ICMJE DISCLOSURE FORM

Date: 3/12/2026

Your Name: Robert B. Lindell

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-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.**	☐ **None**	
		NIH/NICHD	PCCTSDP K12 Scholar Award
		NIH/NIGMS	K23GM159013
		Thrasher Research Fund	Early Career Award
		CHOP Research Institute	Junior Faculty Pilot Program
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		NIH/NHLBI	R01HL176019, R01HL157208
		NIH/NIGMS	R21GM146159, R33GM146159
		CHOP Research Institute	Frontier Programs Seed Funding
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**	
		Society of Critical Care Medicine	Honorarium for Hector R. Wong Award for Precision Medicine in Sepsis
		Lurie Children's Hospital	Honorarium for Lauren Marsillio-Craney Lectureship
		Association of Medical Laboratory Immunologists	Honorarium for invited lecture
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☐ **None**	
		U.S. Patent Office, and World Intellectual Property Organization	PCT/US2025/030698 (published as WO/2025/245413): Identification of High Mortality Sub-Phenotypes of Pediatric MODS for Management and Treatment Thereof
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**	

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

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

ICMJE DISCLOSURE FORM

Date: 3/12/2026

Your Name: Samir U. Sayed

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-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**	
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ICMJE DISCLOSURE FORM

Date: 3/12/2026

Your Name: Jose S. Campos

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-RV-2

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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**	
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ICMJE DISCLOSURE FORM

Date: 3/13/2026

Your Name: Sydney Abigail Sheetz

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-RV-2

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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**	
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: 3/12/2026

Your Name: Apoorva Babu

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-RV-2

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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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ICMJE DISCLOSURE FORM

Date: 3/12/2026

Your Name: Montana Knight

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-RV-2

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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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ICMJE DISCLOSURE FORM

Date: 3/12/2026

Your Name: Andrea Alexis Mauracher

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-RV-2

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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.**	☐ **None**	
		Postdoctoral fellowship Swiss National Science Foundation	Payment of my salary
		Walter and Gertrud Siegenthaler Foundation grant	Payment of my salary
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	

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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**	
		Clinical Immunological Society travel grant	Attendance of Clinical Immunological Society conference
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: 3/12/2026

Your Name: Ceire Hay

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-RV-2

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ICMJE DISCLOSURE FORM

Date: 3/12/2026

Your Name: Peyton Conrey

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-RV-2

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ICMJE DISCLOSURE FORM

Date: 3/12/2026

Your Name: Julie C. Fitzgerald

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-RV-2

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2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		NIH	
		BioPorto	
3	Royalties or licenses	☒ **None**	

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7	Support for attending meetings and/or travel	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 3/12/2026

Your Name: Nadir Yehya

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-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.**	☒ **None**	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		NHLBI	NIGMS
		NICHD	
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**	
		AstraZeneca (not related to this work)	
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**	

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

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

ICMJE DISCLOSURE FORM

Date: 3/12/2026

Your Name: Stephen T. Famularo III

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-RV-2

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Time frame: past 36 months			
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3	Royalties or licenses	☒ **None**	

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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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13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 3/12/2026

Your Name: Teresa Arroyo

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-RV-2

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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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13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 3/12/2026

Your Name: Richard Tustin III

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-RV-2

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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**	

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ICMJE DISCLOSURE FORM

Date: 3/12/2026

Your Name: Hossein Fazelinia

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-RV-2

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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**	

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ICMJE DISCLOSURE FORM

Date: 3/12/2026

Your Name: Edward M. Behrens

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-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**	
		Rheumatology Research Foundaion	
		NIH/NIDDK	
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**	
		Sobi Inc	Payments to me
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**	
		Rheumatology Research Foundation	Chair of Scientific Advisory Council
		Arthritis and Rheumatology	Co-editor

		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**	

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ICMJE DISCLOSURE FORM

Date: 3/12/2026

Your Name: David Teachey

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-RV-2

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			Click the tab key to add additional rows.
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		National Institutes of Health	
3	Royalties or licenses	☒ **None**	

