| Date: | 10/3/2022 |
|-------------------------------|--|
| Your Name: | Olesya Vorontsov |
| Manuscript Title: | Chemerin and galectin-3-binding protein are prognostic amniotic fluid biomarkers for congenital cytomegalovirus infection severity |
| Manuscript Number (if known): | 157415-JCI-RG-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.

| | | Name all entities with whom you have this relationship or indicate none (add rows as nee | Specifications/Comments (e.g., if payments were ded) made to you or to your institution) |
|---|---|--|--|
| | | Time frame: Since the initial pl | anning 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 | Click the tab key to add additional rows. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None None | |

| | | 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 | 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 | |

| | | 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) |
|------|--|--|---|
| 11 | Stock or stock options | [⊠] None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None | |
| 13 | Other financial or non-financial interests | [⊠] None | |
| Plea | - | to the following statement to indicate your agreement answered every question and have not altered the wor | |

| Date: | 3/9/2022 |
|-------------------------------|---|
| Your Name: | Lorinne Levitt |
| Manuscript Title: | [Chemerin and galectin-3-binding protein are prognostic amniotic fluid biomarkers for congenital cytomegalovirus infection severity |
| Manuscript Number (if known): | 157415-JCI-RG-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.

| | | 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 | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | ns |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | The Research Fund of the Hadassah Medical Organization | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None □ | |
| 6 | Payment for expert testimony | [⊠] None | |

| | | 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) |
|------|---|--|---|
| 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 | [⊠] None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None | |
| 13 | Other financial or non-financial interests | [⊠] None | |
| Plea | | to the following statement to indicate your agreemen | |

| Date: | 3/9/2022 |
|-------------------------------|---|
| Your Name: | Daniele Lilleri |
| Manuscript Title: | [Chemerin and galectin-3-binding protein are prognostic amniotic fluid biomarkers for congenital cytomegalovirus infection severity |
| Manuscript Number (if known): | 157415-JCI-RG-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.

| | | Name all entities with whom you har relationship or indicate none (add r | | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|--|-----------------------|---|
| | | Time frame: Since t | he initial planning o | 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 | | Click the tab key to add additional rows. |
| | ı | Time fra | me: past 36 months | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | | |
| 3 | Royalties or licenses | None | | |

| | | 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 | 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 | |

| | | 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) |
|----------|--|---|---|
| 11 | Stock or stock options | [⊠] None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None | |
| 13 | Other financial or non-financial interests | [⊠] None | |
| Plea [⊠] | - | to the following statement to indicate your agreement answered every question and have not altered the work | |

| Date: | 3/9/2022 |
|-------------------------------|--|
| Your Name: | Gilad W. Vainer |
| Manuscript Title: | Chemerin and galectin-3-binding protein are prognostic amniotic fluid biomarkers for congenital cytomegalovirus infection severity |
| Manuscript Number (if known): | 157415-JCI-RG-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.

| | | 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 | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | ns |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | MSD - cancer grant Roche - cancer grant BMS - cancer grant | Pfizer – cancer grant none of them is directly related to this work |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None □ | |
| 6 | Payment for expert testimony | [⊠] None | |

| | | 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) |
|----|---|--|---|
| 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 | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None | |
| 13 | Other financial or non-financial interests | [⊠] None | |
| | | to the following statement to indicate your agreemen | |
| | I certify that I have | answered every question and have not altered the wor | ding of any of the questions on this form. |

| Date: | 3/9/2022 |
|-------------------------------|--|
| Your Name: | Orit Kaplan |
| Manuscript Title: | Chemerin and galectin-3-binding protein are prognostic amniotic fluid biomarkers for congenital cytomegalovirus infection severity |
| Manuscript Number (if known): | 157415-JCI-RG-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.

| | | Name all entities with whom you have this relationship or indicate none (add rows as nee | Specifications/Comments (e.g., if payments were ded) made to you or to your institution) |
|---|---|--|--|
| | | Time frame: Since the initial pl | anning 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 | Click the tab key to add additional rows. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None None | |

| | | 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 | 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 | |

| | | 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) |
|------|--|--|---|
| 11 | Stock or stock options | [⊠] None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None | |
| 13 | Other financial or non-financial interests | [⊠] None | |
| Plea | Please place an "X" next to the following statement to indicate your agreement: | | |

| Date: | 3/9/2022 |
|-------------------------------|--|
| Your Name: | Licita Schreiber |
| Manuscript Title: | Chemerin and galectin-3-binding protein are prognostic amniotic fluid biomarkers for congenital cytomegalovirus infection severity |
| Manuscript Number (if known): | 157415-JCI-RG-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.

