Date:	Ô١	27	23
Your Name			Cassyanne Aquiar
Manuscript	Title:	Vai	iation in Early Anakinra Use and Short-term Outcomes in Multisystem inflammatory Syndrome
in Children			
Manuscript	numb	per (if	known):AR-22-1500

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)
	[1] : [1] : 2 · 2 · · · · · · · · · · · · · · · ·	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 Centers for Disease Control and Prevention	Payments to my institution under contract with Boston Children's Hospital
		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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
-	testimony		
7	Support for attending	None	
	meetings and/or travel		
		/	
8	Patents planned, issued or	None	
o	pending		
	pending		
9	Participation on a Data	V None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid	1	
11	Stock or stock options	None None	
12	Receipt of equipment,	V None	
	materials, drugs, medical	/	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Date:_	1/30/2023	
Your N	me:Angela Campbell	
Manus	ript Title: Variation in Early Anakinra Use and Short-term Outcomes in Multisystem inflammatory Syndron	ne
in Chilo	ren	
Manus	ript number (if known):AR-22-1500	

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

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
0	testimony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
5	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		

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

Date:_____01/27/2023___

Your Name: _____Joyce Chang____

Manuscript Title: Variation in Early Anakinra Use and Short-term Outcomes in Multisystem inflammatory Syndrome in Children___

Manuscript number (if known):_____ AR-22-1500______

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 plannir	ng of the work
1	All support for the present		
	manuscript (e.g., funding, provision of study materials,	National Institutes of Health K23- HL148539	Career Development Award paid to institution (Boston Children's Hospital)
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past 36 mon	ths
2	Grants or contracts from any entity (if not indicated	GlaxoSmithKline	Investigator-driven research grant paid to institution (Children's Hospital of Philadelphia)
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

_			
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
-	testimony		
7	Support for attending	XNone	
'	meetings and/or travel		
	meetings and/or traver		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
5	Safety Monitoring Board or		
	Advisory Board		
10		V. Nono	
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

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

Date:	_JANUARY 27, 2023	
Your Name:	HILLARY CRANDALL	
Manuscript Tit	le: Variation in Early	Anakinra Use and Short-term Outcomes in Multisystem inflammatory Syndrome
in Children		
Manuscript nu	mber (if known):	AR-22-1500

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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	None	
	manuscript (e.g., funding, provision of study materials,	Centers for Disease Control and Prevention	Payments to my institution under contract with Boston Children's Hospital
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
2		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

-			
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	News	
6	Payment for expert	None	
	testimony		
7	Current for attanding	Nese	
/	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
L			

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

Date:January 27, 2023	
Your Name:Natalie Z. Cvijanovich MD	
Manuscript Title: Variation in Early Anakinra Use and Short-term Outcomes in Multisystem inflammatory in Children	Syndrome
Manuscript number (if known):AR-22-1500	

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)
4		Time frame: Since the initial	
1	All support for the present manuscript (e.g., funding, provision of study materials,	None Centers for Disease Control and Prevention	Payments to my institution under contract with Boston Children's Hospital
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_x_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_x_None	
4	Consulting fees	_x_None	

		1 1
5	Payment or honoraria for lectures, presentations,	x_None
	speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	_x_None
7	Support for attending meetings and/or travel	_xNone
8	Patents planned, issued or	x None
0	pending	
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone
11	Stock or stock options	x_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_x_None
13	Other financial or non- financial interests	xNone

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

Date:	January 30, 2023_	
Your Name:	Julie C. Fitzgerald	
Manuscript Tit	le: Variation in Earl	/ Anakinra Use and Short-term Outcomes in Multisystem inflammatory Syndrome
in Children		
Manuscript nu	mber (if known):	_AR-22-1500

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	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
_		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding, provision of study materials,	Centers for Disease Control and Prevention	Payments to my institution under contract with Boston Children's Hospital
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated	NIH NIDDK	K23 Career Development Award, payments to my
	in item #1 above).		institution for work on separate research projects
3	Royalties or licenses	xNone	

