Date	2:		2/4/2025		
Your Name:			Juan J. Fierro		
Manuscript Title:		-	Immunohistochemical analysis reveals higher Myxovirus resistance protein 1 expression and increased macrophage count in placentas from patients with systemic rheumatic diseases		
Mar	nuscript Number (if k	known):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned In item #1 below, report all suppo		ript. "Rela of the mar e in doubt os/activitie nsion, you entioned i	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitme about whether to list a relationship/activity es/interests should be defined broadly. For east a should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.	
IIaII	ne for disclosure is th	ie past 30	months.		
			entities with whom you have this hip 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.,		rio de Ciencia, Tecnología e Innovación	Doctoral scholarship (906-2021)	
	funding, provision	L L	ncias, Colombia)	Doctoral scholarship (500-2021)	
	of study materials, medical writing,			Click the tab key to add additional rows.	
	article processing 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		one		
	#1 above).				
3	Royalties or licenses	⊠ No	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 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: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/4/2025
Your Name:	Mirthe H. Schoots
Manuscript Title:	Immunohistochemical analysis reveals higher Myxovirus resistance protein 1 expression and increased macrophage count in placentas from patients with systemic rheumatic diseases
Manuscript Number (if known):	Click or tap here to enter text.

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3	Royalties or licenses	None	

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Date:	2/4/2025
Your Name:	Silvia C. Liefers
Manuscript Title:	Immunohistochemical analysis reveals higher Myxovirus resistance protein 1 expression and increased macrophage count in placentas from patients with systemic rheumatic diseases
Manuscript Number (if known):	Click or tap here to enter text.

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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 None	

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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	
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Date:	2/4/2025
Your Name:	Berber Doornbos-van der Meer
Manuscript Title:	Immunohistochemical analysis reveals higher Myxovirus resistance protein 1 expression and increased macrophage count in placentas from patients with systemic rheumatic diseases
Manuscript Number (if known):	Click or tap here to enter text.

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

			ons/Comments (e.g., if payments were ou 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	Image: Second content of the content	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Image: square of the square o	

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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:	2/4/2025
Your Name:	Gilles F.H. Diercks
Manuscript Title:	Immunohistochemical analysis reveals higher Myxovirus resistance protein 1 expression and increased macrophage count in placentas from patients with systemic rheumatic diseases
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	

		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	

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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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ICIVIJE DISCLOSURE FURIVI			
Date:	2/4/2025		
Your Name:	Hendrika Bootsma		
Manuscript Title:	Immunohistochemical analysis reveals higher Myxovirus resistance protein 1 expression and increased macrophage count in placentas from patients with systemic rheumatic diseases		
Manuscript Number (if k	Manuscript Number (if known): Click or tap here to enter text.		
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	Time frame: Since the initial planning	of the work	

1 All support for the None present manuscript (e.g., Bristol Myers Squibb The funder had no role in study design, data funding, provision collection, data analysis, data interpretation or of study materials, writing of the report medical writing, article processing Click the tab key to add additional rows charges, etc.) No time limit for this item. Time frame: past 36 months Grants or None contracts from any entity (if not Unrestricted grants from Bristol Myers Squibb indicated in item and Roche #1 above). AstraZeneca grant Royalties or 3 **⊠** None licenses

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4	Consulting fees	□ None Consultant for Bristol Myers Squibb, Roche, Novartis, Medimmune, argenX, and Union Chimique Belge	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Speaker for Bristol Myers Squibb and Novartis	
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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13	Other financial or non-financial interests	None	
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18 12/13/2021 ICMJE Disclosure Form

Date:	2/4/2025
Your Name:	Jelmer R. Prins
Manuscript Title:	Immunohistochemical analysis reveals higher Myxovirus resistance protein 1 expression and increased macrophage count in placentas from patients with systemic rheumatic diseases
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: past 36 month	S
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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	
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7	Support for attending meetings and/or travel	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:	2/4/2025
Your Name:	Johanna Westra
Manuscript Title:	Immunohistochemical analysis reveals higher Myxovirus resistance protein 1 expression and increased macrophage count in placentas from patients with systemic rheumatic diseases
Manuscript Number (if known):	Click or tap here to enter text.

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Date:	2/4/2025
Your Name:	Karina de Leeuw
Manuscript Title:	Immunohistochemical analysis reveals higher Myxovirus resistance protein 1 expression and increased macrophage count in placentas from patients with systemic rheumatic diseases
Manuscript Number (if known):	Click or tap here to enter text.

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