Date:			7/15/2022	
Your Name:			Mildred Iro	
Mar	nuscript Title:		Intravenous immunoglobulin treatment i RCT	n childhood encephalitis (IgNiTE): the IgNiTE
Mar	nuscript Number (if I	known):	Click or tap here to enter text.	
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub! The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned		ript. "Rela of the man re in doubt ps/activition ension, you nentioned	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript. rt for the work reported in this manuscript without time limit. For all other items, the time	
	ne for disclosure is th			thout time limit. For all other items, the time
			l entities with whom you have this ship 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 o	of the work
	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.	Salary p	payment for my role as Clinical Research for the IgNiTE trial	Click the tab key to add additional rows.
			Time frame: past 36 months	3
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one	
3	Royalties or licenses	⊠ No	one	

		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 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 Trainee member, NIHR EME funding committee October 2020 – October 2021		
13	Other financial or non-financial interests	None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:		7/14/2022	7/14/2022		
Υοι	ır Name:	Manish Sadarangani			
Ma	nuscript Title:	Intravenous immunoglobulin in the	management of encephalitis in children		
Ma	nuscript Number (if kı	nown): Click or tap here to enter text.			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you		pt. "Related" means any relation with for-profit or no of the manuscript. Disclosure represents a commitmen e in doubt about whether to list a relationship/activity, s/activities/interests should be defined broadly. For ension, you should declare all relationships with manufactionships with manufactionships.	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily it about whether to list a relationship/activity/interest, it is preferable that you do so. des/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if		
In item #1 below, report all suppo frame for disclosure is the past 36		all support for the work reported in this manuscript w	ithout time limit. For all other items, the time		
		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.,	UK National Institute for Health Research	Payment to institution		
	funding, provision of study materials,		Click the tab key to add additional rows.		
	medical writing, article processing charges, etc.) No time limit for this item.				
		Time frame: past 36 month:	5		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Have been an investigator on projects, unrelated to the current work, funded by GlaxoSmithKline,			

		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 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 I am Chair/Deputy Chair of two DSMBs for COVID- 19 vaccine trials, involving different vaccines	
10	Leadership or fiduciary role in	[⊠] 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)	
	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	Image: square of the square o		
13	Other financial or non-financial interests	None		
Plea	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.			

3 12/13/2021 ICMJE Disclosure Form

Date:			7/13/2022		
Your Name:			Dr Michael Absoud		
Ma	nuscript Title:		IgNiTE		
Ma	nuscript Number (if kr	nown):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the man indicate a bias. If you are in doubt The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned			rt for the work reported in this manuscript without time limit. For all other items, the time		
			entities with whom you have this thip 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.		one	Click the tab key to add additional rows.	
			Time frame: past 36 month	S	
2	Grants or	□ N	one		

1 12/13/2021 ICMJE Disclosure Form

Research grant

National Institute of Health and Care Research

⊠ None

contracts from any entity (if not

indicated in item #1 above).

Royalties or

licenses

3

		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 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	

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

Date:	9/27/2022
Your Name:	Liberty Cantrell
Manuscript Title:	Intravenous immunoglobulin treatment in childhood encephalitis (IgNiTE): the IgNiTE RCT
Manuscript Number (if known):	Click or tap here to enter text.

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.

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

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None 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	

			entities with whom you have this thip 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	No.	one	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	No.	one	
13	Other financial or non-financial interests	No.	one	
Plea	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.			

Date:	7/13/2022
Your Name:	Dr Wui K Chong
Manuscript Title:	Click or tap here to enter text.
Manuscript Number (if known):	Click or tap here to enter text.

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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.

		e all entities with whom you have this onship 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 month	s
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 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 certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:			10/5/2022		
Your Name:			Christopher Clark		
Manuscript Title:			Intravenous immunoglobulin treatment in childhood encephalitis (IgNiTE): the IgNiTE RCT		
Ma	nuscript Number (if	known):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the man		ript. "Rela of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.		
		ension, you	ies/interests should be defined broadly. For example, if your manuscript pertains to the out should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
In item #1 below, report all support frame for disclosure is the past 36				ithout time limit. For all other items, the time	
			l entities with whom you have this ship 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	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	⊠ No	one	Click the tab key to add additional rows.	
	charges, etc.) No time limit for this item.				
			Time frame: past 36 months	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one		
3	Royalties or licenses	⊠ No	one		

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None 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 certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	7/13/2022	
Your Name:	Dr Ava Easton	
Manuscript Title:	Click or tap here to enter text.	
Manuscript Number (if known):	Click or tap here to enter text.	
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned	ort for the work reported in this manuscript without time limit. For all other items, the time	

		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	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	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	CSL Behring	Encephalitis Society receives unrestricted grants from time to time.
3	Royalties or licenses	Routledge	I receive royalties on my book: Life after encephalitis.