4	Consulting fees	x None	
4	consulting lees		
-	Devene entre la construcción form	News	
5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6		v. Nono	
б	Payment for expert	x_None	
	testimony		
7			
7	Support for attending meetings and/or travel	xNone	
	meetings and/or travel		
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	x_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x_None	
12	Receipt of equipment,	x_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	x_None	
	financial interests		

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

Date:	2/1/2023	
Your Name:	Natasha Halasa	
Manuscript Title:	Variation in Early	Anakinra Use and Short-term Outcomes in Multisystem inflammatory Syndrome
in Children		· · ·
Manuscript numbe	r (if known):	AR-22-1500

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	None	
	manuscript (e.g., funding, provision of study materials,	Centers for Disease Control and Prevention	Payments to my institution under contract with Boston Children's Hospital
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	Sanofi investigator-initiated grant
	any entity (if not indicated		Merck investigator-initiated grant
	in item #1 above).		Quidel investigator-initiated grant
3	Royalties or licenses	None	
4	Consulting fees	None	

_			
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None	
_	educational events	• • •	
6	Payment for expert testimony	None	
_			
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
10			
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Services Other financial or non-	None	
12	financial interests		

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

Date: 1/27/2023
Your Name:Mark W. Hall, MD
Manuscript Title: Variation in Early Anakinra Use and Short-term Outcomes in Multisystem inflammatory Syndrom in Children
Manuscript number (if known):AR-22-1500

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	None	
	manuscript (e.g., funding, provision of study materials,	Centers for Disease Control and Prevention	Payments to my institution under contract with Boston Children's Hospital
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X	NIH
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	Х	Kiadis
4	Consulting fees	х	American Board of Pediatrics

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

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

Date:	1/27/2023
Your I	Name:Helen Harvey MD, MS
Manu	script Title: Variation in Early Anakinra Use and Short-term Outcomes in Multisystem inflammatory Syndrome
in Chi	ldren
Manu	script number (if known):AR-22-1500

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	None	
	manuscript (e.g., funding, provision of study materials,	Centers for Disease Control and Prevention	Payments to my institution under contract with Boston Children's Hospital
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X_None	
	any entity (if not indicated in item #1 above).		
2	,	X _{None}	
3	Royalties or licenses		
4	Consulting fees	<u>X</u> None	

<u> </u>			1
5	Payment or honoraria for	<u>X</u> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<u>X</u> None	
	testimony		
7	Support for attending	X_None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	<u>X</u> None	
12	Receipt of equipment,	<u>X</u> None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	<u>X</u> None	
	financial interests		

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

Date:_____1/27/23_____ Your Name:____Sabrina M Heidemann

Manuscript Title:___ Variation in Early Anakinra Use and Short-term Outcomes in Multisystem inflammatory Syndrome in Children_____

Manuscript number (if known):_____AR-22-1500______

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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	None	
	manuscript (e.g., funding,	Centers for Disease	Payments to my institution under contract with Boston
	provision of study materials,	Control and Prevention	Children's Hospital
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	x_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	

4	Consulting fees	x None	
4			
5	Payment or honoraria for	x None	
5	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x None	
	testimony		
	-		
7	Support for attending	x_None	
	meetings and/or travel		
8	Patents planned, issued or pending	x None	
9	Participation on a Data	x_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_xNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	xNone	
42	Descript of any inclusion		
12	Receipt of equipment,	xNone	
1	materials, drugs, medical writing, gifts or other		
1	services		
13	Other financial or non-	x None	
13	other financial or non-		
1			

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

Date:_February 1,				
2023				
/our Name:Charlotte V. Hobbs				

Manuscript Title:___ Variation in Early Anakinra Use and Short-term Outcomes in Multisystem inflammatory Syndrome in Children______

Manuscript number (if known):_____AR-22-1500______

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		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,	Centers for Disease	Payments to my institution under contract with Boston
	provision of study materials,	Control and Prevention	Children's Hospital
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	Biomerieux (Biofire)	
	lectures, presentations,	Speakers Bureau	
	speakers bureaus,		
	manuscript writing or		
6	educational events		
6	Payment for expert	None	
	testimony		
7	Current fen ettendine	Nere	
/	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	Reviewer for Up to	
	financial interests	Date and Dynamed clinical	
		databases	

