

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Meredith

2. Surname (Last Name)
Barranco

3. Date
11-June-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Elizabeth Dufort

5. Manuscript Title
Multisystem Inflammatory Syndrome in Children in New York State

6. Manuscript Identifying Number (if you know it)
20-21756

Section 2. The Work Under Consideration for Publication

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Ms. Barranco has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Debra	2. Surname (Last Name) Blog	3. Date 11-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Elizabeth Dufort
5. Manuscript Title Multisystem Inflammatory Syndrome in Children in New York State		
6. Manuscript Identifying Number (if you know it) 20-21756		

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Section 1. Identifying Information

1. Given Name (First Name) Eric	2. Surname (Last Name) Chow	3. Date 11-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Elizabeth Dufort
5. Manuscript Title Multisystem Inflammatory Syndrome in Children in New York State		
6. Manuscript Identifying Number (if you know it) 20-21756		

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Dr. Chow has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Elizabeth

2. Surname (Last Name)
Dufort

3. Date
11-June-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Multisystem Inflammatory Syndrome in Children in New York State

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

1. Given Name (First Name) Delia	2. Surname (Last Name) Easton	3. Date 11-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Elizabeth Dufort
5. Manuscript Title Multisystem Inflammatory Syndrome in Children in New York State		
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1. Given Name (First Name)

Bradley

2. Surname (Last Name)

Hutton

3. Date

12-June-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Elizabeth Dufort

5. Manuscript Title

Multisystem Inflammatory Syndrome in Children in New York State

6. Manuscript Identifying Number (if you know it)

20-21756

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Hutton has nothing to disclose.

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



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Emilia

2. Surname (Last Name)
Koumans

3. Date
11-June-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Elizabeth Dufort

5. Manuscript Title
Multisystem Inflammatory Syndrome in Children in New York State

6. Manuscript Identifying Number (if you know it)
20-21756

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Koumans has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jessica

2. Surname (Last Name)
Kumar

3. Date
11-June-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Elizabeth Dufort

5. Manuscript Title
Multisystem Inflammatory Syndrome in Children in New York State

6. Manuscript Identifying Number (if you know it)
20-21756

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Kumar has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Angela	2. Surname (Last Name) Maxted	3. Date 11-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Elizabeth Dufort
5. Manuscript Title Multisystem Inflammatory Syndrome in Children in New York State		
6. Manuscript Identifying Number (if you know it) 20-21756		

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Maxted has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Alison

2. Surname (Last Name)
Muse

3. Date
11-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Elizabeth Dufort

5. Manuscript Title
Multisystem Inflammatory Syndrome in Children in New York State

6. Manuscript Identifying Number (if you know it)
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Dr. Muse has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Wendy

2. Surname (Last Name)
Pulver

3. Date
11-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Elizabeth Dufort

5. Manuscript Title
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Ms. Pulver has nothing to disclose.

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4. Intellectual Property.

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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Eli

2. Surname (Last Name)
Rosenberg

3. Date
11-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Elizabeth Dufort

5. Manuscript Title
Multisystem Inflammatory Syndrome in Children in New York State

6. Manuscript Identifying Number (if you know it)
20-21756

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Rosenberg has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Elizabeth	2. Surname (Last Name) Rosenthal	3. Date 11-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Elizabeth Dufort
5. Manuscript Title Multisystem Inflammatory Syndrome in Children in New York State		
6. Manuscript Identifying Number (if you know it) 20-21756		

Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Rosenthal has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jemma

2. Surname (Last Name)
Rowlands

3. Date
11-June-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Elizabeth Dufort

5. Manuscript Title
Multisystem Inflammatory Syndrome in Children in New York State

6. Manuscript Identifying Number (if you know it)
20-21756

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Ms. Rowlands has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lou	2. Surname (Last Name) Smith	3. Date 11-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Elizabeth Dufort
5. Manuscript Title Multisystem Inflammatory Syndrome in Children in New York State		
6. Manuscript Identifying Number (if you know it) 20-21756		

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Smith has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Tomoko

2. Surname (Last Name)
Udo

3. Date
11-June-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name
Elizabeth Dufort

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. Udo has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Howard	2. Surname (Last Name) Zucker	3. Date 12-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Elizabeth Dufort
5. Manuscript Title Multisystem Inflammatory Syndrome in Children in New York State		
6. Manuscript Identifying Number (if you know it) 20-21756		

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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

Dr. Zucker has nothing to disclose.

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