

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Christopher

2. Surname (Last Name)
Babbitt

3. Date
07-March-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it)
21-02605

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Centers for Disease Control and Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 1. Identifying Information

1. Given Name (First Name) Tamara 2. Surname (Last Name) Bradford 3. Date 10-March-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name)
Christopher

2. Surname (Last Name)
Carroll

3. Date
06-March-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Katharine

2. Surname (Last Name) Clouser

3. Date 10-March-2021

4. Are you the corresponding author? Yes No

Corresponding Author's Name Adrienne Randolph

5. Manuscript Title Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it) 21-02605

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Section 1. Identifying Information

1. Given Name (First Name)
Bria

2. Surname (Last Name)
Coates

3. Date
06-March-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Natalie

2. Surname (Last Name) Cvijanovich

3. Date 09-March-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name Adrienne Randolph

5. Manuscript Title Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it) 21-02605

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Centers for Disease Control and Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Cincinnati Children's Hospital Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
National Institutes of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

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Dr. Cvijanovich reports grants from Centers for Disease Control and Prevention, during the conduct of the study; grants from Cincinnati Children's Hospital Medical Center, grants from National Institutes of Health, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sule

2. Surname (Last Name)
Doymaz

3. Date
10-March-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Dr Adrienne Randolph

5. Manuscript Title
Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it)
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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
CDC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Doymaz has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Leora	2. Surname (Last Name) Feldstein	3. Date 08-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Adrienne Randolph
5. Manuscript Title Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children		
6. Manuscript Identifying Number (if you know it) 21-02605		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Feldstein has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Julie

2. Surname (Last Name)
Fitzgerald

3. Date
10-March-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Centers for Disease Control and Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Kevin

2. Surname (Last Name)
Friedman

3. Date
08-March-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
John

2. Surname (Last Name)
Giuliano

3. Date
08-March-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it)
21-02605

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Centers for Disease Control and Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Natasha 2. Surname (Last Name) Halasa 3. Date 09-March-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it)
21-02605

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Centers for Disease Control and Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sanofi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	donation of vaccines, performance HAI/MN assays
Genentech	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	educational grant
Quidel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Halasa reports grants from Centers for Disease Control and Prevention, during the conduct of the study; grants and non-financial support from Sanofi, grants from Genentech, grants from Quidel, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Mark

2. Surname (Last Name)
Hall

3. Date
09-March-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Centers for Disease Control and Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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LaJolla Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant service (DSMB)



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Hall reports grants from Centers for Disease Control and Prevention, during the conduct of the study; personal fees from LaJolla Pharmaceuticals, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sabrina

2. Surname (Last Name) Heidemann

3. Date 05-March-2021

4. Are you the corresponding author? Yes No

Corresponding Author's Name Adrienne Randolph

5. Manuscript Title Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it) 21-02605

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Charlotte

2. Surname (Last Name) Hobbs

3. Date 08-March-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name Adrienne Randolph

5. Manuscript Title Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it) 21-02605

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Steven 2. Surname (Last Name) Horwitz 3. Date 08-March-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it)
21-02605

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Centers for Disease Control and Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Janet

2. Surname (Last Name)
Hume

3. Date
09-March-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it)
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Katherine

2. Surname (Last Name)
Irby

3. Date
05-March-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it)
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Michael

2. Surname (Last Name)

Keenaghan

3. Date

09-March-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Adrienne Randolph

5. Manuscript Title

Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it)

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Dr. Keenaghan has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michele	2. Surname (Last Name) Kong	3. Date 05-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Adrienne Randolph
5. Manuscript Title Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children		
6. Manuscript Identifying Number (if you know it) 21-02605		

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Dr. Kong has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Laura

2. Surname (Last Name)
Loftis

3. Date
07-March-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it)
21-02605

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Centers for Disease Control and Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Loftis reports grants from Centers for Disease Control and Prevention, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Mia

2. Surname (Last Name)
Maamari

3. Date
05-March-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it)
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Elizabeth

2. Surname (Last Name)
Mack

3. Date
06-March-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it)
21-02605

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Aline

2. Surname (Last Name)
Maddux

3. Date
06-March-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it)
21-02605

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH/NICHD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Gwenn

