ICMJE DISCLOSURE FORM

Date:	12/28/2022		
Your Name:	Benjamin Lambton		
Manuscript Title:	IS MID-GESTATIONAL UTERINE ARTERY DOPPLER STILL USEFUL IN A SETTING WITH ROUTINE FIRST TRIMESTER PREECLAMPSIA SCREENING? A COHORT STUDY		
Manuscript Number (if known):	: Manuscript ID BJOG-22-1402		
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)				
	Time frame: Since the initial planning of the work						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 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						
2	Grants or contracts from any entity (if not indicated in item #1 above).	None					
3	Royalties or licenses	None					

1 12/13/2021 ICMJE Disclosure Form

			e all entities with whom you have this onship or indicate none (add rows as ed)	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	Ī	None	
7	Support for attending meetings and/or travel	I	None	
8	Patents planned, issued or pending		None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	I	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:

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

3 12/13/2021 ICMJE Disclosure Form