

ICMJE DISCLOSURE FORM

Date: 07/19/2023

Your Name: Mona Al Rasheed

Manuscript Title: Immune-mediated Thrombotic Thrombocytopenic Purpura Landscaping in Gulf Countries: A Real-World Evidence Study (ATHENA Study).

Manuscript number (if known): AOB-23-29

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)
Time frame: Since the initial planning of the work			
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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	
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	
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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	

Please summarize the above conflict of interest in the following box:

None

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X 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: 07/19/2023

Your Name: Faisal Alsayegh

Manuscript Title: Immune-mediated Thrombotic Thrombocytopenic Purpura Landscaping in Gulf Countries: A Real-World Evidence Study (ATHENA Study).

Manuscript number (if known): AOB-23-29

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ICMJE DISCLOSURE FORM

Date: 07/19/2023

Your Name: Fahad Al Mohareb

Manuscript Title: Immune-mediated Thrombotic Thrombocytopenic Purpura Landscaping in Gulf Countries: A Real-World Evidence Study (ATHENA Study).

Manuscript number (if known): AOB-23-29

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ICMJE DISCLOSURE FORM

Date: 07/19/2023

Your Name: Adel A. Aljatham

Manuscript Title: Immune-mediated Thrombotic Thrombocytopenic Purpura Landscaping in Gulf Countries: A Real-World Evidence Study (ATHENA Study).

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ICMJE DISCLOSURE FORM

Date: _____ 07/19/2023 _____

Your Name: _____ Farjah H Alqahtani _____

Manuscript Title: Immune-mediated Thrombotic Thrombocytopenic Purpura Landscaping in Gulf Countries: A Real-World Evidence Study (ATHENA Study).

Manuscript number (if known): _____ AOB-23-29 _____

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ICMJE DISCLOSURE FORM

Date: 07/19/2023

Your Name: Hafiz Malhan

Manuscript Title: Immune-mediated Thrombotic Thrombocytopenic Purpura Landscaping in Gulf Countries: A Real-World Evidence Study (ATHENA Study).

Manuscript number (if known): AOB-23-29

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ICMJE DISCLOSURE FORM

Date: 07/19/2023

Your Name: Hani Yousif Osman

Manuscript Title: Immune-mediated Thrombotic Thrombocytopenic Purpura Landscaping in Gulf Countries: A Real-World Evidence Study (ATHENA Study).

Manuscript number (if known): AOB-23-29

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ICMJE DISCLOSURE FORM

Date: 07/19/2023

Your Name: Hasan AAl-Yaseen

Manuscript Title: **Immune-mediated Thrombotic Thrombocytopenic Purpura Landscaping in Gulf Countries: A Real-World Evidence Study (ATHENA Study).**

Manuscript number (if known): AOB-23-29

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ICMJE DISCLOSURE FORM

Date: 07/19/2023

Your Name: Hind Salama

Manuscript Title: Immune-mediated Thrombotic Thrombocytopenic Purpura Landscaping in Gulf Countries: A Real-World Evidence Study (ATHENA Study).

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ICMJE DISCLOSURE FORM

Date: 07/19/2023

Your Name: Hussain H Al Saeed

Manuscript Title: Immune-mediated Thrombotic Thrombocytopenic Purpura Landscaping in Gulf Countries: A Real-World Evidence Study (ATHENA Study).

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ICMJE DISCLOSURE FORM

Date: 07/19/2023

Your Name: Lulwah Al-Tourah

Manuscript Title: Immune-mediated Thrombotic Thrombocytopenic Purpura Landscaping in Gulf Countries: A Real-World Evidence Study (ATHENA Study).

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ICMJE DISCLOSURE FORM

Date: _____ 07/19/2023 _____

Your Name: _____ Maha Sallam _____

Manuscript Title: Immune-mediated Thrombotic Thrombocytopenic Purpura Landscaping in Gulf Countries: A Real-World Evidence Study (ATHENA Study).

Manuscript number (if known): _____ AOB-23-29 _____

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ICMJE DISCLOSURE FORM

Date: _____ 07/19/2023 _____

Your Name: _____ Mahmoud Marashi _____

Manuscript Title: Immune-mediated Thrombotic Thrombocytopenic Purpura Landscaping in Gulf Countries: A Real-World Evidence Study (ATHENA Study).

Manuscript number (if known): _____ AOB-23-29 _____

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 current manuscript only.