| | | 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 | g 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 | Click the tab key to add additional rows. |
| | | Time frame: past 36 mont | hs |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | [⊠] None | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None Non | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None | |
| 6 | Payment for expert testimony | [⊠] None | |

| | | 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) |
|----|--|--|---|
| 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 | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None | |
| 13 | Other financial or non-financial interests | [⊠] None | |
| | | to the following statement to indicate your agreemen | |
| | I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | |

| Date: | 3/9/2022 |
|-------------------------------|--|
| Your Name: | Alessia Arossa |
| Manuscript Title: | Chemerin and galectin-3-binding protein are prognostic amniotic fluid biomarkers for congenital cytomegalovirus infection severity |
| Manuscript Number (if known): | 157415-JCI-RG-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.

| | | 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 | | 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. | | |
| 1 1 1 1 1 | | Time frame: past 36 month [⊠] None | |
| | contracts from any entity (if not indicated in item #1 above). | | |
| 3 | Royalties or licenses | None | |

| | | 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 | None 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 | |

| | | 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) |
|--------|---|--|---|
| 11 | Stock or stock options | [⊠] None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None | |
| 13 | Other financial or non-financial interests | [⊠] None | |
| Plea 🖂 | Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | |

| Date: | 3/9/2022 |
|-------------------------------|---|
| Your Name: | Arsenio Spinillo |
| Manuscript Title: | [Chemerin and galectin-3-binding protein are prognostic amniotic fluid biomarkers for congenital cytomegalovirus infection severity |
| Manuscript Number (if known): | 157415-JCI-RG-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.

| | | 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 | g 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 | Click the tab key to add additional rows. |
| | | Time frame: past 36 mont | ths |
| 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 | |

| | | 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) |
|------|---|--|---|
| 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 | [⊠] None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None | |
| 13 | Other financial or non-financial interests | [⊠] None | |
| Plea | | to the following statement to indicate your agreemer | |

| Date: | 3/9/2022 |
|-------------------------------|--|
| Your Name: | Milena Furione |
| Manuscript Title: | Chemerin and galectin-3-binding protein are prognostic amniotic fluid biomarkers for congenital cytomegalovirus infection severity |
| Manuscript Number (if known): | 157415-JCI-RG-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.

| | | 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 plannin | g 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 | Click the tab key to add additional rows. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Time frame: past 36 mon [⊠] None | |
| 3 | Royalties or licenses | None None | |

| | | 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 | None 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 | |

| | | 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) |
|--------|---|--|---|
| 11 | Stock or stock options | [⊠] None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None | |
| 13 | Other financial or non-financial interests | [⊠] None | |
| Plea 🖂 | Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | |

| Date: | 3/9/2022 |
|-------------------------------|--|
| Your Name: | Or Alfi |
| Manuscript Title: | Chemerin and galectin-3-binding protein are prognostic amniotic fluid biomarkers for congenital cytomegalovirus infection severity |
| Manuscript Number (if known): | 157415-JCI-RG-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.

| | | 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 | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | ns |
| 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 None | |
| 6 | Payment for expert testimony | [⊠] None | |

| | | 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) |
|------|---|--|---|
| 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 | [⊠] None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None | |
| 13 | Other financial or non-financial interests | [⊠] None | |
| Plea | | to the following statement to indicate your agreemer | |

| Date: | 3/9/2022 |
|-------------------------------|--|
| Your Name: | Esther Oiknine-Djian |
| Manuscript Title: | Chemerin and galectin-3-binding protein are prognostic amniotic fluid biomarkers for congenital cytomegalovirus infection severity |
| Manuscript Number (if known): | 157415-JCI-RG-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.

