Date:6/3/21
Your Name:Sara Auld
Manuscript Title: Severe exacerbations of systemic capillary leak syndrome (SCLS) following COVID-19
vaccination: A Case Series
Manuscript number (if known): L21-0250

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 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 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	_XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
	G ,		
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	June 1, 2021	
Your Name:	A. Robin Eisch	
Manuscript Title	:_ Severe exacerbations	systemic capillary leak syndrome (SCLS) following COVID-19 vaccination: A Case Series_
Manuscript num	ber (if known):	L21-0250

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 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.	xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

Payment or honoraria for	xNone	
	No.	
	xnone	
testimony		
Support for attending	y None	
meetings and, or traver		
Patents planned, issued or	x None	
pending		
Participation on a Data	xNone	
Safety Monitoring Board or		
•		
	xNone	
committee or advocacy		
	v Nana	
Stock or Stock options	xnone	
Receipt of equipment.	x None	
writing, gifts or other		
services		
Other financial or non-	xNone	
financial interests		
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonxNone

_x__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:5/28/2021
Your Name:Noble Maleque MD
Manuscript Title:_ "Severe exacerbations of systemic capillary leak syndrome (SCLS) following COVID-19
vaccination: A CaseSeries"_
Manuscript number (if known): L21-250

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 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 whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	xNone	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastxNone	36 months
3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

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

_x__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 05/28/2021

Your Name: Meghan Matheny

Manuscript Title: "Severe exacerbations of systemic capillary leak syndrome (SCLS) following COVID-19 vaccination: A

Case Series"

Manuscript number (if known): L21-0250

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 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 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:5-29-21				
Manuscript Title:_ Case Series				
Manuscript number	er (if known):L21-250			

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 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 whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	_xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	_xNone	

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

_x__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	5/28/21		
Your Name:	Aleena		
Manuscript Tit	tle: "Se	evere exacerbations of s	systemic capillary leak syndrome (SCLS) following
COVID-19 va	ccination: A Cas	se Series"	
related to the parties whose to transparence	content of your n interests may be cy and does not n	nanuscript. "Related" mea affected by the content o	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
The following manuscript on		o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to the epidem	iology of hyperte		defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
		port for the work reported the past 36 months.	d in this manuscript without time limit. For all other items
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	al planning of the work
	t for the present	_XNone	
	ot (e.g., funding,		
1 -	of study materials,		
	riting, article		
	g charges, etc.)		
No time li	No time limit for this item.		
		Time frame: pas	t 36 months
	contracts from	XNone	
	(if not indicated		
in item #1			
3 Royalties	or licenses	XNone	

Consulting fees

_X___None

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

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:5/28/202	<u></u>
Your Name:	_Natalie Channell
Manuscript Title:	Severe exacerbations of systemic capillary leak syndrome (SCLS) following COVID-19 vaccination
Manuscript num	ber (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 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 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.	_X_None	
Time frame: past 36 months			36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	X_None _X_None	
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or pending	X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X_None	
11	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone	
13	Other financial or non- financial interests	_XNone	

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.