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| ICMJE DISCLOSURE FORM |
| **Date: 17/10/22**  | Click or tap to enter a date. |
| **Your Name:** | Terteel Elawad |
| **Manuscript Title:** | Risk factors for pre‐eclampsia in clinical practice guidelines: comparison with the evidence |
| **Manuscript Number (if known):** | Click or tap here to enter text. |
| 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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| **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.** |

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|[ ]  **NONE to declare** |

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|  | Click the tab key to add additional rows. |

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| **Time frame: past 36 months** |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). |

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|[ ]  **NONE to declare** |

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| **3** | Royalties or licenses |

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|[ ]  **NONE to declare** |

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| **4** | Consulting fees |

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|[ ]  **NONE to declare** |

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| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |

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|[ ]  **NONE to declare** |

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| **6** | Payment for expert testimony |

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|[ ]  **NONE to declare** |

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| **7** | Support for attending meetings and/or travel |

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|[ ]  **NONE to declare** |

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| **8** | Patents planned, issued or pending |

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|[ ]  **NONE to declare** |

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| **9** | Participation on a Data Safety Monitoring Board or Advisory Board |

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|[ ]  **NONE to declare** |

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| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid |

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|[ ]  **NONE to declare** |

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| **11** | Stock or stock options |

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|[ ]  **NONE to declare** |

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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services |

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|[ ]  **NONE to declare** |

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| **13** | Other financial or non-financial interests |

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|[x]  **NONE to declare** |

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| **Please place an “X” next to the following statement to indicate your agreement: X** |
|[ ]  I certify that I have answered every question and have not altered the wording of any of the questions on this form. X |

I have no conflicts of interest to declare.