		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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Various pharma provide me with honoraria and travel expenses for speaking: Pfizer, UCB, Valneva, Bavarian Nordics, Biomerieux.	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	As in 5 above.	
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	Chief Executive – Encephalitis Society	

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

Date:	7/15/2022
Your Name:	Dr Victoria Gray
Manuscript Title:	Immunoglobulin in the Treatment of Encephalitis
Manuscript Number (if known):	Click or tap here to enter text.

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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.

l		<u>-</u>	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of	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.		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	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None 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 🖂		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Dat	e:		10/14/2022		
Your Name: Manuscript Title:			Intravenous immunoglobulin treatment in childhood encephalitis (IgNiTE): the IgNiTE RCT		
Mai	nuscript Number (if k	(nown):	Click or tap here to enter text.		
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests m 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, extend that medication is not mentioned in the manuscript.		ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so.			
	em #1 below, report ne for disclosure is th		oort for the work reported in this manuscript will be months.	ithout time limit. For all other items, the time	
			all entities with whom you have this nship 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	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).		None		
3	Royalties or licenses	× I	None		

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None 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		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	7/18/2022
Your Name:	Rachel Kneen
Manuscript Title:	Intravenous immunoglobulin treatment in childhood encephalitis (IgNiTE): the IgNiTE RCT
Manuscript Number (if known):	Click or tap here to enter text.

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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.

			e all entities with whom you have this onship 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 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None 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		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	7/13/2022
Your Name:	Ming Lim
Manuscript Title:	Click or tap here to enter text.
Manuscript Number (if known):	Click or tap here to enter text.

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.

			T
		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.	National Institute of Health EME - 12/212/15	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2 Grants or			
	any entity (if not	GOSH charity V1214, VC1421	Principle applicant of both studies
	indicated in item #1 above).	Boston Children's Hospital Research Fund GENFD0001772273	UK CI for POOMAS
		Action Medical Research GN2925	Co –applicant
3	Royalties or licenses	None Non	

		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	Roche Expert study consultation Octapharma Novartis	Institutional Research Account Institutional Research Account Institutional Research Account
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	AGSRTI Trial	DMEC Chair
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None European Paediatric Neurology Education and Training Board	Co-Chair

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

Date:	9/24/2022
Your Name:	Xinxue Liu
Manuscript Title:	Click or tap here to enter text.
Manuscript Number (if known):	Click or tap here to enter text.

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			es with whom you have this 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			ns .
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 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	
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.			

Date:	7/14/2022
Your Name:	Michael PIKE
Manuscript Title:	IgNiTE
Manuscript Number (if known):	Click or tap here to enter text.

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments we made to you or to your institution)		Specifications/Comments (e.g., if payments were made to you or to your institution)
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	of the work Click the tab key to add additional rows.
			Time frame: past 36 months	s
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 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	

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

Dat	e:	7/292022			
You	r Name:	Professor Tom Solomon	Professor Tom Solomon		
Mai	nuscript Title:	Intravenous immunoglobulin treatment in ch	ildhood encephalitis (IgNiTE) : the IgNiTE RCT		
Manuscript Number (if known): Click or tap here to enter text.					
con affe	tent of your manuscri ected by the content o	rency, we ask you to disclose all relationships/activities ipt. "Related" means any relation with for-profit or not of the manuscript. Disclosure represents a commitment in doubt about whether to list a relationship/activity/i	-for-profit third parties whose interests may be to transparency and does not necessarily		
epic	demiology of hyperter	s/activities/interests should be defined broadly. For exnsion, you should declare all relationships with manufacentioned in the manuscript.			
	em #1 below, report and for disclosure is the	all support for the work reported in this manuscript wit e past 36 months.	hout time limit. For all other items, the time		
		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.	National Institute for Health Research (NIHR)	TS is supported by the National Institute for Health Research (NIHR) Health Protection Research Unit in Emerging and Zoonotic Infections (Grant Nos. IS-HPU-1112-10117 and NIHR200907), NIHR Programme Grant for Applied Research (No. RP-PG-0108-10,048), NIHR Global Health Research Group on Brain Infections (No. 17/63/110), and the European Union's Horizon 2020 research and innovation program ZikaPLAN (Preparedness Latin America Network), grant agreement No. 734584.		
		Time frame: past 36 month	S		
2	Grants or contracts from any entity (if not	□ None	See above		

indicated in item #1 above).