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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	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	
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	
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	
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 summarize the above conflict of interest in the following box:

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.

ICMJE DISCLOSURE FORM

Date: 07/19/2023

Your Name: Mohamad Qari

Manuscript Title: Immune-mediated Thrombotic Thrombocytopenic Purpura Landscaping in Gulf Countries: A Real-World Evidence Study (ATHENA Study).

Manuscript number (if known): AOB-23-29

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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	

Please summarize the above conflict of interest in the following box:

None

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

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ICMJE DISCLOSURE FORM

Date: 07/19/2023

Your Name: Mona Oyar Hosseini

Manuscript Title: Immune-mediated Thrombotic Thrombocytopenic Purpura Landscaping in Gulf Countries: A Real-World Evidence Study (ATHENA Study).

Manuscript number (if known): AOB-23-29

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13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

None

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

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ICMJE DISCLOSURE FORM

Date: 07/19/2023
 Your Name: Murtadha Al-Khabori
 Manuscript Title: Immune-mediated Thrombotic Thrombocytopenic Purpura Landscaping in Gulf Countries: A Real-World Evidence Study (ATHENA Study).
 Manuscript number (if known): AOB-23-29

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None

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ICMJE DISCLOSURE FORM

Date: 07/19/2023

Your Name: Neveen Shalaby

Manuscript Title: Immune-mediated Thrombotic Thrombocytopenic Purpura Landscaping in Gulf Countries: A Real-World Evidence Study (ATHENA Study).

Manuscript number (if known): AOB-23-29

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ICMJE DISCLOSURE FORM

Date: 07/19/2023

Your Name: Ohoud F Kashari

Manuscript Title: Immune-mediated Thrombotic Thrombocytopenic Purpura Landscaping in Gulf Countries: A Real-World Evidence Study (ATHENA Study).

Manuscript number (if known): AOB-23-29

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None

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ICMJE DISCLOSURE FORM

Date: _____ 07/19/2023 _____

Your Name: _____ Ruba Y. Taha _____

Manuscript Title: Immune-mediated Thrombotic Thrombocytopenic Purpura Landscaping in Gulf Countries: A Real-World Evidence Study (ATHENA Study).

Manuscript number (if known): _____ AOB-23-29 _____

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None

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ICMJE DISCLOSURE FORM

Date: 07/19/2023

Your Name: Sabria Alhashami

Manuscript Title: Immune-mediated Thrombotic Thrombocytopenic Purpura Landscaping in Gulf Countries: A Real-World Evidence Study (ATHENA Study).

Manuscript number (if known): AOB-23-29

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Please summarize the above conflict of interest in the following box:

None

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ICMJE DISCLOSURE FORM

Date: 07/19/2023

Your Name: Ahmed Mekky

Manuscript Title: Immune-mediated Thrombotic Thrombocytopenic Purpura Landscaping in Gulf Countries: A Real-World Evidence Study (ATHENA Study).

Manuscript number (if known): AOB-23-29

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11	Stock or stock options	Yes	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

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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.

ICMJE DISCLOSURE FORM

Date: 07/19/2023

Your Name: Magdy Rabea

Manuscript Title: Immune-mediated Thrombotic Thrombocytopenic Purpura Landscaping in Gulf Countries: A Real-World Evidence Study (ATHENA Study).

Manuscript number (if known): AOB-23-29

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11	Stock or stock options	Yes	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

Magdy Rabea is employee of Sanofi Genzyme, and may hold shares or stock options in the company.

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.

ICMJE DISCLOSURE FORM

Date: 07/19/2023

Your Name: Mina Naguib

Manuscript Title: Immune-mediated Thrombotic Thrombocytopenic Purpura Landscaping in Gulf Countries: A Real-World Evidence Study (ATHENA Study).

Manuscript number (if known): AOB-23-29

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13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

MN was an employee of Sanofi at the time the manuscript was in preparation.

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.

ICMJE DISCLOSURE FORM

Date: 07/19/2023

Your Name: Zahir Chouikrat

Manuscript Title: Immune-mediated Thrombotic Thrombocytopenic Purpura Landscaping in Gulf Countries: A Real-World Evidence Study (ATHENA Study).

Manuscript number (if known): AOB-23-29

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	Yes	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

Zahir Chouikrat is employee of Sanofi Genzyme, and may hold shares or stock options in the company.

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.