| | | 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 | Click the tab key to add additional rows. |
| | | Time frame: past 36 montl | hs |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None None | |

| | | 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 | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None | |
| 6 | Payment for expert testimony | [⊠] None | |
| 7 | Support for attending meetings and/or travel | [⊠] None | |
| 8 | Patents planned, issued or pending | [⊠] None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | [⊠] None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | [⊠] None | |

| | | 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) | |
|----------|--|--|---|--|
| 11 | Stock or stock options | [⊠] None | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None | | |
| 13 | Other financial or non-financial interests | [⊠] None | | |
| Plea [⊠] | Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | | |

| Date: | 3/9/2022 |
|-------------------------------|--|
| Your Name: | Meital Kupervaser |
| Manuscript Title: | Chemerin and galectin-3-binding protein are prognostic amniotic fluid biomarkers for congenital cytomegalovirus infection severity |
| Manuscript Number (if known): | 157415-JCI-RG-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.

| | | 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 planni | ng 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 | Click the tab key to add additional rows. |
| | | Time frame: past 36 mo | nths |
| 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 None □ | |
| 6 | Payment for expert testimony | [⊠] None | |

| | | 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) | | |
|---|---|--|---|--|--|
| 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 | None | | | |
| 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 | ☑ I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | | |

| Date: | 3/9/2022 |
|-------------------------------|---|
| Your Name: | Yuval Nevo |
| Manuscript Title: | [Chemerin and galectin-3-binding protein are prognostic amniotic fluid biomarkers for congenital cytomegalovirus infection severity |
| Manuscript Number (if known): | 157415-JCI-RG-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.

| | | 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 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | Click the tab key to add additional rows. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | [⊠] None | |
| 3 | Royalties or licenses | None | |

| | | 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 | None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None |
| 6 | Payment for expert testimony | None None |
| 7 | Support for attending meetings and/or travel | None None |
| 8 | Patents planned, issued or pending | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |

| | | 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) | |
|------|---|--|---|--|
| 11 | Stock or stock options | [⊠] None | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None | | |
| 13 | Other financial or non-financial interests | [⊠] None | | |
| Plea | Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | | |

| Date: | 3/9/2022 |
|-------------------------------|--|
| Your Name: | Sharona Elgavish |
| Manuscript Title: | Chemerin and galectin-3-binding protein are prognostic amniotic fluid biomarkers for congenital cytomegalovirus infection severity |
| Manuscript Number (if known): | 157415-JCI-RG-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.

| | | 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 | g 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 | Click the tab key to add additional rows. |
| | | Time frame: past 36 mont | hs |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | [⊠] None | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None Non | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None | |
| 6 | Payment for expert testimony | [⊠] None | |

| | | 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) | | | |
|---|---|--|---|--|--|--|
| 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 | [⊠] None | | | | |
| 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: | | | | | | |

| Date: | 3/9/2022 | | | | | |
|--|--|--|--|--|--|--|
| YourName: | Moran Yassour | | | | | |
| ManuscriptTitle: | Chemerin and galectin-3-binding protein are prognostic amniotic fluid biomarkers for congenital cytomegalovirus infection severity | | | | | |
| Manuscript Number (if known): 157415-JCI-RG-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. | | | | | | |

| | | 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 | g 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 | Click the tab key to add additional rows. | | |
| | 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 | | | |

| | | 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 | None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None |
| 6 | Payment for expert testimony | None |
| 7 | Support for attending meetings and/or travel | None None |
| 8 | Patents planned, issued or pending | None None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None None |

| | | | e all entities with whom you have this ionship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|-----|--|---|
| 11 | Stock or stock options | | None | |
| | | | | |
| | | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | | None | |
| | | | | |
| | | | | |
| | | r 1 | | |
| 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.

ICMJE DISCLOSURE FORM

| Date: | 3/9/2022 |
|-------------------|---|
| Your Name: | Maurizio Zavattoni |
| Manuscript Title: | [Chemerin and galectin-3-binding protein are prognostic amniotic fluid biomarkers for congenital cytomegalovirus infection severity |
| | |

Manuscript Number (if known): 157415-JCI-RG-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.

| | | 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 | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None 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 | |

| | | 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) |
|--|---|--|---|
| 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 | [⊠] None | |
| 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. | | | |

| Date: | 3/9/2022 |
|-------------------------------|--|
| Your Name: | Tali Bdolah-Abram |
| Manuscript Title: | Chemerin and galectin-3-binding protein are prognostic amniotic fluid biomarkers for congenital cytomegalovirus infection severity |
| Manuscript Number (if known): | 157415-JCI-RG-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.

