ICMJE DISCLOSURE FORM

**Date:** 8/30/2022

**Your Name:** Emily Liu

**Manuscript Title:** Reconciling between medication orders and medication fills for lupus in pregnancy

**Manuscript Number (if known):** ACROR-22-071.R1

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☒ None |
|   | **Time frame: Since the initial planning of the work**           | [Click the tab key to add additional rows.](#)                                 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
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|   | **None**                                                      |                                                                                   |
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|---|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|4 | Consulting fees                                                                           | ☒ None                                                                           |
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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** |
|    | | |

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ICMJE DISCLOSURE FORM

Date: 8/30/2022

Your Name: Eliza Chakravarty

Manuscript Title: Reconciling between medication orders and medication fills for lupus in pregnancy

Manuscript Number (if known): ACROR-22-071.R1

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| **Time frame: Since the initial planning of the work** |  |
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| | | |
| | | |
| 3 | Royalties or licenses | ☒ None |
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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) |
|---|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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                                                                          |
|   | ☑ None                                                                           |                                                                                  |
| 7 | Support for attending meetings and/or travel                                      | ☒ None                                                                          |
|   | ☑ None                                                                           |                                                                                  |
| 8 | Patents planned, issued or pending                                               | ☒ None                                                                          |
|   | ☑ 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                                                                          |
|   | ☑ 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 |

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**ICMJE DISCLOSURE FORM**

**Date:** 8/30/2022  
**Your Name:** Amadeia Rector  
**Manuscript Title:** Reconciling between medication orders and medication fills for lupus in pregnancy  
**Manuscript Number (if known):** ACROR-22-071.R1

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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|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | **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.) | ☒ None                                                                               |
|   | No time limit for this item.                                                                    |                                                                                  |
| 2 | **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                                                                               |
|   | 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                                                                               |
|    |                                                                                               |                                                                                      |

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

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ICMJE DISCLOSURE FORM

Date: 8/30/2022

Your Name: Miranda Cantu

Manuscript Title: Reconciling between medication orders and medication fills for lupus in pregnancy

Manuscript Number (if known): ACROR-22-071.R1

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|------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☒ None | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| 3    | Royalties or licenses                                                                          | ☒ None | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|   | 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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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ | None |
|   | Specifications |                                                                              |                                                                                   |
| 6 | Payment for expert testimony | ☒ | None |
|   | Specifications |                                                                              |                                                                                   |
| 7 | Support for attending meetings and/or travel | ☒ | None |
|   | Specifications |                                                                              |                                                                                   |
| 8 | Patents planned, issued or pending | ☒ | None |
|   | Specifications |                                                                              |                                                                                   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ | None |
|   | Specifications |                                                                              |                                                                                   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ | None |
|   | Specifications |                                                                              |                                                                                   |
|   | 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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| 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: 8/30/2022
Your Name: Daniel Kuo
Manuscript Title: Reconciling between medication orders and medication fills for lupus in pregnancy
Manuscript Number (if known): ACROR-22-071.R1

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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.) | ☒ None                                                                          |
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| 3 | Royalties or licenses                                                                                           | ☒ None                                                                          |

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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) |
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| 4 | Consulting fees                                                                                 | ☒ None                                                           |
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| 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                                                           |
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|   |                                                                                                 |                                                                  |
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| 11 | Stock or stock options | ☒ None |
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| 13 | Other financial or non-financial interests | ☒ None |

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**Date:** 8/30/2022  
**Your Name:** Gary M. Shaw  
**Manuscript Title:** Reconciling between medication orders and medication fills for lupus in pregnancy  
**Manuscript Number (if known):** ACROR-22-071.R1

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|   |                                               |                                                                                  |
|   | NIH                                           |                                                                                  |
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| 3 | Royalties or licenses                         | ☐ None                                                                           |
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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) |
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| 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) |
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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 |
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Date: 8/30/2022

Your Name: Maurice L. Druzin, MD

Manuscript Title: Reconciling between medication orders and medication fills for lupus in pregnancy

Manuscript Number (if known): ACROR-22-071.R1

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

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| #  | Relationship Description                                                                 | Response | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| 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   | Salmon - NIAMS DSMB 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                                                                          |
|    |                                                                                           |                                                                                  |

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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.
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Date: 8/30/2022
Your Name: Michael H. Weisman
Manuscript Title: Reconciling between medication orders and medication fills for lupus in pregnancy
Manuscript Number (if known): ACROR-22-071.R1

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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. | ☒ None |
| 1 | ![Table entries](https://example.com/table-entries.png) | ![Table entries](https://example.com/table-entries.png) |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ None |
| 2 | ![Table entries](https://example.com/table-entries.png) | ![Table entries](https://example.com/table-entries.png) |
| **3** | Royalties or licenses | ☒ None |
| 3 | ![Table entries](https://example.com/table-entries.png) | ![Table entries](https://example.com/table-entries.png) |
|   | 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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|   |                                                                                                                  |                                                                                           |
| 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 |
|   |                                                                                                                  | **Systemic Lupus Erythematosus (SLE) Treatment with N-acetylcysteine (NAC) (SNAC) Protocol Adjudication Committee** |
| 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

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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.
ICMJE DISCLOSURE FORM

Date: 8/30/2022

Your Name: Monique Hedderson

Manuscript Title: Reconciling between medication orders and medication fills for lupus in pregnancy

Manuscript Number (if known): ACROR-22-071.R1

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