Date:	12/19/2022
Your Name:	Michael F Marmor
Manuscript Title:	Hydroxychloroquine, etc.
Manuscript Number (if known):	Click or tap here to enter text.

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6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea ⊠	•	e following statement to indicate your agreeme	

Dat	e:		10/4/2022	
You	r Name:		Ronald B. Melles, MD	
Ma	nuscript Title:		"Comparative Retinopathy Risk of High- vs. Trial Emulation Study	Low-Dose Hydroxychloroquine Therapy: A Target
Ma	nuscript Number (if k	(nown)	M22-2453	
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epi		nsion, y		example, if your manuscript pertains to the acturers of antihypertensive medication, even if
	em #1 below, report ne for disclosure is th		port for the work reported in this manuscript w 36 months.	ithout time limit. For all other items, the time
			all entities with whom you have this nship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		None	Click the tab key to add additional rows.
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH/	NIAMS (R21-AR-074754]	Click the tab key to add additional rows.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea ⊠	•	e following statement to indicate your agreeme	

Date:	10/7/2022
Your Name:	Baijun Zhou
Manuscript Title:	Comparative Retinopathy Risk of High- vs. Low-Dose Hydroxychloroquine Therapy: A Target Trial Emulation Study
Manuscript Number (if known):	M22-2453

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3	Royalties or licenses	None	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None ■	
8	Patents planned, issued or pending	None 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 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	•	e following statement to indicate your agreeme	

Dat	e:		10/4/2021			
You	ır Name:		CAROL A CONELL	CAROL A CONELL		
Manuscript Title:			Comparative Retinopathy Risk of High- vs. Low-Dose Hydroxychloroquine Therapy: A Target Trial Emulation Study			
Ma	nuscript Number (if k	known):	M22-2453			
In the interest of transparency, we asl content of your manuscript. "Related affected by the content of the manuscindicate a bias. If you are in doubt about the author's relationships/activities/ii			ask you to disclose all relationships/activities/interests listed below that are related to the ted" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so. Des/interests should be defined broadly. For example, if your manuscript pertains to the ushould declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.			
	tem #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time		
			Ill entities with whom you have this aship 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		Time frame: Since the initial planning o	of the work		
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2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH	lone	Payments were made to my institution Click the tab key to add additional rows.		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	NIH	Time frame: past 36 months	Payments were made to my institution Click the tab key to add additional rows.		

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments w made to you or to your institution)	ere
4	Consulting fees	None None	
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	
8	Patents planned, issued or pending	□ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship 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:			

3 12/13/2021 ICMJE Disclosure Form

Date:	10/7/2022
Your Name:	Natalie McCormick
Manuscript Title:	Comparative Retinopathy Risk of High- vs. Low-Dose Hydroxychloroquine Therapy: A Target Trial Emulation Study
Manuscript Number (if known):	M22-2453

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3	Royalties or licenses	None	

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4	Consulting fees	None None	
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	
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 None	

		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were	
11	Stock or stock options	relationship or indicate none (add rows as needed) None	made to you or to your institution)	
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.			

3 12/13/2021 ICMJE Disclosure Form

Date:	10/3/2022
Your Name:	Yuqing Zhang
Manuscript Title:	Comparative Retinopathy Risk of High- vs. Low-Dose Hydroxychloroquine Therapy: A Target Trial Emulation Study
Manuscript Number (if known):	M22-2453

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4	Consulting fees	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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Date:	10/4/2022
Your Name:	Jingbo Niu
Manuscript Title:	Comparative Retinopathy Risk of High- vs. Low-Dose Hydroxychloroquine Therapy: A Target Trial Emulation Study
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8	Patents planned, issued or pending	None	
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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:		10/7/2022			
Your Name:		April Jorge	April Jorge		
Manuscript Title:		Comparative Retinopathy R Trial Emulation Study	Comparative Retinopathy Risk of High- vs. Low-Dose Hydroxychloroquine Therapy: A Target Trial Emulation Study		
Mar	nuscript Number (if I	nown): M22-2453			
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	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Time frame	Click the tab key to add additional rows. Past 36 months		
2	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Time frame ☐ None NIH/NIAMS K23-AR-07904 Rheumatology Research Foundation Development Award	e: past 36 months		

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Teertify that Thave answered every question and have not aftered the words

Date:	11/7/2022
Your Name:	Hyon K Choi
Manuscript Title:	Hydroxychloroquine Dose and Risk of Incident Retinopathy: A Cohort Study
Manuscript Number (if known):	M22-2453

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