2. Surname (Last Name) McLaughlin

3. Date 10-March-2021

4. Are you the corresponding author? Yes No

Corresponding Author's Name Adrienne Randolph

5. Manuscript Title Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it) 21-02605

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Vicki

2. Surname (Last Name)
Montgomery

3. Date
07-March-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it)
21-02605

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Centers for Disease Control and Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Montgomery reports grants from Centers for Disease Control and Prevention, during the conduct of the study; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Nancy	2. Surname (Last Name) Murray	3. Date 10-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Adrienne Randolph
5. Manuscript Title Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children		
6. Manuscript Identifying Number (if you know it) 21-02605		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Ms. Murray has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jane 2. Surname (Last Name) Newburger 3. Date 03-March-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it)
21-02605

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Centers for Disease Control and Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Newburger reports grants from Centers for Disease Control and Prevention, during the conduct of the study; grants from NHLBI, outside the submitted work; .

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Margaret

2. Surname (Last Name) Newhams

3. Date 10-March-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name Adrienne Randolph

5. Manuscript Title Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it) 21-02605

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Centers for Disease Control and Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Newhams reports grants from Centers for Disease Control and Prevention, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Manish	2. Surname (Last Name) Patel	3. Date 10-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Adrienne Randolph
5. Manuscript Title Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children		
6. Manuscript Identifying Number (if you know it) 21-02605		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Patel has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Adrienne 2. Surname (Last Name) Randolph 3. Date 10-March-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? Yes No

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Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

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Dr. Randolph reports grants from Centers for Disease Control and Prevention, during the conduct of the study; .

Evaluation and Feedback

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1. Identifying information.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Becky

2. Surname (Last Name)
Riggs

3. Date
08-March-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it)
21-02605

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Centers for Disease Control and Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Section 4. Intellectual Property -- Patents & Copyrights

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Charles 2. Surname (Last Name) Rose 3. Date 10-March-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it)
21-02605

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Centers for Disease Control and Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Courtney

2. Surname (Last Name)
Rowan

3. Date
06-March-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it)
21-02605

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Centers for Disease Control and Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K23HL150244

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Rowan reports grants from Centers for Disease Control and Prevention, during the conduct of the study; grants from NHLBI, outside the submitted work; .

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____ Jennifer

2. Surname (Last Name) _____ Schuster

3. Date _____ 08-March-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name _____ Adrienne Randolph

5. Manuscript Title _____ Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it) _____ 21-02605

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Centers for Disease Control and Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Merck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Stephanie 2. Surname (Last Name) Schwartz 3. Date 09-March-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it)
21-02605

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Centers for Disease Control and Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

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Dr. Schwartz reports grants from Centers for Disease Control and Prevention, during the conduct of the study; .

Evaluation and Feedback

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Aalok

2. Surname (Last Name)
Singh

3. Date
09-March-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it)
21-02605

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Centers for Disease Control and Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Lincoln

2. Surname (Last Name)
Smith

3. Date
08-March-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it)
21-02605

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Centers for Disease Control and Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Smith reports grants from Centers for Disease Control and Prevention, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Vijaya 2. Surname (Last Name) Soma 3. Date 08-March-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it)
21-02605

Section 2. The Work Under Consideration for Publication

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Mary Beth

2. Surname (Last Name)
Son

3. Date
06-March-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it)
21-02605

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Centers for Disease Control and Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Keiko

2. Surname (Last Name)
Tarquinio

3. Date
08-March-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it)
21-02605

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name) Phoebe 2. Surname (Last Name) Yager 3. Date 10-March-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name
Adrienne Randolph

5. Manuscript Title
Immunomodulatory Therapy and Clinical Outcomes for Multisystem Inflammatory Syndrome in U.S. Children

6. Manuscript Identifying Number (if you know it)
21-02605

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Centers for Disease Control and Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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- Yes, the following relationships/conditions/circumstances are present (explain below):
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Yager reports grants from Centers for Disease Control and Prevention, during the conduct of the study; .

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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Section 1. Identifying Information

1. Given Name (First Name) Cameron

2. Surname (Last Name) Young

3. Date 08-March-2021

4. Are you the corresponding author? Yes No

Corresponding Author's Name Adrienne Randolph

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