Date:	7/11/2024
Your Name:	Andrew Hederman ]
Manuscript Title:	[Discrimination of primary and chronic CMV infection based on humoral immune profiles inpregnancy ]
Manuscript Number (if known):	180560-JCI-CMED-RV-2

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3	Royalties or licenses	None	

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

Date:	7/11/2024
Your Name:	Christopher Remmel ]
Manuscript Title:	[Discrimination of primary and chronic CMV infection based on humoral immune profiles inpregnancy ]
Manuscript Number (if known):	180560-JCI-CMED-RV-2

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Date:	7/11/2024
Your Name:	Shilpee Sharma
Manuscript Title:	[Discrimination of primary and chronic CMV infection based on humoral immune profiles in pregnancy ]
Manuscript Number (if known):	180560-JCI-CMED-RV-2

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2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

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Date:	7/11/2024
Your Name:	Joshua Weiner ]
Manuscript Title:	[Discrimination of primary and chronic CMV infection based on humoral immune profiles inpregnancy ]
Manuscript Number (if known):	180560-JCI-CMED-RV-2

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Date:	7/11/2024
Your Name:	[Harini Natarajan ]
Manuscript Title:	[Discrimination of primary and chronic CMV infection based on humoral immune profiles inpregnancy ]
Manuscript Number (if known):	180560-JCI-CMED-RV-2

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13	Other financial or non-financial interests	[⊠] None	
Plea [🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:	7/12/2024
Your Name:	Daniel Wrapp
Manuscript Title:	[Discrimination of primary and chronic CMV infection based on humoral immune profiles in pregnancy ]
Manuscript Number (if known):	180560-JCI-CMED-RV-2

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

Date:	7/11/2024
Your Name:	Catherine Donner
Manuscript Title:	Discrimination of primary and chronic CMV infection based on humoral immune profiles in pregnancy
Manuscript Number (if known):	180560-JCI-CMED-RV-2

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Date:	7/11/2024	
Your Name:	Delforge Marie-Luce	
Manuscript Title:	[Discrimination of primary and chronic CMV infection based on humoral immune profiles in pregnancy ]	
Manuscript Number (if known):	180560-JCI-CMED-RV-2	

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Date:	7/11/2024
Your Name:	Piera d'Angelo ]
Manuscript Title:	[Discrimination of primary and chronic CMV infection based on humoral immune profiles inpregnancy ]
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2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
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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)
4	Consulting fees	☑         None           □         □           □         □           □         □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None [	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement: [I] I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	7/11/2024
Your Name:	[Milena Furione ]
Manuscript Title:	[Discrimination of primary and chronic CMV infection based on humoral immune profiles inpregnancy ]
Manuscript Number (if known):	180560-JCI-CMED-RV-2

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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.) <b>No time limit for this item.</b>	□    □      □    □      □    □    Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

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

Date:	7/11/2024
Your Name:	Chiara Fornara ]
Manuscript Title:	Discrimination of primary and chronic CMV infection based on humoral immune profiles in pregnancy
Manuscript Number (if known):	180560-JCI-CMED-RV-2

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3	Royalties or licenses	None	

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

Date:	7/11/2024
Your Name:	Jason McLellan ]
Manuscript Title:	[Discrimination of primary and chronic CMV infection based on humoral immune profiles inpregnancy ]
Manuscript Number (if known):	180560-JCI-CMED-RV-2

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2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

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

Date:	7/11/2024
Your Name:	Daniele Lilleri
Manuscript Title:	[Discrimination of primary and chronic CMV infection based on humoral immune profiles in pregnancy ]
Manuscript Number (if known):	180560-JCI-CMED-RV-2

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2	Grants or contracts from any entity (if not indicated in item #1 above).	☑       None         ☑       □         □       □         □       □	
3	Royalties or licenses	None	

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

Date:	7/11/2024
Your Name:	[Arnaud Marchant ]
Manuscript Title:	Discrimination of primary and chronic CMV infection based on humoral immune profiles in pregnancy
Manuscript Number (if known):	180560-JCI-CMED-RV-2

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2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	☑         None           □         □           □         □           □         □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None [	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement: [I] I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	7/11/2024
Your Name:	Margaret E. Ackerman
Manuscript Title:	[Discrimination of primary and chronic CMV infection based on humoral immune profiles in pregnancy ]
Manuscript Number (if known):	180560-JCI-CMED-RV-2

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2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for</b> <b>this item.</b> Grants or	Image: None         Image: CYMAF consortium         NIH NIAID         Image: NiH NIAID         Time frame: past 36 month         Image: None	Made to institution         Made to institution         Click the tab key to add additional rows.
	contracts from any entity (if not indicated in item #1 above).	NIH, BMGF, Moderna, Be Bio	Made to institution
3	Royalties or licenses	None       Book royalty	Made to me

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	Seromyx Systems	Made to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None         various	Paid to MEA
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None       various	Reimbursement for travel expenses
8	Patents planned, issued or pending	□ None various	Owned by institution
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None [	
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13	Other financial or non-financial interests	[⊠] None	
Plea [□]	Please place an "X" next to the following statement to indicate your agreement:		