

Manuscript Title: Systemic lupus erythematosus pregnancy outcomes are unchanged across three decades.

Manuscript Number (if known): ACR-21-0622

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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 525 1516 653"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1306 1516 1404"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1921 1516 1955"> <tr><td></td><td></td></tr> </table>						

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