

ICMJE DISCLOSURE FORM

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.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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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.

ICMJJE DISCLOSURE FORM

Date: June 1, 2021

Your Name: A. Robin Eisch

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

Manuscript number (if known): L21-0250

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ICMJJE DISCLOSURE 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

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ICMJE DISCLOSURE 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

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ICMJE DISCLOSURE FORM

Date: 5-29-21

Your Name: Kirk M. Druey

Manuscript Title: Severe exacerbations of Systemic Capillary Leak Syndrome (SCLS) following COVID-19 vaccination: A Case Series

Manuscript number (if known): L21-250

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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: 5/28/21
 Your Name: Aleena Banerji
 Manuscript Title: "Severe exacerbations of systemic capillary leak syndrome (SCLS) following COVID-19 vaccination: A Case Series"
 Manuscript number (if known): _____

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ICMJJE DISCLOSURE FORM

Date: 5/28/2021
 Your Name: Natalie Channell
 Manuscript Title: Severe exacerbations of systemic capillary leak syndrome (SCLS) following COVID-19 vaccination
 Manuscript number (if known): _____

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