

ICMJE DISCLOSURE FORM

Date: April 25, 2021
 Your Name: Ofer Beharier
 Manuscript Title: Efficient maternal to neonatal transfer of antibodies against SARS-CoV-2 and BNT162b2 mRNA COVID-19 vaccine
 Manuscript number (if known): 150319-JCI-CMED-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.	<p><u>None</u> → <u>ISE - Israel Science Foundation</u></p> <p><u>"Kill Corona Grant"</u></p>
Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>
3	Royalties or licenses	<u>None</u>
4	Consulting fees	<u>None</u>

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	
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: 24.04.2021

Your Name: Dr. Romina Plitman Mayo

Manuscript Title: Efficient maternal to neonatal transfer of antibodies against SARS-CoV-2 and BNT162b2 mRNA COVID-19 vaccine

Manuscript number (if known): 150319-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: April 24, 2021

Your Name: Tal Raz

Manuscript Title: Efficient maternal to neonatal transfer of antibodies against SARS-CoV-2 and BNT162b2 mRNA COVID-19 vaccine

Manuscript number (if known): 150319-JCI-CMED-RV-2

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Tal Raz

ICMJE DISCLOSURE FORM

Date: 25.4.21
 Your Name: Kira Nahum
 Sacks _____
 Manuscript Title: Efficient maternal to neonatal transfer of antibodies against SARS-CoV-2 and BNT162b2 mRNA COVID-19 vaccine
 Manuscript number (if known): 150319-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 25/4/2021

Your Name: Letizia Schreiber

Manuscript Title: Efficient maternal to neonatal transfer of antibodies against SARS-CoV-2 and BNT162b2 mRNA COVID-19 vaccine

Manuscript number (if known): 150319-JCI-CMED-RV-2

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Letizia Sciretta

ICMJE DISCLOSURE FORM

Date: 25/04/2021

Your Name: Yael Suissa-Cohen

Manuscript Title: Efficient maternal to neonatal transfer of antibodies against SARS-CoV-2 and BNT162b2 mRNA COVID-19 vaccine

Manuscript number (if known): 150319-JCI-CMED-RV-2

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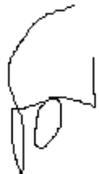
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ICMJE DISCLOSURE FORM

Date: 25 Apr. 2021
 Your Name: Dr CHEN RONY
 Manuscript Title: Efficient maternal to neonatal transfer of antibodies against SARS-CoV-2 and BNT162b2 mRNA COVID-19 vaccine
 Manuscript number (if known): 150319-JCI-CMED-RV-2

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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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ד"ר רוני חן
 מ.ר. 7424
 מ. 21653
 מומחה במילוקים ופריון
 מנהל חודרי ליקים ויולדות בילנסון

ICMJE DISCLOSURE FORM

Date: 25/04/2021
Your Name: RACHEL GOMEZ-TOLUB
Manuscript Title: Efficient maternal to neonatal transfer of antibodies against SARS-CoV-2 and BNT162b2 mRNA COVID-19 vaccine
Manuscript number (if known): 150319-JCI-CMED-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.) None
No time limit for this item.

Time frame: past 36 months

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

- 3 Royalties or licenses None

- 4 Consulting fees None

5 Payment or honoraria for None
lectures, presentations,
speakers bureaus,
manuscript writing or
educational events

6 Payment for expert None
testimony

7 Support for attending None
meetings and/or travel

8 Patents planned, issued or None
pending

9 Participation on a Data None
Safety Monitoring Board
or Advisory Board

10 Leadership or fiduciary None
role in other board,
society, committee or
advocacy group, paid or
unpaid

11 Stock or stock options None

12 Receipt of equipment, None
materials, drugs, medical
writing, gifts or other
services

13 Other financial or non- None
financial interests

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Rachet.1

ICMJE DISCLOSURE FORM

Date: 24.4.2021 _____

Your Name: Eran Hadar _____

Manuscript Title: Efficient maternal to neonatal transfer of antibodies against SARS-CoV-2 and BNT162b2 mRNA COVID-19 vaccine

Manuscript number (if known): 150319-JCI-CMED-RV-2

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פרופ' הדר ערן
מומחה במגילות וגינקולוגיה
מ.ר. 36661

ICMJE DISCLOSURE FORM

Date: 24/04/2021

Your Name: Rinat Gabbay-Benziv

Manuscript Title: Efficient maternal to neonatal transfer of antibodies against SARS-CoV-2 and BNT162b2 mRNA COVID-19 vaccine

Manuscript number (if known): 150319-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 25 APR 2021
 Your Name: YUVAL TARFE MOSHKOVICH
 Manuscript Title: Efficient maternal to neonatal transfer of antibodies against SARS-CoV-2 and BNT162b2 mRNA COVID-19 vaccine
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ICMJE DISCLOSURE FORM

Date: April 24, 2021
 Your Name: Tal Biron-Shental
 Manuscript Title: Efficient maternal to neonatal transfer of antibodies against SARS-CoV-2 and BNT162b2 mRNA COVID-19 vaccine
 Manuscript number (if known): 150319-JCI-CMED-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.

