| Date: <u>2021.03.26</u>  |
|--|
| Your Name: <u>Lili Dai</u>   |
| Manuscript Title: Anti-beta 2 glycoprotein 1 domain IgA positive antiphospholipid syndrome secondary to incomplete |
| Behcet's disease: a case report  |
| Manuscript number (if known):  |

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
|   |  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | √None  |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | √None  |   |
| 3 | Royalties or licenses  | √None  |   |
| 4 | Consulting fees  | √None  |   |

| 5  | Payment or honoraria for<br>lectures, presentations,<br>speakers bureaus, | √None  |  |
|----|---|--------|--|
|    | manuscript writing or<br>educational events                               |        |  |
| 6  | Payment for expert testimony  | √None  |  |
|    |   |        |  |
| 7  | Support for attending<br>meetings and/or travel                           | None   |  |
|    |   |        |  |
|    |   |        |  |
| 8  | Patents planned, issued or<br>pending                                     | None   |  |
|    | P   |        |  |
| 9  | Participation on a Data   | √ None |  |
|    | Safety Monitoring Board or  |        |  |
|    | Advisory Board  |        |  |
| 10 | Leadership or fiduciary role  | None   |  |
|    | in other board, society,  |        |  |
|    | committee or advocacy group, paid or unpaid                               |        |  |
| 11 | Stock or stock options  | √ None |  |
|    |   |        |  |
|    |   |        |  |
| 12 | Receipt of equipment,   | None   |  |
|    | materials, drugs, medical   |        |  |
|    | writing, gifts or other<br>services                                       |        |  |
| 13 | Other financial or non-   | None   |  |
|    | financial interests   |        |  |
|    |   |        |  |

I declare that all relationships/activities/interests listed above that are not related to the content of our manuscript.

# Please place an "X" next to the following statement to indicate your agreement:

| Date: 2  | 2021.03.26   |
|----------|--|
| Your Nar | me: Jing Chen  |
| Manuscr  | ipt Title: <u>Anti-beta 2 glycoprotein 1 domain IgA positive antiphospholipid syndrome secondary to incomplete</u> |
| Behcet's | disease: a case report   |
| Manuscr  | ipt number (if known):   |

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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| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | √None  |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | √None  |   |
| 3 | Royalties or licenses  | √None  |   |
| 4 | Consulting fees  | √None  |   |

| 5  | Payment or honoraria for<br>lectures, presentations,<br>speakers bureaus, | √None  |  |
|----|---|--------|--|
|    | manuscript writing or<br>educational events                               |        |  |
| 6  | Payment for expert testimony  | √None  |  |
|    |   |        |  |
| 7  | Support for attending<br>meetings and/or travel                           | None   |  |
|    |   |        |  |
|    |   |        |  |
| 8  | Patents planned, issued or<br>pending                                     | None   |  |
|    | P   |        |  |
| 9  | Participation on a Data   | √ None |  |
|    | Safety Monitoring Board or  |        |  |
|    | Advisory Board  |        |  |
| 10 | Leadership or fiduciary role  | None   |  |
|    | in other board, society,  |        |  |
|    | committee or advocacy group, paid or unpaid                               |        |  |
| 11 | Stock or stock options  | √ None |  |
|    |   |        |  |
|    |   |        |  |
| 12 | Receipt of equipment,   | None   |  |
|    | materials, drugs, medical   |        |  |
|    | writing, gifts or other<br>services                                       |        |  |
| 13 | Other financial or non-   | None   |  |
|    | financial interests   |        |  |
|    |   |        |  |

I declare that all relationships/activities/interests listed above that are not related to the content of our manuscript.

# Please place an "X" next to the following statement to indicate your agreement:

| Date: <u>2021.03.26</u> |   |
|-------------------------|---|
| Your Name: <u>Zhe</u>   | ngli Chen   |
| Manuscript Title:       | nti-beta 2 glycoprotein 1 domain IgA positive antiphospholipid syndrome secondary to incomplete |
| Behcet's disease: a     | case report   |
| Manuscript number       | (if known):   |