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

Date:	_Feb 2 2023
Your Nam	e:Michele Kong
Manuscrip	ot Title: Variation in Early Anakinra Use and Short-term Outcomes in Multisystem inflammatory Syndrome
in Childrer	n
Manuscrip	ot number (if known):AR-22-1500

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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,	Centers for Disease Control and Prevention	Payments to my institution under contract with Boston Children's Hospital
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	NIH NICHD R01	RCT of AZM in RSV
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers 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	Yes	Board of Callahan Eye Hospital, Board of Jefferson County Department of Health, Board of KultureCity
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	

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

Date:_	_01/27/2023
Your N	ame: Suden Kucukak
	cript Title: Variation in Early Anakinra Use and Short-term Outcomes in Multisystem inflammatory Syndrome
in Chilo Manus	rren cript number (if known): AR-22-1500
Ividrius	chpt number (ii known)AR-22-1500

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 <u>current</u> <u>manuscript only</u>.

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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	None	
	manuscript (e.g., funding, provision of study materials,	Centers for Disease Control and Prevention	Payments to my institution under contract with Boston Children's Hospital
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
2		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

-			
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	News	
6	Payment for expert	None	
	testimony		
7	Current for attanding	Nese	
/	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
L			

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

Date:1/27/23	
Your Name:Elizabeth Mack	
Manuscript Title: Variation in Early Anakinra Use and Short-term Outcomes in Multisystem inflammatory Syndrom	e
in Children	
Manuscript number (if known):AR-22-1500	

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
4			
1	All support for the present manuscript (e.g., funding, provision of study materials,	None Centers for Disease Control and Prevention	Payments to my institution under contract with Boston Children's Hospital
	medical writing, article processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	xNone	
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	xNone	
	manuscript writing or educational events		
6	Payment for expert testimony	_xNone	
7	Support for attending meetings and/or travel	_xNone	
8	Patents planned, issued or pending	xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_xNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None SC Chapter of the American Academy of Pediatrics, president American Academy of Pediatrics, Section on Critical Care, Immediate past president	unpaid
11	Stock or stock options	x_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None	
13	Other financial or non- financial interests	_xNone	

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

Date:	
Your Na	e:Aline Maddux
Manus in Child	ot Title: Variation in Early Anakinra Use and Short-term Outcomes in Multisystem inflammatory Syndrome n
Manus	ot number (if known):AR-22-1500

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		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding, provision of study materials,	Centers for Disease Control and Prevention	Payments to my institution under contract with Boston Children's Hospital
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated	NIH/NICHD K23HD096018	Payments made to my institution
	in item #1 above).	Francis Family Foundation,	Payments made to my institution
		Parker B. Frances Award	
3	Royalties or licenses	xNone	

4	Consulting food	y Nono]
4	Consulting fees	x_None	
_			
5	Payment or honoraria for	_xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	testimony		
7	Support for attending	_xNone	
	meetings and/or travel		
8	Patents planned, issued or	x None	
0	pending		
	pending		
9	Derticipation on a Data	y None	
9	Participation on a Data Safety Monitoring Board or	xNone	
	Advisory Board		
10	Leadership or fiduciary role	x_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_xNone	
12	Receipt of equipment,	_xNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_xNone	
	financial interests		
-			

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

Date:	1/31/23	
Your Name:	eyal muscal	
Manuscript Title:_ in Children	Variation in Early Anakinra Use and Short-term Outcomes in Multisystem inflammatory Syndro	me
Manuscript numbe	r (if known):AR-22-1500	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All success the success		
1	All support for the present manuscript (e.g., funding, provision of study materials,	None Centers for Disease Control and Prevention	Payments to my institution under contract with Boston Children's Hospital
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 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	sobi pharma	Advisory board for a medication not discussed in this manuscript
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	

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

Date:Feb 2, 2023
our Name: Jane W. Newburger, MD, MPH_
/lanuscript Title: Variation in Early Anakinra Use and Short-term Outcomes in Multisystem inflammatory Syndrome n Children
/anuscript number (if known):AR-22-1500

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 <u>current</u> <u>manuscript only</u>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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 Centers for Disease Control and Prevention	Payments to my institution under contract with Boston Children's Hospital

