Date	e:		6/15/2022		
Your Name:			Professor Laura A. Magee		
Manuscript Title:			Risk factors for preeclampsia in clinical practice guidelines: comparison with the evidence		
Mar	nuscript Number (if	known):	BJOG-22-0450		
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activit		ript. "Rela of the ma e in doub ps/activition	re ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily of about whether to list a relationship/activity/interest, it is preferable that you do so.  ies/interests should be defined broadly. For example, if your manuscript pertains to the		
-	medication is not m	-	•	acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th		·	ithout time limit. For all other items, the time	
			l entities with whom you have this ship 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	□ No	one	Click the tab key to add additional rows.	
	charges, etc.) No time limit for this item.				
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one		
3	Royalties or licenses		one		

		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)
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	

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

Date:	6/15/2022
Your Name:	Hiten D. Mistry
Manuscript Title:	Risk factors for preeclampsia in clinical practice guidelines: comparison with the evidence
Manuscript Number (if known):	BJOG-22-0450

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: past 36 month	ns .
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 this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None     Non	
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	

		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)
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	
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.			

Date:	6/15/2022
Your Name:	Dr Georgia L Scott
Manuscript Title:	Risk factors for preeclampsia in clinical practice guidelines: comparison with the evidence
Manuscript Number (if known):	BJOG-22-0450

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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 this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were 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 None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None 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

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
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.			

Date:	6/15/2022
Your Name:	Marcus Green
Manuscript Title:	Risk factors for preeclampsia in clinical practice guidelines: comparison with the evidence
Manuscript Number (if known):	BJOG-22-0450

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2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	None     ■	

			pecifications/Comments (e.g., if payments were nade to you or to your institution)
4	Consulting fees	None     Non	
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	

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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		
Plea 🖂	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.			

Date:			6/15/2022		
Your Name:			Kelly Pickerill		
Manuscript Title:			Risk factors for preeclampsia in clinical practice guidelines: comparison with the evidence		
Mar	nuscript Number (if k	mown):	BJOG-22-0450		
content of your manuscript. "Rela affected by the content of the ma		ipt. "Rela of the ma			
		nsion, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
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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.	Grant f	unding for the PRECISE study provided by edical Research Council UK	Click the tab key to add additional rows.	
	emo reemi		Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] N	one		
3	Royalties or licenses	× N	one		

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4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None  None
6	Payment for expert testimony	□ □
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	□ □

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	[⊠] None		
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Date:	6/15/2022
Your Name:	Helen Elwell
Manuscript Title:	Risk factors for preeclampsia in clinical practice guidelines: comparison with the evidence
Manuscript Number (if known):	BJOG-22-0450

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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	

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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		
Plea 🖂	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.			

Date:	6/15/2022
Your Name:	Mai-Lei Woo Kinshella
Manuscript Title:	Risk factors for preeclampsia in clinical practice guidelines: comparison with the evidence
Manuscript Number (if known):	BJOG-22-0450

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3	Royalties or licenses	None	

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4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None
6	Payment for expert testimony	□ □
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	□ □

		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)	
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		
Plea	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.			

Date:	6/20/2022
Your Name:	Cristina Escalona Lopez
Manuscript Title:	Risk factors for preeclampsia in clinical practice guidelines: comparison with the evidence
Manuscript Number (if known):	Click or tap here to enter text.

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3	Royalties or licenses	None 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,		

		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)	
	society, committee or advocacy group, paid or unpaid			
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		
Plea 🖂	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.			

Date:	6/18/2022
Your Name:	Reshma Shanmugam
Manuscript Title:	Risk factors for preeclampsia in clinical practice guidelines: comparison with the evidence
Manuscript Number (if known):	Click or tap here to enter text.

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			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

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

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	[⊠] None		
Plea	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.			

Date:	6/20/2022
Your Name:	Joel Singer
Manuscript Title:	Risk factors for preeclampsia in clinical practice guidelines: comparison with the evidence
Manuscript Number (if kr	nown): Click or tap here to enter text.
content of your manuscrip affected by the content of indicate a bias. If you are The author's relationships epidemiology of hyperten that medication is not me	rency, we ask you to disclose all relationships/activities/interests listed below that are related to the pt. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be of the manuscript. Disclosure represents a commitment to transparency and does not necessarily in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  Se/activities/interests should be defined broadly. For example, if your manuscript pertains to the assion, you should declare all relationships with manufacturers of antihypertensive medication, even if antioned in the manuscript.  All support for the work reported in this manuscript without time limit. For all other items, the time is past 36 months.
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	Time frame: Since the initial planning of the work
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4	Consulting fees	None 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 Chair, DSMB	"A randomized pilot trial of a cannabis harm reduction e-intervention (CHAMPS) for young adults with early psychosis who use cannabis" (CHAMPS) McGill University
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea	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.		