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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
|---|--|--|---|
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| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | √None  |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | √None  |   |
| 3 | Royalties or licenses  | √None  |   |
| 4 | Consulting fees  | √None  |   |

| 5  | Payment or honoraria for<br>lectures, presentations,<br>speakers bureaus, | √None  |  |
|----|---|--------|--|
|    | manuscript writing or<br>educational events                               |        |  |
| 6  | Payment for expert testimony  | √None  |  |
|    |   |        |  |
| 7  | Support for attending<br>meetings and/or travel                           | None   |  |
|    |   |        |  |
|    |   |        |  |
| 8  | Patents planned, issued or<br>pending                                     | None   |  |
|    | P   |        |  |
| 9  | Participation on a Data   | √ None |  |
|    | Safety Monitoring Board or  |        |  |
|    | Advisory Board  |        |  |
| 10 | Leadership or fiduciary role  | None   |  |
|    | in other board, society,  |        |  |
|    | committee or advocacy group, paid or unpaid                               |        |  |
| 11 | Stock or stock options  | √ None |  |
|    |   |        |  |
|    |   |        |  |
| 12 | Receipt of equipment,   | None   |  |
|    | materials, drugs, medical   |        |  |
|    | writing, gifts or other<br>services                                       |        |  |
| 13 | Other financial or non-   | None   |  |
|    | financial interests   |        |  |
|    |   |        |  |

I declare that all relationships/activities/interests listed above that are not related to the content of our manuscript.

# Please place an "X" next to the following statement to indicate your agreement:

| Date:  |
|--|
| Your Name: <u>Shumin Zhu</u>   |
| Manuscript Title: Anti-beta 2 glycoprotein 1 domain IgA positive antiphospholipid syndrome secondary to incomple |
| Behcet's disease: a case report  |
| Manuscript number (if known):  |

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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |
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| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | √None  |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | √None  |   |
| 3 | Royalties or licenses  | √None  |   |
| 4 | Consulting fees  | √None  |   |

| 5  | Payment or honoraria for<br>lectures, presentations,<br>speakers bureaus, | √None  |  |
|----|---|--------|--|
|    | manuscript writing or<br>educational events                               |        |  |
| 6  | Payment for expert testimony  | √None  |  |
|    |   |        |  |
| 7  | Support for attending<br>meetings and/or travel                           | None   |  |
|    |   |        |  |
|    |   |        |  |
| 8  | Patents planned, issued or<br>pending                                     | None   |  |
|    | P   |        |  |
| 9  | Participation on a Data   | √ None |  |
|    | Safety Monitoring Board or  |        |  |
|    | Advisory Board  |        |  |
| 10 | Leadership or fiduciary role  | None   |  |
|    | in other board, society,  |        |  |
|    | committee or advocacy group, paid or unpaid                               |        |  |
| 11 | Stock or stock options  | √ None |  |
|    |   |        |  |
|    |   |        |  |
| 12 | Receipt of equipment,   | None   |  |
|    | materials, drugs, medical   |        |  |
|    | writing, gifts or other<br>services                                       |        |  |
| 13 | Other financial or non-   | None   |  |
|    | financial interests   |        |  |
|    |   |        |  |

I declare that all relationships/activities/interests listed above that are not related to the content of our manuscript.

# Please place an "X" next to the following statement to indicate your agreement:

| Date:  |
|--|
| Your Name: Yingqi Zhang  |
| Manuscript Title: Anti-beta 2 glycoprotein 1 domain IgA positive antiphospholipid syndrome secondary to incomple |
| Behcet's disease: a case report  |
| Manuscript number (if known):  |

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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|   | Time frame: past 36 months   |  |   |  |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | √None  |   |  |
| 3 | Royalties or licenses  | √None  |   |  |
| 4 | Consulting fees  | √None  |   |  |

| 5  | Payment or honoraria for<br>lectures, presentations,<br>speakers bureaus, | √None  |  |
|----|---|--------|--|
|    | manuscript writing or<br>educational events                               |        |  |
| 6  | Payment for expert testimony  | √None  |  |
|    |   |        |  |
| 7  | Support for attending<br>meetings and/or travel                           | √None  |  |
|    |   |        |  |
|    |   |        |  |
| 8  | Patents planned, issued or<br>pending                                     | None   |  |
|    |   |        |  |
| 9  | Participation on a Data   | √ None |  |
|    | Safety Monitoring Board or  |        |  |
|    | Advisory Board  |        |  |
| 10 | Leadership or fiduciary role  | None   |  |
|    | in other board, society,  |        |  |
|    | committee or advocacy<br>group, paid or unpaid                            |        |  |
| 11 | Stock or stock options  | √ None |  |
|    |   |        |  |
|    |   |        |  |
| 12 | Receipt of equipment,   | √ None |  |
|    | materials, drugs, medical   |        |  |
|    | writing, gifts or other services  |        |  |
| 13 | Other financial or non-   | √ None |  |
|    | financial interests   |        |  |
|    |   |        |  |

I declare that all relationships/activities/interests listed above that are not related to the content of our manuscript.