	Time frame: past 36 months				
	Time frame: past 36 months				
2	Grants or contracts from	NHLBI/NIH	Supports other work in MIS-C, but not the current		
	any entity (if not indicated		manuscript		
	in item #1 above).	Department of Defense	Trial on ECMO, not related		
		Bristol-Myer-Squibb	Chair, Independent Adjudication Committee for trial of Apixiban		
		Pfizer	Chair, Independent Adjudication Committee for trial of		
			Apixiban		
		Novartis	Chair, Independent Adjudication Committee for trial of		
			Entresto - completed		
3	Royalties or licenses	None			
-					
4	Consulting fees	Pfizer	instituttion		
5	Payment or honoraria for	None			
5	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	None			
	testimony				
7	Support for attending	None			
	meetings and/or travel				
8	Patents planned, issued or	None			
	pending				
-					
9	Participation on a Data	Daiichii Sankyo	Honoraria for Steering Committee on trial of Edoxaban		
	Safety Monitoring Board or Advisory Board				
10	Auvisoly boald	None			
10					

	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		
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	

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

Date:1/27/2023	
Your Name:_Margaret Newhams	
Manuscript Title: Variation in Early	y Anakinra Use and Short-term Outcomes in Multisystem inflammatory Syndrome
in Children	
Manuscript number (if known):	AR-22-1500

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		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding, provision of study materials,	Centers for Disease Control and Prevention	Payments to my institution under contract with Boston Children's Hospital
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
	Time frame: past 36 months		
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
	meetings and/or travel		
_			
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

Date:_	_1-27-202
Your N	ne:Ryan A. Nofziger, MD, MBA
Manus	ipt Title: Variation in Early Anakinra Use and Short-term Outcomes in Multisystem inflammatory Syndrom
in Chile	en
Manus	ipt number (if known):AR-22-1500

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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	None	
	manuscript (e.g., funding, provision of study materials,	Centers for Disease Control and Prevention	Payments to my institution under contract with Boston Children's Hospital
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
2		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

_			
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	• • •	
6	Payment for expert	None	
	testimony		
_			
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
10			
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Services Other financial or non-	None	
12	Other financial or non- financial interests		

Date:	_1-30-23	
Your Name:	Manish Patel	
Manuscript Ti	tle: Variation in Earl	y Anakinra Use and Short-term Outcomes in Multisystem inflammatory Syndrome
in Children		
Manuscript nu	umber (if known):	_AR-22-1500

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

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

Date:	1/31/23	
Your Name	: Adrienne G Randolph	
Manuscript	t Title: Variation in Ea	rly Anakinra Use and Short-term Outcomes in Multisystem inflammatory Syndrome
in Children		
Manuscript	t number (if known):	AR-22-1500

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	None	
	manuscript (e.g., funding, provision of study materials,	Centers for Disease Control and Prevention	Contract with Boston Children's Hospital
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated	NIH	Grants outside of the submitted work
	in item #1 above).		
3	Royalties or licenses	None	
		UpToDate	Royalties
4	Consulting fees	XNone	

5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
Ŭ	testimony		
	testimony		
-			
7	Support for attending	X_None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
Ŭ	pending		
	perioding		
9	Participation on a Data	X None	
9	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
10	financial interests		

Date:	1/27/23
Your N	me:Courtney Rowan
Manus in Chilo	ript Title: Variation in Early Anakinra Use and Short-term Outcomes in Multisystem inflammatory Syndrom ren
Manus	ript number (if known):AR-22-1500

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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	None	
	manuscript (e.g., funding, provision of study materials,	Centers for Disease Control and Prevention	Payments to my institution under contract with Boston Children's Hospital
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated	NHLBI	K23HL150244
	in item #1 above).		
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_xNone	
	testimony		
_			
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	x_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x_None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x_None	
10			
12	Receipt of equipment,	x_None	
	materials, drugs, medical	<u> </u>	
	writing, gifts or other		
13	services Other financial or non-	x None	
13	financial interests	xNone	