		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	
		(1) Oxford University Press	(1) Donaghy M, ed. Brain's Diseases of the Nervou System. 12th ed. Oxford: Oxford University Pre 2009: 1429-57.
(2) Elsevier		(2) Elsevier	(2) Hunter's Tropical Medicine and Emerging Infectious Disease, 9th Edition: Saunders, Elsevier; 2012.
			(3) Roald Dahl's Marvellous Medicine. Liverpool: Liverpool University Press; 2016.
		(4) Cambridge University Press	(4) Case Studies in Neurological Infectious Diseases of Adults and Children, Cambridge University Press; 2018.
4	Consulting fees	□ None	
		Medicines and Healthcare products Regulatory Agency (MHRA)	TS is a consultant for the MHRA Vaccine Benefit Risk Expert Working Group.
5	Payment or honoraria for	⊠ None	
	lectures, presentations,	None	
	speakers bureaus, manuscript		
	writing or educational events		
6	Payment for expert testimony	None	
		None	
		- f - 1	
7	Support for attending meetings and/or	None None	
	travel	Notice	

		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)
8	Patents planned, issued or pending	□ None	
		See comment	Test for bacterial meningitis based on a blood test, filed for patent (No. GB1606537.7 14th April 2016)
9	Participation on a Data Safety Monitoring Board or Advisory Board	1) GSK (2) Siemens	TS was on the Data Safety Monitoring Committee of the GSK Study to Evaluate the Safety and Immunogenicity of a Candidate Ebola Vaccine in Children GSK3390107A (ChAd3 EBO-Z) vaccine. TS chaired the Siemens Healthineers Clinical Advisory Board
			(1) Data safety monitoring board: Study of Ebola vaccine ChAd3-EBO-Z - Commercial entity.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None None	
Plea	se place an "X" next	to the following statement to indicate your agreemen	nt:

relationship or indicate none (add rows as needed) made to you or to your institution)
--

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

4 12/13/2021 ICMJE Disclosure Form

Date:	8/26/2021
Your Name:	Angela Vincent
Manuscript Title:	Intravenous immunoglobulin treatment in childhood encephalitis (IgNiTE): the IgNiTE RCT
Manuscript Number (if known):	Click or tap here to enter text.
In the interest of transparency, we	e ask you to disclose all relationships/activities/interests listed below that are related to the

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.

		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 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	Proportion of royalties from Euroimmun AG for antibody assays to LGI1 and CASPR2	

		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	Aspen NewCo Inc	Occasional consulting none yet
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	UCB, Alexion honoraria for lectures	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	Musk antibodies 2001 - 2020 LGI1 CASPR2 antibodies 2009 Vesicles for antibody testing 2015	
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	

			entities with whom you have this thip 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	No.	one	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	No.	one	
13	Other financial or non-financial interests	No.	one	
Plea	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.			

Date:			7/15/2022		
You	r Name:		Louise Willis		
Manuscript Title:			Click or tap here to enter text.		
Mar	nuscript Number (if k	known):	Click or tap here to enter text.		
content of your manuscript. "Rel affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activit		ript. "Rela of the man e in doubt os/activition ension, you entioned	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			l entities with whom you have this ship 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	
	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.	Salary p	payment for my role as Project Manager of iTE trial whilst it was actively setting up and ng.	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] No	one		
3	Royalties or licenses	⊠ No	one		

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

Date:	5/17/2023
Your Name:	Ly-Mee Yu
Manuscript Title:	Intravenous immunoglobulin treatment in childhood encephalitis (IgNiTE): the IgNiTE RCT
Manuscript Number (if known):	Click or tap here to enter text.

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.

_		e all entities with whom you have this onship 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 month	S
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 w made to you or to your institution)	ere
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 Output	
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	Panel member of HTA Efficient Study Designs - 2, November 2015 to July 2016	
Plea [⊠]	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	7/13/2022	
Your Name:	Professor Sir Andrew J Pollard	
Manuscript Title:	Intravenous immunoglobulin treatment in childhood encephalitis (IgNiTE): the IgNiTE RCT	
Manuscript Number (if known):	Click or tap here to enter text.	
content of your manuscript. "Rela	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily	

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.

		e all entities with whom you have this onship 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 Time frame: past 36 month	S
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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	ICVI, SAGE	Chair of UK Dept. Health and Social Care's (DHSC) Joint Committee on Vaccination & Immunisation (JCVI), but does not participate in discussions on COVID19 vaccines, and is a member of the WHO's SAGE The views expressed in this article do not necessarily represent the views of DHSC, JCVI, NIHR or WHO.

		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)		
		NIHR AstraZeneca	NIHR Senior Investigator Oxford University has entered into a partnership with Astra Zeneca for the development of a coronavirus vaccine		
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 certify that I have answered every question and have not altered the wording of any of the questions on this form.				