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4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		European Society of Haematology	Honoraria for CME lecture
		American Society of Hematology	Honoraria for CME lecture
		Open Medical Institute	Honoraria for CME lecture
		American Society of Clinical Oncology	Honoraria for CME lecture
		American Society of Pediatric Hematology Oncology	Honoraria for CME lecture
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☐ **None**	
		Amgen	Travel support
8	Patents planned, issued or pending	☐ **None**	
		US11747346B2, Biomarkers predictive of cytokine release syndrome	Received
		US20250121004A1, Compositions and methods comprising anti-CD38 chimeric antigen receptors	Pending
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None**	
		Abbvie	I do not accept honoraria so no funding was received for any of these advisory boards
		Amgen	
		Autolus	
		Astra Zeneca	
		BEAM Therapeutics	
		J&J Innovation	
		Jazz	

		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)
		Merck	
		Novartis	
		Pfizer	
		Servier	
		Sobi	
		Syndax	
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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ICMJE DISCLOSURE FORM

Date: 3/12/2026

Your Name: Lisa Forbes Satter, MD

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-RV-2

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2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		UH3TR003908 NIH/NCATS	Institution
		1R21AI173539-01A NIH/NIAID	Institution
3	Royalties or licenses	☒ **None**	

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4	Consulting fees	☐ **None**	
		Takeda	personal
		Teva	personal
		Amgen	personal
		Sanofi, Grifols	personal
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		UCLA fellow boot camp conference	honoraria
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☐ **None**	
		Latin American Society for Immunodeficiency	Travel in kind
		Clinical Immunology Society	Travel in kind
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**	
		Clinical Immunology Society	unpaid
		American Academy of Allergy Asthma and Immunology	unpaid

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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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ICMJE DISCLOSURE FORM

Date: 3/12/2026

Your Name: Alexandra Freeman

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-RV-2

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8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 3/12/2026

Your Name: Jenna R.E. Bergerson

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-RV-2

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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**	

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

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

ICMJE DISCLOSURE FORM

Date: 3/12/2026

Your Name: Steven M Holland

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	**Specifications/Comments (e.g., if payments were made to you or to your institution)**
		Time frame: Since the initial planning of 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.**	xx **None**	
			Click the tab key to add additional rows.
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	xx **None**	
3	Royalties or licenses	xx **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	xx **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	xx **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**	

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ICMJE DISCLOSURE FORM

Date: 3/12/2026

Your Name: Jennifer Leiding

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-RV-2

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
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**	

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ICMJE DISCLOSURE FORM

Date: 3/12/2026

Your Name: Scott L. Weiss, MD MSCE

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-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.) **No time limit for this item.**	☒ **None**	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
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**	

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

Scott L. Weiss, MD MSCE 03/20/2026

ICMJE DISCLOSURE FORM

Date: 3/12/2026

Your Name: Mark W. Hall, MD

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-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.**	☐ **None**	
		NIH	Grant funding
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	
		Licensing income from Kiadis	Unrelated to the current work

		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**	
		American Board of Pediatrics	For service on a subboard
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**	
		Abbvie	
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**	
		Partner Therapeutics	I receive study drug free of charge for clinical trials for which I am the PI
		Sobi	I receive study drug free of charge for clinical trials for which I am the PI
13	Other financial or non-financial interests	☒ **None**	

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

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

ICMJE DISCLOSURE FORM

Date: 3/12/2026

Your Name: Deanne Taylor

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-RV-2

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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.**	☐ **None**	
		The Children's Hospital of Philadelphia Research Institute	Employer
			Click the tab key to add additional rows.
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		National institutes of Health	
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**	
		National Disease Research Interchange (NDRI), Philadelphia PA	Volunteer, non-profit, board membership, unpaid

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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

ICMJE DISCLOSURE FORM

Date: 3/12/2026

Your Name: Rui Feng

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-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**	
			Click the tab key to add additional rows.
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
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**	