| | | e all entities with whom you have this onship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|--|---|
| | | 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 | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | 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 | None None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None |
| 6 | Payment for expert testimony | □ □ |
| 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 | □ □ |

| | | 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) | |
|-------------|---|--|---|--|
| 11 | Stock or stock options | [⊠] None | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None | | |
| 13 | Other financial or non-financial interests | [⊠] None | | |
| Plea [⊠] | Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | | |

| Date: | 3/9/2022 |
|------------------------------|--|
| Your Name: | Fausto Baldanti |
| Manuscript Title: | Chemerin and galectin-3-binding protein are prognostic amniotic fluid biomarkers for congenital cytomegalovirus infection severity |
| Manuscrint Number (if known) | 157415-ICI-RG-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.

| | | 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 | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None 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 | |

| | | 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) |
|--|---|--|---|
| 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 | [⊠] None | |
| 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. | | | |

| Date: | 3/9/2022 |
|-------------------------------|--|
| Your Name: | Miriam Geal Dor |
| Manuscript Title: | Chemerin and galectin-3-binding protein are prognostic amniotic fluid biomarkers for congenital cytomegalovirus infection severity |
| Manuscript Number (if known): | 157415-JCI-RG-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.

| | | e all entities with whom you have this ionship or indicate none (add rows as ed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|--|---|
| 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: Since the initial planning | of the work Click the tab key to add additional rows. |
| | | Time frame: past 36 month | s |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | e all entities with whom you have this ionship or indicate none (add rows as ed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----|---|--|---|
| 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 | |

| | | 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) |
|--------|---|--|---|
| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None ■ None None | |
| Plea 🖂 | Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | |

| Date: | 3/9/2022 |
|-------------------------------|--|
| Your Name: | Zichria Zakay-Rones |
| Manuscript Title: | Chemerin and galectin-3-binding protein are prognostic amniotic fluid biomarkers for congenital cytomegalovirus infection severity |
| Manuscript Number (if known): | 157415-JCI-RG-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.

| | | 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 | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None 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 | |

| | | 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) |
|--|---|--|---|
| 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 | [⊠] None | |
| 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. | | | |

| Date: | 3/9/2022 |
|-------------------------------|--|
| Your Name: | Nili Yanay |
| Manuscript Title: | Chemerin and galectin-3-binding protein are prognostic amniotic fluid biomarkers for congenital cytomegalovirus infection severity |
| Manuscript Number (if known): | 157415-JCI-RG-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.

| | | e all entities with whom you have this onship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|--|---|
| | | 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 | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | 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 | None None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None |
| 6 | Payment for expert testimony | □ □ |
| 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 | □ □ |

| | | 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) |
|-------------|---|--|---|
| 11 | Stock or stock options | [⊠] None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None | |
| 13 | Other financial or non-financial interests | [⊠] None | |
| Plea [⊠] | Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | |

 Date:
 3/9/2022

 Your Name:
 Simcha Yagel

 Manuscript Title:
 Chemerin and galectin-3-binding protein are prognostic amniotic fluid biomarkers for congenital cytomegalovirus infection severity

Manuscript Number (if known): 157415-JCI-RG-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.

| | | Name | e all entities with whom you have this | Specifications/Comments (e.g., if payments were |
|---|---------------------|--------|--|---|
| | | relati | onship or indicate none (add rows as needed) | made to you or to your institution) |
| | | | Time frame: Since the initial planning | of the work |
| 1 | All support for the | | | |
| | present | Χ | None | |

| | | Name all entities with whom you have this | Specifications/Comments (e.g., if payments were |
|---|---------------------------|--|--|
| | | relationship or indicate none (add rows as needed) | made to you or to your institution) |
| | manuscript (e.g., | | |
| | funding, provision | | |
| | of study | | |
| | materials, medical | | Click the tab key to add additional rows. |
| | writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for | | |
| | this item. | | |
| | | Time frame: past 36 month | is a second seco |
| 2 | Grants or | · | |
| | contracts from | X None | |
| | any entity (if not | | |
| | indicated in item | | |
| | #1 above). | | |
| | | | |
| 3 | Royalties or | | |
| | licenses | None | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4 | Consulting fees | | |
| | | X None | |
| | | A Henry | |
| | | | |
| | | | |
| | | | |
| | | | |
| 5 | Payment or | | |
| | honoraria for | X None | |
| | lectures, | | |
| | presentations, | | |
| | speakers | | |
| | bureaus, manuscript | | |
| | writing or | | |
| | educational | | |
| L | events | | |
| 6 | Payment for | | |
| | expert testimony | X None | |
| | | | |
| | | | |
| | | | |
| | | | |
| 7 | Support for | | |
| | attending | X None | |
| | meetings and/or | | |
| | travel | | |
| | | | |
| | | | |

