

ICMJE DISCLOSURE FORM

Date: August 16, 2021

Your Name: Lori Broderick, MD, PhD

Manuscript Title: Immune response to intravenous immunoglobulin in patients with Kawasaki disease and MIS-C

Manuscript number (if known): 147076-JCI-RG-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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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.	_____	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	AAAAI Foundation Faculty Development Award	Payments were made to the institution
3	Royalties or licenses	_____	

4	Consulting fees	_____	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_____	
6	Payment for expert testimony	_____	
7	Support for attending meetings and/or travel	_____	
8	Patents planned, issued or pending	_____	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_____	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_____	
11	Stock or stock options	_____	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_____	
13	Other financial or non-financial interests	_____	

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: 8-17-2021

Your Name: Yanfang Peipei Zhu

Manuscript Title: Immune response to intravenous immunoglobulin in patients with Kawasaki disease and MIS-C

Manuscript number (if known): 147076-JCI-RG-RV-2

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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	None ____	
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13	Other financial or non-financial interests	None ____	

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ICMJE DISCLOSURE FORM

Date: 08/15/2021

Your Name: Weiqi Peng

Manuscript Title: Immune response to intravenous immunoglobulin in patients with Kawasaki disease and MIS-C

Manuscript number (if known): 147076-JCI-RG-RV-2

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3	Royalties or licenses	_NA_	
4	Consulting fees	_NA_	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_ NA _	
6	Payment for expert testimony	_ NA _	
7	Support for attending meetings and/or travel	_ NA _	
8	Patents planned, issued or pending	_ NA _	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_ NA _	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_ NA _	
11	Stock or stock options	_ NA _	
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ICMJE DISCLOSURE FORM

Date: Aug 15, 2021

Your Name: Nathan E. Lewis

Manuscript Title: Immune response to intravenous immunoglobulin in patients with Kawasaki disease and MIS-C

Manuscript number (if known): 147076-JCI-RG-RV-2

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Pfizer__	Grant for research into improved biotherapeutic manufacturing
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	_____	
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11	Stock or stock options	_none__	
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ICMJE DISCLOSURE FORM

Date: 8/16/2021

Your Name: Linh N Le

Manuscript Title: Immune response to intravenous immunoglobulin in patients with Kawasaki disease and MIS-C

Manuscript number (if known): 147076-JCI-RG-RV-2

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ICMJE DISCLOSURE FORM

Date: 8/16/2021

Your Name: Stephanie Labou

Manuscript Title: Immune response to intravenous immunoglobulin in patients with Kawasaki disease and MIS-C

Manuscript number (if known): 147076-JCI-RG-RV-2

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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: 15/8/2021

Your Name: Cameron Nowell

Manuscript Title: Immune response to intravenous immunoglobulin in patients with Kawasaki disease and MIS-C

Manuscript number (if known): 147076-JCI-RG-RV-2

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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	
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ICMJE DISCLOSURE FORM

Date: 08-17-2021

Your Name: Jamie Casey Lee

Manuscript Title: Immune response to intravenous immunoglobulin in patients with Kawasaki disease and MIS-C

Manuscript number (if known): 147076-JCI-RG-RV-2

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ICMJE DISCLOSURE FORM

Date: 08/15/2021

Your Name: Isaac Shamie

Manuscript Title: Immune response to intravenous immunoglobulin in patients with Kawasaki disease and MIS-C

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3	Royalties or licenses	__None__	
4	Consulting fees	____	

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6	Payment for expert testimony	<u> None </u>	
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ICMJE DISCLOSURE FORM

Date: 08/16/2021

Your Name: Eric R. Griffis

Manuscript Title: Immune response to intravenous immunoglobulin in patients with Kawasaki disease and MIS-C

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		Nikon Imaging Inc.	I am the director of the Nikon Imaging Center at UC San Diego. Nikon Instruments Inc. provides all of the instruments in the center F.O.C., and provides \$100k/year to subsidize our operation.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_____	
3	Royalties or licenses	_____	