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Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

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

Tal Ben Shental
 פרופ' טל בן-שנטל מ.ר. 30669
 מנהל יחידת משים ויולדות
 המרכז הרפואי מאג' לבן-טובא
 ביה"ס לרפואה - אוניברסיטת תל-אביב

ICMJE DISCLOSURE FORM

Date: 25th April 2021
 Your Name: Gil Shechter Maor
 Manuscript Title: Efficient maternal to neonatal transfer of antibodies against SARS-CoV-2 and BNT162b2 mRNA COVID-19 vaccine
 Manuscript number (if known): 150319-JCI-CMED-RV-2

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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

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13	Other financial or non-financial interests	<u> </u> None	

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ICMJE DISCLOSURE FORM

Date: 25.4.21
 Your Name: Sivan Farladansky-Gershnel
 Manuscript Title: Efficient maternal to neonatal transfer of antibodies against SARS-CoV-2 and BNT162b2 mRNA COVID-19 vaccine
 Manuscript number (if known): 150319-JCI-CMED-RV-2

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7	Support for attending meetings and/or travel	___ None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
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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	

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

 X 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: April 24 2021 _____

Your Name: Hen Yitzhak Sela _____

Manuscript Title: Efficient maternal to neonatal transfer of antibodies against SARS-CoV-2 and BNT162b2 mRNA COVID-19 vaccine

Manuscript number (if known): _____ 150319-JCI-CMED-RV-2 _____

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Time frame: past 36 months			
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3	Royalties or licenses	_____ None	
4	Consulting fees	_____ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
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7	Support for attending meetings and/or travel	___ 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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ד"ר חיים קובלניץ
 מנהל הקורס
 מ.ר. 2016
 פ.ר.



ICMJE DISCLOSURE FORM

Date: 24/4/21
 Your Name: HEDI BENYAMINI RAISCHER
 Manuscript Title: Efficient maternal to neonatal transfer of antibodies against SARS-CoV-2 and BNT162b2 mRNA COVID-19 vaccine
 Manuscript number (if known): 150319-JCI-CMED-RV-2

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3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

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	
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: 24/04/2021
 Your Name: Nitzan Dana Sela
 Manuscript Title: Efficient maternal to neonatal transfer of antibodies against SARS-CoV-2 and BNT162b2 mRNA COVID-19 vaccine
 Manuscript number (if known): 150319-JCI-CMED-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).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

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N. D. Sela



ICMJE DISCLOSURE FORM

Date: April 25, 2021
 Your Name: Debra Goldman-Wohl
 Manuscript Title: Efficient maternal to neonatal transfer of antibodies against SARS-CoV-2 and BNT162b2 mRNA COVID-19 vaccine
 Manuscript number (if known): 150319-JCI-CMED-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.	<u>None</u> →	<u>ISF - Israel Science Foundation</u> <u>"kill corona" grant</u>
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
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7	Support for attending meetings and/or travel	___ None	
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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	
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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: 25/4/2021
 Your Name: Ziv Shulman
 Manuscript Title: Efficient maternal to neonatal transfer of antibodies against SARS-CoV-2 and BNT162b2 mRNA COVID-19 vaccine
 Manuscript number (if known): 150319-JCI-CMED-RV-2

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

X 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: Apr 24
2021

Your Name: Ariel

Many _____

Manuscript Title: Efficient maternal to neonatal transfer of antibodies against SARS-CoV-2 and BNT162b2 mRNA COVID-19 vaccine

Manuscript number (if known): 150319-JCI-CMED-RV-2

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ICMJE DISCLOSURE FORM

25/4/21

Haim Barr

Manuscript Title: Efficient maternal to neonatal transfer of antibodies against SARS-CoV-2 and BNT162b2 mRNA COVID-19 vaccine

Manuscript number (if known): 150319-JCI-CMED-RV-2

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X 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: _____

Your Name: Simcha Yagel

Manuscript Title: Efficient maternal to neonatal transfer of antibodies against SARS-CoV-2 and BNT162b2 mRNA COVID-19 vaccine

Manuscript number (if known): 150319-JCI-CMED-RV-2

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Time frame: past 36 months			
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3	Royalties or licenses	_____ None	
4	Consulting fees	_____ None	

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13	Other financial or non-financial interests	____ None	

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ICMJE DISCLOSURE FORM

Date: April 24 2021

Your Name: Michal Neeman

antibodies against SARS-CoV-2 and BNT162b2 mRNA COVID-19 vaccine

Manuscript number (if known): 150319-JCI-CMED-RV-2

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Time frame: Since the initial planning of the work			
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Michael Neeman

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Date: 25.04.2021

Your Name: Michal Kovo

Manuscript Title: Efficient maternal to neonatal transfer of antibodies against SARS-CoV-2 and BNT162b2 mRNA COVID-19 vaccine

Manuscript number (if known): 150319-JCI-CMED-RV-2

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