30 12/13/2021 ICMJE Disclosure Form

Date:	6/21/2022
Your Name:	Dr Marie-Laure Volvert
Manuscript Title:	Risk factors for preeclampsia in clinical practice guidelines: comparison with the evidence
Manuscript Number (if known):	BJOG-22-0450

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		Time frame: past 36 months	5	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None		
3	Royalties or licenses	None None		

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4	Consulting fees	None 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

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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	
Plea [⊠]	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.		

Date:	6/15/2022
Your Name:	Eleni Z. Tsigas
Manuscript Title:	Risk factors for preeclampsia in clinical practice guidelines: comparison with the evidence
Manuscript Number (if known):	BJOG-22-0450

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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.	[⊠] N	lone	Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses	× N	lone	

		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)
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None  None
6	Payment for expert testimony	[⊠] None
7	Support for attending meetings and/or travel	ISSHP Meeting Registration fees covered for patient representatives
8	Patents planned, issued or pending	[⊠] None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None   Care Plan Steering Committee (Precia Group)   Payments made to Preeclampsia Foundation   MH-CIP Steering Committee (NIH)   Payments made to Preeclampsia Foundation
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	CEO of the Preeclampsia Foundation

		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)
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	
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.			

Date:	6/15/2022	
Your Name:	Professor Peter von Dadelszen	
Manuscript Title:	Risk factors for pre-eclampsia in clinical practice guidelines: comparison with t evidence	
Manuscript Number (if known):	BJOG-22-0450	
content of your manuscript. "Rela affected by the content of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be unuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.	
• •	ies/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.	
In item #1 below, report all suppo	ort for the work reported in this manuscript without time limit. For all other items, the time	

		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
	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.	UK Research and Innovation Global Challenges Research Fund (MR/P027938/1)  Time frame: past 36 month	King's College London  Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	UK Research and Innovation Global Challenges Research Fund (MR/P027938/1)	King's College London
3	Royalties or licenses	None None □	

		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)
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None  None
6	Payment for expert testimony	□ □
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	□ □

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

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Date:	6/15/2022
Your Name:	Jeffrey N Bone
Manuscript Title:	Risk factors for preeclampsia in clinical practice guidelines: comparison with the evidence
Manuscript Number (if known):	BJOG-22-0450

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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
	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  Time frame: past 36 month	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 None □	

		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)
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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

		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)
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	
Plea	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.		

Date:	6/30/2022
Your Name:	Professor Veronique Filippi
Manuscript Title:	Risk factors for preeclampsia in clinical practice guidelines: comparison with the evidence
Manuscript Number (if known):	BJOG-22-0450

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		e all entities with whom you have this onship 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.)  No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

		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)
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,	[⊠] None	

ľ		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)
	society, committee or advocacy group, paid or unpaid		
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	
Plea [⊠]	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.		

45 12/13/2021 ICMJE Disclosure Form

Date:	6/15/2022
Your Name:	Marianne Vidler
Manuscript Title:	Risk factors for preeclampsia in clinical practice guidelines: comparison with the evidence
Manuscript Number (if known):	BJOG-22-0450

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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
	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  Time frame: past 36 month	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 this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None 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	

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

Date:	6/21/2022
Your Name:	Rosemary Townsend
Manuscript Title:	Risk factors for preeclampsia in clinical practice guidelines: comparison with the evidence
Manuscript Number (if known):	BJOG-22-0450

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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.

		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	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.
		Time frame: past 36 months	S
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 this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None 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 None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None    Output   Outp
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Chair, RCOG Trainees Global Health Committee

		Name all autities with whom you have this	Supplifications/Community/oralifications/
		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)
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	
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 wo	ording of any of the questions on this form.

Date:	7/7/2022
Your Name:	Professor Asma Khalil
Manuscript Title:	Risk factors for preeclampsia in clinical practice guidelines: comparison with the evidence
Manuscript Number (if known):	BJOG-22-0450

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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.

	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		

		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)
	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.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	Health Foundation 'Home Monitoring of hypertension in pregnancy'  Iplacenta European grant	
3	Royalties or licenses	□ None  Inventor of HAMPTON (a platform for home blood pressure monitoring in pregnancy)	
4	Consulting fees	None	
_			
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None □	
6	Payment for expert testimony	[⊠] None	

		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)
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	Inventor of HAMPTON (a platform for home blood pressure monitoring in pregnancy)	
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	Obstetric Lead of the National Maternity and Perinatal Audit International Society of Ultrasound in Obstetrics and Gynecology (ISUOG) Trustee ISUOG treasurer	
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	
Please place an "X" next to the following statement to indicate your agreement:			
$[\boxtimes]$	oxtimes I certify that I have answered every question and have not altered the wording of any of the questions on this form.		