4	Consulting fees	Guidepoint Global	Received \$100 for consulting for an unnamed company on the superresolution imaging market
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Nikon Imaging Inc.	Received \$2400 in honoraria for teaching microscopy courses in Woods Hole and Bangalore for Nikon Imaging Inc.
6	Payment for expert testimony	_____	
7	Support for attending meetings and/or travel	_____	
8	Patents planned, issued or pending	_____	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_____	
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ICMJE DISCLOSURE FORM

Date: 8/16/2021

Your Name: Elizabeth Moreno

Manuscript Title: Immune response to intravenous immunoglobulin in patients with Kawasaki disease and MIS-C

Manuscript number (if known): 147076-JCI-RG-RV-2

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ICMJE DISCLOSURE FORM

Date: 08/16/2021

Your Name: Yushan Liu

Manuscript Title: Immune response to intravenous immunoglobulin in patients with Kawasaki disease and MIS-C

Manuscript number (if known): 147076-JCI-RG-RV-2

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> N/A <u> </u>	
11	Stock or stock options	<u> </u> N/A <u> </u>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> N/A <u> </u>	
13	Other financial or non-financial interests	<u> </u> N/A <u> </u>	

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: 8/15/21

Your Name: Adriana Tremoulet MD

Manuscript Title: Immune response to intravenous immunoglobulin in patients with Kawasaki disease and MIS-C

Manuscript number (if known): 147076-JCI-RG-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.

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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.	---	
		NHLBI 3R01HL140898-03S1	
		CER-1602-3447 PCORI	
		NICHD 1R61HD105590	
		NIH/NIAID 1R01AI143586	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_NA_	
3	Royalties or licenses	__NA_	

4	Consulting fees	__NA__	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__NA__	
6	Payment for expert testimony	NA	
7	Support for attending meetings and/or travel	__NA__	
8	Patents planned, issued or pending	__NA__	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__NA__	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__NA__	
11	Stock or stock options	__NA__	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__NA__	
13	Other financial or non-financial interests	__NA__	

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: 08/16/2021

Your Name: Shiela Angulo

Manuscript Title: Immune response to intravenous immunoglobulin in patients with Kawasaki disease and MIS-C

Manuscript number (if known): 147076-JCI-RG-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: 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.	_N/A_	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_N/A_	
3	Royalties or licenses	_N/A_	
4	Consulting fees	_N/A_	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_ N/A ___	
6	Payment for expert testimony	_ N/A ___	
7	Support for attending meetings and/or travel	_ N/A ___	
8	Patents planned, issued or pending	_ N/A ___	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_ N/A ___	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_ N/A ___	
11	Stock or stock options	_ N/A ___	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ N/A ___	
13	Other financial or non-financial interests	_ N/A ___	

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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: 8/16/2021

Your Name: Huilai Miao

Manuscript Title: Immune response to intravenous immunoglobulin in patients with Kawasaki disease and MIS-C

Manuscript number (if known): 147076-JCI-RG-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: 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	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.

ICMJE DISCLOSURE FORM

Date: August 15, 2021

Your Name: John T. Kanegaye

Manuscript Title: Immune response to intravenous immunoglobulin in patients with Kawasaki disease and MIS-C

Manuscript number (if known): 147076-JCI-RG-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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		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.	—	
		Marilyn and Gordon Macklin Foundation	Payments were made to the institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	—	
		Only as above	
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	_____	
		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_____	
		None	
13	Other financial or non-financial interests	_____	
		None	

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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: 08/16/2021

Your Name: Huilai Miao

Manuscript Title: Immune response to intravenous immunoglobulin in patients with Kawasaki disease and MIS-C

