

ICMJE DISCLOSURE FORM

Date: 4/26/2021
 Your Name: Lael Yonker
 Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia
 Manuscript number (if known): 149633-JCI-CMED-RV-2

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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Date: 4/26/2021
 Your Name: Tal Gilboa
 Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia
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Date: 4/26/2021

Your Name: Alana Ogata

Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia

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Date: 4/26/2021

Your Name: Yasmeen Senussi

Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia

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Date: 4/26/2021
 Your Name: Roey Lazarovits
 Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia
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Date: 4/26/2021
 Your Name: Brittany P. Boribong
 Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia
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Date: 4/26/2021
 Your Name: Yannic C. Bartsch
 Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia
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Date: 4/26/2021
 Your Name: Maggie Loiseau
 Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia
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Date: 4/26/2021
 Your Name: Magali Noval Rivas
 Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia
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Date: 4/26/2021
 Your Name: Rebecca Porritt
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Date: 4/26/2021
 Your Name: Rosiane Lima
 Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia
 Manuscript number (if known): 149633-JCI-CMED-RV-2

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

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 Your Name: Jameson Davis
 Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia
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ICMJE DISCLOSURE FORM

Date: 4/26/2021
 Your Name: Eva Farkas
 Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia
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ICMJE DISCLOSURE FORM

Date: 4/26/2021
 Your Name: Madeleine Burns
 Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia
 Manuscript number (if known): 149633-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 4/26/2021
 Your Name: Nicola Young
 Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia
 Manuscript number (if known): 149633-JCI-CMED-RV-2

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Date: 4/26/2021
 Your Name: Yinay Mahajan
 Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia
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Date: 4/26/2021
 Your Name: Soroush Hajizadeh
 Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia
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Date: 4/26/2021
 Your Name: Xcanda I. Herrera Lopez
 Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia
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Date: 4/26/2021
 Your Name: Johannes Kreuzer
 Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia
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Date: 4/26/2021
 Your Name: Robert Morris
 Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <input 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.

ICMJE DISCLOSURE FORM

Date: 4/26/2021
 Your Name: Enid Martinez
 Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia
 Manuscript number (if known): 149633-JCI-CMED-RV-2

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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Time frame: past 36 months			
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ICMJE DISCLOSURE FORM

Date: 4/26/2021
 Your Name: Issac Han
 Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia
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ICMJE DISCLOSURE FORM

Date: 4/26/2021
 Your Name: Kettner Griswold
 Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia
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ICMJE DISCLOSURE FORM

Date: 4/26/2021
 Your Name: Nick Barry
 Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia
 Manuscript number (if known): 149633-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 4/26/2021
 Your Name: David Thompson
 Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia
 Manuscript number (if known): 149633-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 4/26/2021
 Your Name: George Church
 Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia
 Manuscript number (if known): 149633-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 4/26/2021
 Your Name: Andrea Edlow
 Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia
 Manuscript number (if known): 149633-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 4/26/2021
 Your Name: Wilhelm Haas
 Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia
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ICMJE DISCLOSURE FORM

Date: 4/26/2021
 Your Name: Shiv Pallai
 Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia
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ICMJE DISCLOSURE FORM

Date: 4/26/2021
 Your Name: Moshe Ardit
 Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <input 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: 4/26/2021
 Your Name: Galit Alter
 Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia
 Manuscript number (if known): 149633-JCI-CMED-RV-2

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 current manuscript only.

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.

		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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <input 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: April 26, 2021

Your Name: David R. Walt

Manuscript Title: Multisystem Inflammatory Syndrome in Children is driven by zonulin-dependent loss of gut mucosal barrier leading to SARS-CoV-2 antigenemia

Manuscript number (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 current manuscript only.

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.

		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.	Chleck Foundation	
		Barbara and Amos Hostetter	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	

4	Consulting fees	____ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____ None	
6	Payment for expert testimony	____ None	
7	Support for attending meetings and/or travel	____ None	
8	Patents planned, issued or pending	Patent Disclosure submitted	
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	Quanterix Corporation	David Walt is a Board Director of Quanterix, which manufactures instruments and reagents used in this work. All instruments and reagents were purchased through normal commercial routes at typical academic pricing
11	Stock or stock options	Quanterix Corporation	David Walt holds stock equity in Quanterix, which manufactures instruments and reagents used in this work. All instruments and reagents were purchased through normal commercial routes at typical academic pricing
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	____ None	
13	Other financial or non-financial interests	____ None	

Please place an "X" next to the following statement to indicate your agreement:

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: April 26, 2021
 Your Name: Alessio Fasano
 Manuscript Title: _____
 Manuscript number (if known): _____

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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.

		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.	None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	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	
11	Stock or stock options	Alba Therapeutics	This company is focused on treatment of celiac disease using the same zonulin inhibitor use for some data presented in this paper. Beside stock options, no payments have been made for the past 36 months
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	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.