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ICMJE DISCLOSURE FORM

Date: 3/12/2026

Your Name: E John Wherry

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-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.) **No time limit for this item.**	☒ **None**	
			Click the tab key to add additional rows.
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	☐ **None**	
		Marengo Therapeutics	Scientific advisory board fees to me
		Coherus	Scientific advisory board fees to me
		Synthekine	Scientific advisory board fees to me
		Arsenal Biosciences	Scientific advisory board fees to me
		New Limit	Scientific advisory board fees to me
		Santa Ana	Scientific advisory board fees to me
		IpiNovyx	Scientific advisory board fees to me
		Arpelos Bioscience	Scientific advisory board fees to me
		Absci	Scientific advisory board fees to me
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	☒ **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)
	advocacy group, paid or unpaid		
11	Stock or stock options	☐ **None**	
		Marengo Therapeutics	Me
		Coherus	Me
		Synthekine	Me
		Arsenal Biosciences	Me
		New Limit	Me
		Santa Ana	Me
		IpiNovyx	Me
		Arpelos Bioscience	Me
		Absci	Me
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: 3/12/2026

Your Name: Nuala J. Meyer

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-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.**	☒ None	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		NIH HL161196	Paid to institution
		NIH HL168419	Paid to institution
		NIH HL168892	Paid to institution
		NIH HL177015	Paid to institution
		NIH DK140714	Paid to institution
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**	
		Novartis, Inc	Paid to me, 2024
		AstraZeneca, Inc	Paid to me, 2023
		Bayer, Inc	Advisory board planned, May 2026
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**	
		University of Texas Southwestern	2026
		Sepsis Alliance	2025
		University of California, Davis	2025
		Stanford University	2025
		7th Internation ARDS Conference	2025
		Emory University	2025
8	Patents planned, issued or pending	☐ **None**	
		U.S. Patent Office, and World Intellectual Property Organization	PCT/US2025/030698 (published as WO/2025/245413): Identification of High Mortality Sub-Phenotypes of Pediatric MODS for Management and Treatment Thereof
		U.S. Patent Office, and World Intellectual Property Organization	21-9743 Elevation of Circulating LIGHT (TNFSF14) and Interleukin-18 levels in sepsis-induced multi-organ injuries – pending
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None**	
		Careful Ventilation in ARDS trial – DSMB	
		NIH NHLBI SOURCE II and SPIROMICS studies, Observational Study Monitoring Board	
10	Leadership or fiduciary role in other board,	☒ **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)
	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**	

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ICMJE DISCLOSURE FORM

Date: 3/12/2026

Your Name: Sarah Henrickson

Manuscript Title: Aberrant STAT signaling and T cell dysregulation define a targetable pediatric sepsis endotype

Manuscript Number (if known): 202867-JCI-CRPH-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.) **No time limit for this item.**	☐ **None**	
		Burroughs Wellcome Fund CAMS (PI: Henrickson)	Grant to institution
		Immune Deficiency Foundation (PI: Henrickson)	Grant to institution
		Primary Immune Deficiency Treatment Consortium (PI: Henrickson)	Grant to institution
		NIH/NIAID K08AI135091 (PI: Henrickson)	Grant to institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		NIH/NIAID R01AI187202 (PI: Henrickson)	Grant to institution
		Additional Ventures (PI: Henrickson)	Grant to institution
		Chan Zuckerberg Initiative (PI: Henrickson)	Grant to institution and coverage for travel to CZI symposia
		The Hartwell Foundation, Individual Biomedical Award (PI: Henrickson)	Grant to institution
		NIH/NIGMS R21GM146159, R33GM146159 (PI: Balamuth)	Grant to institution
		NIH/NHLBI R01HL141408 (PI: Fajgenbaum)	Grant to institution
		University of Pennsylvania Pilot Grant (PI: Henrickson)	Grant to institution
		American Association of Asthma, Allergy and Immunology (PI: Henrickson)	Grant to institution

		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)
3	Royalties or licenses	☒ **None**	
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		Cleveland Allergy Society	Honorarium and travel coverage for invited lecture
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☐ **None**	
		American Association of Asthma, Allergy and Immunology	Registration covered for invited talks
		Clinical Immunology Society	Travel covered for invited talks
8	Patents planned, issued or pending	☐ **None**	
		U.S. Patent Office, and World Intellectual Property Organization	PCT/US2025/030698 (published as WO/2025/245413): Identification of High Mortality Sub-Phenotypes of Pediatric MODS for Management and Treatment Thereof
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None**	
		Sarepta Therapeutics	Ad hoc advisory board (payment to SEH)

		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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ **None**	
		Pennsylvania Allergy and Asthma Association	Member of Board of Reagents, partial support for travel to yearly board meeting
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.