Manuscript number (if known): 147076-JCI-RG-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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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.	_N/A_	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_N/A_	
3	Royalties or licenses	_N/A_	
4	Consulting fees	_N/A_	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_ N/A ___	
6	Payment for expert testimony	_ N/A ___	
7	Support for attending meetings and/or travel	_ N/A ___	
8	Patents planned, issued or pending	_ N/A ___	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_ N/A ___	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_ N/A ___	
11	Stock or stock options	_ N/A ___	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ N/A ___	
13	Other financial or non-financial interests	_ N/A ___	

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: 08/16/2021

Your Name: Hal Hoffman

Manuscript Title: Immune response to intravenous immunoglobulin in patients with Kawasaki disease and MIS-C

Manuscript number (if known): 147076-JCI-RG-RV-2

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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.	R01 HL140898	Payment made to institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__ N/A __	
3	Royalties or licenses	__ N/A __	
4	Consulting fees	__ N/A __	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_ N/A ___	
6	Payment for expert testimony	_ N/A ___	
7	Support for attending meetings and/or travel	_ N/A ___	
8	Patents planned, issued or pending	_ N/A ___	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_ N/A ___	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_ N/A ___	
11	Stock or stock options	_ N/A ___	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ N/A ___	
13	Other financial or non-financial interests	_ N/A ___	

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: 08/16/2021

Your Name: Hainan Xiong

Manuscript Title: Immune response to intravenous immunoglobulin in patients with Kawasaki disease and MIS-C

Manuscript number (if known): 147076-JCI-RG-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: 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.	_N/A_	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_N/A_	
3	Royalties or licenses	_N/A_	
4	Consulting fees	_N/A_	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_ N/A ___	
6	Payment for expert testimony	_ N/A ___	
7	Support for attending meetings and/or travel	_ N/A ___	
8	Patents planned, issued or pending	_ N/A ___	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_ N/A ___	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_ N/A ___	
11	Stock or stock options	_ N/A ___	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ N/A ___	
13	Other financial or non-financial interests	_ N/A ___	

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:

Your Name: Alessandra Franco

Manuscript Title: Immune response to intravenous immunoglobulin in patients with Kawasaki disease and MIS-C

Manuscript number (if known): 147076-JCI-RG-RV-2

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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	___	
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.

ICMJE DISCLOSURE FORM

Date: 8/15/21

Your Name: Chisato Shimizu

Manuscript Title: Immune response to intravenous immunoglobulin in patients with Kawasaki disease and MIS-C

Manuscript number (if known): 147076-JCI-RG-RV-2

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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.	RO1HL140898 MPI Supplement	Payments were made to the institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_____	
3	Royalties or licenses	_____	
4	Consulting fees	_____	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_____	
6	Payment for expert testimony	_____	
7	Support for attending meetings and/or travel	_____	
8	Patents planned, issued or pending	_____	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_____	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_____	
11	Stock or stock options	_____	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_____	
13	Other financial or non-financial interests	_____	

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: 28 July 2021

Your Name: Ben Croker

Manuscript Title: Intravenous immunoglobulin treatment is associated with a reduction of IL-1 β expressing neutrophils in patients with Kawasaki disease and Multisystem Inflammatory Syndrome in Children

Manuscript number (if known): 147076-JCI-RG-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: 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.	_____	Payments were made to the institution
		NIH Grant RO1HL124209	
		NIH Grant RO1HL140898-03S1	
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	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 08/16/2021

Your Name: Cathleen Pena

Manuscript Title: Immune response to intravenous immunoglobulin in patients with Kawasaki disease and MIS-C

Manuscript number (if known): 147076-JCI-RG-RV-2

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_N/A_	
3	Royalties or licenses	_N/A_	
4	Consulting fees	_N/A_	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_ N/A ___	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	_ N/A ___	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_ N/A ___	
11	Stock or stock options	_ N/A ___	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ N/A ___	
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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: 8/15/21

Your Name: Jane C Burns MD

Manuscript Title: Immune response to intravenous immunoglobulin in patients with Kawasaki disease and MIS-C

Manuscript number (if known): 147076-JCI-RG-RV-2

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