

ICMJE DISCLOSURE FORM

Date: 3/3/2024

Your Name: Isset M. Vera

Manuscript Title: Pro-thrombotic autoantibodies targeting Platelet Factor 4/polyanion are associated with pediatric cerebral malaria

Manuscript Number (if known): 176466-JCI-CMED-1

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 author's relationships/activities/interests should be defined broadly. 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.

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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	

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.

ICMJE DISCLOSURE FORM

Date: 2/27/2024

Your Name: Anne Kessler

Manuscript Title: Pro-thrombotic autoantibodies targeting Platelet Factor 4/polyanion are associated with pediatric cerebral malaria

Manuscript Number (if known): 176466-JCI-CMED-1

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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.

ICMJE DISCLOSURE FORM

Date: 3/1/2024

Your Name: Visopo Harawa

Manuscript Title: Pro-thrombotic autoantibodies targeting Platelet Factor 4/polyanion are associated with pediatric cerebral malaria

Manuscript Number (if known): 176466-JCI-CMED-1

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ICMJE DISCLOSURE FORM

Date: 3/3/2024

Your Name: Ajisa Ahmadu

Manuscript Title: Pro-thrombotic autoantibodies targeting Platelet Factor 4/polyanion are associated with pediatric cerebral malaria

Manuscript Number (if known): 176466-JCI-CMED-1

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Date: 3/1/2024

Your Name: Thomas Keller

Manuscript Title: Pro-thrombotic autoantibodies targeting Platelet Factor 4/polyanion are associated with pediatric cerebral malaria

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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.

ICMJE DISCLOSURE FORM

Date: 3/1/2024

Your Name: Stephen Ray

Manuscript Title: Pro-thrombotic autoantibodies targeting Platelet Factor 4/polyanion are associated with pediatric cerebral malaria

Manuscript Number (if known): 176466-JCI-CMED-1

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 author's relationships/activities/interests should be defined broadly. 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.

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.

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Time frame: past 36 months								
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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.

ICMJE DISCLOSURE FORM

Date: 3/3/2024

Your Name: Terrie E. Taylor, D.O.

Manuscript Title: Pro-thrombotic autoantibodies targeting Platelet Factor 4/polyanion are associated with pediatric cerebral malaria

Manuscript Number (if known): 176466-JCI-CMED-1

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)
4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Novartis Pharma AG	Malaria Advisory Board
		Novartis Institutes for BioMedical Research	Strategic Advisory Committee for Global Health
		DSMB: Novartis	An adaptive, randomized, active-controlled, open-label, sequential cohort, multicenter study to evaluate the efficacy, safety, tolerability, and pharmacokinetics of intravenous cipargamin (KAE609) in adult and pediatric participants with severe <i>Plasmodium falciparum</i> malaria
		DSMB: Novartis	(PLATINUM): A multi-part, multi-center PLATform study to assess the efficacy, safety, tolerability and pharmacokinetics of anti-malarial agents administered as monotherapy and/or combination therapy IN patients with Uncomplicated <i>Plasmodium falciparum</i> Malaria

		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)
		DSMB: Johns Hopkins Malaria Research Institute	Randomized Controlled Trial of a Platelet-Directed Whole Blood Transfusion Strategy for Children with Severe <i>P. falciparum</i> Malaria
		DSMB: Stanford and Makerere Universities	Enhancing Immunity to Malaria in Young Children with Effective Chemoprevention
		DSMB: Malawi/Liverpool/Wellcome Trust, Liverpool School of Tropical Medicine, University of Cape Town	A pharmacokinetic randomised interventional study to optimise dihydroartemisinin-piperaquine dosing for malaria preventive treatment in Malawian infants (OPTIMAL Study)

10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

11	Stock or stock options	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
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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.

ICMJE DISCLOSURE FORM

Date: 3/1/2024

Your Name: Stephen Rogerson

Manuscript Title: Pro-thrombotic autoantibodies targeting Platelet Factor 4/polyanion are associated with pediatric cerebral malaria

Manuscript Number (if known): 176466-JCI-CMED-1

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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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.

ICMJE DISCLOSURE FORM

Date: 2/28/2024

Your Name: Wilson Lewis Mandala

Manuscript Title: Pro-thrombotic autoantibodies targeting Platelet Factor 4/polyanion are associated with pediatric cerebral malaria

Manuscript Number (if known): 176466-JCI-CMED-1

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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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.

ICMJE DISCLOSURE FORM

Date: 3/4/2024

Your Name: Morayma Reyes Gil

Manuscript Title: Pro-thrombotic autoantibodies targeting Platelet Factor 4/polyanion are associated with pediatric cerebral malaria

Manuscript Number (if known): 176466-JCI-CMED-1

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 author's relationships/activities/interests should be defined broadly. 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.

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ICMJE DISCLOSURE FORM

Date: 3/1/2024

Your Name: Karl Seydel

Manuscript Title: Pro-thrombotic autoantibodies targeting Platelet Factor 4/polyanion are associated with pediatric cerebral malaria

Manuscript Number (if known): 176466-JCI-CMED-1

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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ICMJE DISCLOSURE FORM

Date: 3/1/2024

Your Name: Kami Kim

Manuscript Title: Platelet Factor 4/polyanion are associated with pediatric cerebral malaria

Manuscript Number (if known): 176466-JCI-CMED-1

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4	Consulting fees	<input type="checkbox"/> None	
		Regeneron	To me expert panel
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
		State of Florida	To me
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		EMBO Meeting	ParaFrap SAB meeting
		Burroughs Wellcome Fund	BWF PDEP program
		IDSA	IDSA board of directors
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		3D swabs	To USF
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		IDSA board of directors	
		ParaFrap (French parasitology network)	
		Sanford Guide	

		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)
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		Gilead	Personal stock
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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