 Date: 1/27/2023

 Your Name: Jennifer Schuster

 Manuscript Title:___ Variation in Early Anakinra Use and Short-term Outcomes in Multisystem inflammatory Syndrome

 in Children_____

 Manuscript number (if known):_____AR-22-1500_____

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	
1	All support for the present	None	
	manuscript (e.g., funding,	Centers for Disease	Payments to my institution under contract with Boston
	provision of study materials,	Control and Prevention	Children's Hospital
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X	Merck- money paid to my institution for a contracted
	any entity (if not indicated		study
	in item #1 above).		
3	Royalties or licenses	_XNone	

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

Date:	_01/31/2023
Your Name:	Adam J Schwarz, MD
Manuscript	Title: Variation in Early Anakinra Use and Short-term Outcomes in Multisystem inflammatory Syndrome
in Children_	
Manuscript	number (if known):AR-22-1500

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		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding, provision of study materials,	Centers for Disease Control and Prevention	Payments to my institution under contract with Boston Children's Hospital
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

Adam J Schwarz, MD

Date:	01/30/2023
Your Na	ne:_Aalok R Singh
Manuso	ipt Title:Variation in Early Anakinra Use and Short-term Outcomes in Multisystem inflammatory Syndrome in
Childre	
Manuso	ipt number (if known):AR-22-1500

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
4			
1	All support for the present	None	
	manuscript (e.g., funding,	Centers for Disease	Payments to my institution under contract with Boston
	provision of study materials,	Control and Prevention	Children's Hospital
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
Ŭ	pending		
	pending		
9	Participation on a Data	X None	
5	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
15	financial interests		

Date:January 2	7, 2023
Your Name:Mary	3eth Son
Manuscript Title: Va	riation in Early Anakinra Use and Short-term Outcomes in Multisystem inflammatory Syndrome
in Children	
Manuscript number (if	known):AR-22-1500

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		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed) Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	None Centers for Disease	Payments to my institution under contract with Boston
	provision of study materials,	Control and Prevention	Children's Hospital
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X None	
	any entity (if not indicated		
3	in item #1 above). Royalties or licenses	None	Up To Date
5	Noyalles of licenses		
4	Consulting fees	X None	

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

Date:	2/3/3023	
Your Name:	e:Sara Kristen Sexson Tejtel	
Manuscript	t Title: Variation in Early Anakinra Use and Short-term Outcomes in Multisystem inflammato	ory Syndrome
in Children_	l	
Manuscript	t number (if known):AR-22-1500	

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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.	_XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Centers for Disease Control and Prevention National Institutes of Health	Payments to my institution Payments to my institution
3	Royalties or licenses	_XNone	

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

Date: 2/1/2023	_
Your Name:Kari Wellnitz	
Manuscript Title: Variation in Early Anakinra Use and Short-term Outcomes in Multisystem inflammatory Sync in Children	Irome
Manuscript number (if known):AR-22-1500	

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1	All success the success		
1	All support for the present manuscript (e.g., funding, provision of study materials,	None Centers for Disease Control and Prevention	Payments to my institution under contract with Boston Children's Hospital
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers 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	
13	Other financial or non- financial interests	None	

Date:_____1/30/23_____

Your Name:_____Cameron Young_____ Manuscript Title: Variation in Early Anakinra Use and Short-term Outcomes in Multisystem inflammatory Syndrome in Children

Manuscript number (if known):_____AR-22-1500______

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	provision of study materials,	Control and Prevention	Children's Hospital
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_XNone	
6	Payment for expert	X None	
D	testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	_XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	_XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone	
13	Other financial or non- financial interests	_XNone	

Date:	_30 Jan 2023
Your Name:	Laura D. Zambrano
Manuscript	Title: Variation in Early Anakinra Use and Short-term Outcomes in Multisystem inflammatory Syndrome
in Children_	
Manuscript	number (if known):AR-22-1500

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		Time frame: Since the initial	planning of the work
1	All support for the present	<u>X</u> None	
	manuscript (e.g., funding, provision of study materials,	Centers for Disease Control and Prevention	Payments to my institution under contract with Boston Children's Hospital
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		- ' (
2	Grants or contracts from	Time frame: past X None	36 months
2	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	<u>X</u> None	

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