

ICMJE DISCLOSURE FORM

Date: 5/26/2023

Your Name: Rebecca Spencer

Manuscript Title: **Maternal PIGF and umbilical Dopplers predict pregnancy outcomes at diagnosis of early-onset fetal growth restriction**

Manuscript Number (if known): 169199-JCI-CMED-RV-2

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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Date: 8/26/2021

Your Name: Kasia Maksym

Manuscript Title: **Maternal PIGF and umbilical Dopplers predict pregnancy outcomes at diagnosis of early-onset fetal growth restriction**

Manuscript Number (if known): 169199-JCI-CMED-RV-2

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Date: 5/30/2023

Your Name: Kurt Hecher

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Date: 6/7/2023

Your Name: Francesc Figueras

Manuscript Title: **Maternal PIGF and umbilical Dopplers predict pregnancy outcomes at diagnosis of early-onset fetal growth restriction**

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ICMJE DISCLOSURE FORM

Date: 5/26/2023

Your Name: Gareth Ambler

Manuscript Title: **Maternal PIGF and umbilical Dopplers predict pregnancy outcomes at diagnosis of early-onset fetal growth restriction**

Manuscript Number (if known): 169199-JCI-CMED-RV-2

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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ICMJE DISCLOSURE FORM

Date: 5/26/2023

Your Name: Dr Harry J Whitwell

Manuscript Title: **Maternal PIGF and umbilical Dopplers predict pregnancy outcomes at diagnosis of early-onset fetal growth restriction**

Manuscript Number (if known): 169199-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 5/26/2023

Your Name: Nuno Rocha Nene

Manuscript Title: **Maternal PIGF and umbilical Dopplers predict pregnancy outcomes at diagnosis of early-onset fetal growth restriction**

Manuscript Number (if known): 169199-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 5/25/2023

Your Name: Neil SEBIRE

Manuscript Title: **Maternal PIGF and umbilical Dopplers predict pregnancy outcomes at diagnosis of early-onset fetal growth restriction**

Manuscript Number (if known): 169199-JCI-CMED-RV-2

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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: 5/26/2023

Your Name: Stefan R. Hansson

Manuscript Title: **Maternal PIGF and umbilical Dopplers predict pregnancy outcomes at diagnosis of early-onset fetal growth restriction**

Manuscript Number (if known): 169199-JCI-CMED-RV-2

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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ICMJE DISCLOSURE FORM

Date: 7/8/2023

Your Name: Anke Diemert

Manuscript Title: **Maternal PIGF and umbilical Dopplers predict pregnancy outcomes at diagnosis of early-onset fetal growth restriction**

Manuscript Number (if known): 169199-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/7/2023

Your Name: Jana Brodzki

Manuscript Title: **Maternal PIGF and umbilical Dopplers predict pregnancy outcomes at diagnosis of early-onset fetal growth restriction**

Manuscript Number (if known): 169199-JCI-CMED-RV-2

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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: 6/5/2023

Your Name: Eduard Gratacos

Manuscript Title: **Maternal PIGF and umbilical Dopplers predict pregnancy outcomes at diagnosis of early-onset fetal growth restriction**

Manuscript Number (if known): 169199-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/7/2023

Your Name: Yuval Ginsberg

Manuscript Title: **Maternal PIGF and umbilical Dopplers predict pregnancy outcomes at diagnosis of early-onset fetal growth restriction**

Manuscript Number (if known): 169199-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/8/2023

Your Name: Tal Weissbach

Manuscript Title: **Maternal PIGF and umbilical Dopplers predict pregnancy outcomes at diagnosis of early-onset fetal growth restriction**

Manuscript Number (if known): 169199-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 6/6/2023

Your Name: Donald Peebles

Manuscript Title: **Maternal PIGF and umbilical Dopplers predict pregnancy outcomes at diagnosis of early-onset fetal growth restriction**

Manuscript Number (if known): 169199-JCI-CMED-RV-2

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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: 5/26/2023

Your Name: Professor IAN ZACHARY

Manuscript Title: Maternal PIGF and umbilical Dopplers predict pregnancy outcomes at diagnosis of early-onset fetal growth restriction

Manuscript Number (if known): 169199-JCI-CMED-RV-2

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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ICMJE DISCLOSURE FORM

Date: 5/26/2023

Your Name: Neil Marlow

Manuscript Title: **Maternal PIGF and umbilical Dopplers predict pregnancy outcomes at diagnosis of early-onset fetal growth restriction**

Manuscript Number (if known): 169199-JCI-CMED-RV-2

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 type="checkbox"/> None	
		InfanDx	Consultancy fees made to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
		Chiesi UK Ltd	2 lecture fees
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		MCA Events	European Academy of Paediatrics meeting (fees and accommodation)
			Summer Discussions in Provence (fees and accommodation)
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		NIHR	Chair Study Steering Committee CF-Start
			Chair Study Steering Committee Dolphin Study
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 5/28/2023

Your Name: Angela Huertas

Manuscript Title: **Maternal PIGF and umbilical Dopplers predict pregnancy outcomes at diagnosis of early-onset fetal growth restriction**

Manuscript Number (if known): 169199-JCI-CMED-RV-2

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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ICMJE DISCLOSURE FORM

Date: 5/27/2023

Your Name: Anna David

Manuscript Title: **Maternal PIGF and umbilical Dopplers predict pregnancy outcomes at diagnosis of early-onset fetal growth restriction**

Manuscript Number (if known): 169199-JCI-CMED-RV-2

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Rosetrees Trust	Co-Investigator, Institutional payments								
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 55%;">Medical Research Council</td> <td style="width: 45%;">Principal Investigator, institutional payments</td> </tr> <tr> <td>Wellcome Leap In Utero</td> <td>Co-investigator, institutional payments</td> </tr> </table>	Medical Research Council	Principal Investigator, institutional payments	Wellcome Leap In Utero	Co-investigator, institutional payments			
Medical Research Council	Principal Investigator, institutional payments								
Wellcome Leap In Utero	Co-investigator, institutional payments								
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="width: 55%; height: 20px;"> </td><td style="width: 45%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 15px;">Tommy's charity</td> <td style="width: 50%;">Trustee (unpaid)</td> </tr> <tr> <td style="height: 15px;"></td> <td></td> </tr> <tr> <td style="height: 15px;"></td> <td></td> </tr> </table>	Tommy's charity	Trustee (unpaid)							
Tommy's charity	Trustee (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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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.