# Please place an "X" next to the following statement to indicate your agreement:

| Date: <u>2021.03.26</u>   |
|---|
| Your Name: <u>Yulan Geng</u>  |
| Manuscript Title: Anti-beta 2 glycoprotein 1 domain IgA positive antiphospholipid syndrome secondary to incomplet |
| Behcet's disease: a case report   |
| Manuscript number (if known):   |

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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments<br>(e.g., if payments were made to you or to your<br>institution) |  |
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| 1 | All support for the present<br>manuscript (e.g., funding,<br>provision of study materials,<br>medical writing, article<br>processing charges, etc.)<br><b>No time limit for this item.</b> | √None  |   |  |
|   | Time frame: past 36 months   |  |   |  |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | √None  |   |  |
| 3 | Royalties or licenses  | √None  |   |  |
| 4 | Consulting fees  | √None  |   |  |

| 5  | Payment or honoraria for<br>lectures, presentations,<br>speakers bureaus, | √None  |  |
|----|---|--------|--|
|    | manuscript writing or<br>educational events                               |        |  |
| 6  | Payment for expert testimony  | √None  |  |
|    |   |        |  |
| 7  | Support for attending<br>meetings and/or travel                           | None   |  |
|    |   |        |  |
|    |   |        |  |
| 8  | Patents planned, issued or<br>pending                                     | None   |  |
|    |   |        |  |
| 9  | Participation on a Data   | √ None |  |
|    | Safety Monitoring Board or  |        |  |
|    | Advisory Board  |        |  |
| 10 | Leadership or fiduciary role  | None   |  |
|    | in other board, society,  |        |  |
|    | committee or advocacy<br>group, paid or unpaid                            |        |  |
| 11 | Stock or stock options  | √ None |  |
|    |   |        |  |
|    |   |        |  |
| 12 | Receipt of equipment,   | √ None |  |
|    | materials, drugs, medical   |        |  |
|    | writing, gifts or other services  |        |  |
| 13 | Other financial or non-   | √ None |  |
|    | financial interests   |        |  |
|    |   |        |  |

I declare that all relationships/activities/interests listed above that are not related to the content of our manuscript.

# Please place an "X" next to the following statement to indicate your agreement:

| Date: <u>2021.03.26</u>  |
|--|
| Your Name: <u>Zhanging Gu</u>  |
| Manuscript Title: Anti-beta 2 glycoprotein 1 domain IgA positive antiphospholipid syndrome secondary to incomplete |
| Behcet's disease: a case report  |
| Manuscript number (if known):  |

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|   | Time frame: past 36 months   |  |   |  |
| 2 | Grants or contracts from<br>any entity (if not indicated<br>in item #1 above).   | √None  |   |  |
| 3 | Royalties or licenses  | √None  |   |  |
| 4 | Consulting fees  | √None  |   |  |

| 5  | Payment or honoraria for<br>lectures, presentations,<br>speakers bureaus, | √None  |  |
|----|---|--------|--|
|    | manuscript writing or<br>educational events                               |        |  |
| 6  | Payment for expert testimony  | √None  |  |
|    |   |        |  |
| 7  | Support for attending<br>meetings and/or travel                           | None   |  |
|    |   |        |  |
|    |   |        |  |
| 8  | Patents planned, issued or<br>pending                                     | None   |  |
|    |   |        |  |
| 9  | Participation on a Data   | √ None |  |
|    | Safety Monitoring Board or  |        |  |
|    | Advisory Board  |        |  |
| 10 | Leadership or fiduciary role  | None   |  |
|    | in other board, society,  |        |  |
|    | committee or advocacy<br>group, paid or unpaid                            |        |  |
| 11 | Stock or stock options  | √ None |  |
|    |   |        |  |
|    |   |        |  |
| 12 | Receipt of equipment,   | √ None |  |
|    | materials, drugs, medical   |        |  |
|    | writing, gifts or other services  |        |  |
| 13 | Other financial or non-   | √ None |  |
|    | financial interests   |        |  |
|    |   |        |  |

I declare that all relationships/activities/interests listed above that are not related to the content of our manuscript.

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