| relationship or indicate none (add rows as needed) made to you or to your institution) Patents planned, issued or pending None Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in fiduciary role in X. None relationship or indicate none (add rows as needed) made to you or to your institution) X None X None X None | | | |
|--|--|--|--|
| issued or pending Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or | | | |
| pending Participation on a Data Safety Monitoring Board or Advisory Board December 2 | | | |
| 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or | | | |
| a Data Safety Monitoring Board or Advisory Board 10 Leadership or | | | |
| a Data Safety Monitoring Board or Advisory Board 10 Leadership or | | | |
| a Data Safety Monitoring Board or Advisory Board 10 Leadership or | | | |
| a Data Safety Monitoring Board or Advisory Board 10 Leadership or | | | |
| Board or Advisory Board 10 Leadership or | | | |
| 10 Leadership or | | | |
| | | | |
| | | | |
| other board, | | | |
| society, committee or | | | |
| advocacy group, | | | |
| paid or unpaid | | | |
| Stock or stock options X None | | | |
| | | | |
| | | | |
| 12 Receipt of equipment, materials, drugs, | | | |
| medical writing, | | | |
| gifts or other services | | | |
| | | | |
| 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. | | | |

| Date: | 3/9/2022 | |
|-------------------------------|--|--|
| Your Name: | Amos Panet | |
| Manuscript Title: | Chemerin and galectin-3-binding protein are prognostic amniotic fluid biomarkers for congenital cytomegalovirus infection severity | |
| Manuscript Number (if known): | 157415-JCI-RG-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.

| | | 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 | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 3 | Grants or contracts from any entity (if not indicated in item #1 above). | □ None The study was supported by the Israel Science Foundation 530/18 ■ None | |
| | licenses | | |
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers | None Non | |

| | | 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) |
|----|---|--|---|
| | bureaus, manuscript writing or educational events | | |
| 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 | [⊠] None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None | |

| | | 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) |
|---------------|--|--|---|
| 13 | Other financial or non-financial interests | [⊠] None | |
| | IIILEI ESIS | | |
| Plea | Please place an "X" next to the following statement to indicate your agreement: | | |
| $[\boxtimes]$ | I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | |

| Date: | 3/9/2022 |
|-------------------------------|---|
| Your Name: | Dana G. Wolf |
| Manuscript Title: | [Chemerin and galectin-3-binding protein are prognostic amniotic fluid biomarkers for congenital cytomegalovirus infection severity |
| Manuscript Number (if known): | 157415-JCI-RG-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.

| | | 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 | of the work |
| 1 | All support for the present manuscript (e.g., funding, provision | □ None Israel Science Foundation 530/18 Israel Science Foundation IPMP 3432/19 | |
| | of study materials, medical writing, article processing charges, etc.) No time limit for | Research Fund of the Hadassah Medical Organization | Click the tab key to add additional rows. |
| | this item. | | |
| | | Time frame: past 36 months | S |

| | | 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) |
|---|--|---|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | EU EraNet CYMAF consortium | |
| 3 | Royalties or licenses | None Non | |
| 4 | Consulting fees | None Non | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None Non | |
| 6 | Payment for expert testimony | [⊠] None | |
| 7 | Support for attending meetings and/or travel | [⊠] None | |
| 8 | Patents planned, issued or pending | Methods and compositions for treating viral infections Diagnosis of congenital cytomegalovirus infection | |
| 9 | Participation on a Data Safety | [⊠] None | |

| | | 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) |
|---|---|--|---|
| | Monitoring Board or Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |
| 11 | Stock or stock options | [⊠] None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None | |
| 13 | Other financial or non-financial interests | [⊠] None | |
| Please place an "X" next to the following statement to indicate your agreement: \[\Boxedow \] I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | | |