

#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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#### 3. Relevant financial activities outside the submitted work.

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## 4. Intellectual Property.

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

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

Mohareb 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi	rst Name)	2. Surname (Last N Mohareb	ame)	3. Date 11-Nove	ember-2020
4. Are you the cor	responding author?	Yes ✓ No	Correspond Elena Losi	ding Author's Name na PhD	
5. Manuscript Title College campuse	es and COVID-19 mitiga	ation: clinical and ed	onomic value		
6. Manuscript Ider	ntifying Number (if you kr	now it)			
Section 2.	The Work Under C	onsideration for	Publication		
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to gra		(government, commercial, g board, study design, man	private foundation, etc.) for suscript preparation,
Section 3.	Relevant financial	activities outside	the submitted	work.	
of compensation clicking the "Add Are there any rel	) with entities as descri	ibed in the instruction port relationships the st?  Yes	ons. Use one line fo	-	os (regardless of amount any lines as you need by <b>rior to publication</b> .
Name of Entity		Grant? Persona	Non-Financial Support?	Other? Comments	
National Institutes of	Health	<b>✓</b>		T32 Al007433	
Section 4.	Intellectual Propei	rty Patents & Co	opyrights _		
Do you have any	patents, whether plan	ned, pending or issu	ued, broadly releva	nt to the work? Yes	s ✓ No

Mohareb 2



Section 5. Polationships not severed above
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Yes, the following relationships/conditions/circumstances are present (explain below):
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Dr. Mohareb reports grants from National Institutes of Health, outside the submitted work; .

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Leifer 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Valia	2. Surname (Last Name) Leifer	3. Date 11-November-2020
4. Are you the corresponding author?	Yes No	
5. Manuscript Title College campuses and COVID-19 mitig	ation: clinical and economic value	
6. Manuscript Identifying Number (if you k M20-6558	now it)	
Section 2. The Work Under C	onsideration for Publication	
	eive payment or services from a third party (government, cog g but not limited to grants, data monitoring board, study d est? Yes V No	
Section 3. Relevant financial	activities outside the submitted work.	
of compensation) with entities as descri	in the table to indicate whether you have financial re ribed in the instructions. Use one line for each entity; port relationships that were <b>present during the 36 i</b> est? Yes V	add as many lines as you need by
Section 4. Intellectual Property		
Intellectual Prope	rty Patents & Copyrights	
Do you have any patents, whether plar	nned, pending or issued, broadly relevant to the work	?

Leifer 2



Section 5. Relationships not severed above
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Kazemian 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Pooyan	rst Name)	2. Surname (Last Name) Kazemian		3. Date 11-November-2020
4. Are you the cor	Are you the corresponding author? Yes Vo		Corresponding Author's Name Elena Losina	
5. Manuscript Title College campuse		ation: clinical and econom	ic value	
6. Manuscript Ider	ntifying Number (if you kr	now it)		
Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, cor ata monitoring board, study de	mmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation clicking the "Add	) with entities as descri	ibed in the instructions. Us port relationships that we	se one line for each entity; a	ationships (regardless of amount dd as many lines as you need by conths prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any			roadly relevant to the work?	☐ Yes 🗸 No

Kazemian 2



Section 5.	Deletionaline net covered above
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
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Section 6.	Disclosure Statement
Based on the abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Kazemian ha	s nothing to disclose.

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Ciaranello 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fi Andrea	rst Name)	2. Surname (Last Name) Ciaranello		3. Date 11-Novem	ıber-2020
4. Are you the cor	responding author?	Yes ✓ No	Correspondin	g Author's Name	
5. Manuscript Title College campuse		ation: clinical and econo	mic value		
6. Manuscript Ider M20-6558	ntifying Number (if you kn	now it)			
Section 2.	The Wark Under Co	onsideration for Pub	lication		
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	but not limited to grants, est? Yes No ormation below. If you h	data monitoring b	overnment, commercial, pri oard, study design, manuso ne entity press the "ADD	cript preparation,
Name of Institut	ion/Company	Grant? Personal N	on-Financial Support?	other? Comments	
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Section 3.	Relevant financial	activities outside the	submitted w	ork.	
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Section 4.	Intellectual Proper	ty Patents & Copy	rights		
Do you have any	patents, whether plani	ned, pending or issued,	broadly relevant	to the work? Yes	✓ No

Ciaranello 2



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Dr. Ciaranello reports grants from NIH, during the conduct of the study; .

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Freedberg 1



Section 1. Identifying Information	ation				
1. Given Name (First Name) Kenneth	2. Surname (Last Name) Freedberg		3. Date 11-November-2020		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name			
5. Manuscript Title College campuses and COVID-19 mitigat	tion: clinical and economi	c value			
6. Manuscript Identifying Number (if you kno	ow it)				
Section 2. The Work Under Co	nsideration for Public	ation			
Did you or your institution <b>at any time</b> received any aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of interest of the statistical analysis, etc.) by the statistical analysis, etc.)?	but not limited to grants, da st?	ta monitoring board, stu	udy design, manuscript preparation,		
Name of Institution/Company	Grant? Personal Non	o-Financial Other?	Comments		
NIAID	<b>√</b>				
Section 3. Relevant financial a	ctivities outside the s	ubmitted work.			
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should report there any relevant conflicts of interest of the place of the propriate information of the propriate information of the propriate information."	oed in the instructions. Us ort relationships that wer st?	e one line for each en	itity; add as many lines as you need by		
Name of Entity	Grant'	-Financial Other?	Comments		
NIAID	<b>✓</b>				
ANRS- France	<b>✓</b>				

Freedberg 2



Soutien A					
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Dr. Freedberg reports grants from NIAID, during the conduct of the study; grants from NIAID, grants from ANRS- France, outside the submitted work; .					

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

1

administrative support, etc. Millham



Section 1.	Identifying Inform	ation		
1. Given Name (First	t Name)	2. Surname (Last Name) Millham		3. Date 11-November-2020
4. Are you the corre	ou the corresponding author? Yes V No Corresponding Author's Name Elena Losina		ne	
5. Manuscript Title College campuses	s and COVID-19 mitiga	ition: clinical and econom	ic value	
6. Manuscript Ident M20-6558	ifying Number (if you kn	ow it)		
			_	
Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the sul statistical analysis, et	bmitted work (including	but not limited to grants, da	a third party (government, com ta monitoring board, study desi	nmercial, private foundation, etc.) for ign, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation) clicking the "Add -	with entities as descri	bed in the instructions. Us port relationships that wer		tionships (regardless of amount dd as many lines as you need by onths prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyric	jhts	
Do you have any p	patents, whether plans	ned, pending or issued, br	oadly relevant to the work?	☐ Yes ✓ No

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Relationships not covered above
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Hyle 1



Section 1. Identif	ying Information					
Given Name (First Name)     Emily	2. Surn Hyle	ame (Last Name)			3. Date 11-November-2020	
4. Are you the corresponding	g author? Yes	Yes ✓ No Corresponding Author's Na Elena Losina		s Name		
5. Manuscript Title College Campuses and COVID-19 Mitigation: Clinical and Economic Value						
6. Manuscript Identifying Nu M20-5880	mber (if you know it)					
Section 2. The Wo	ork Under Consider	ation for Pub	lication			
	work (including but not l		data monitoring		t, commercial, private foundation, e y design, manuscript preparation,	tc.) for
Section 3. Relevan	nt financial activition	es outside the	e submitted v	work.		
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Name of Entity	Grant	Personal N	on-Financial Support <sup>?</sup>	Other?	Comments	
NIH	✓					
American College of Cardiology		✓		Н	onararium	
JpToDate		✓		Ro	oyalties	
MGH	<b>√</b>					7

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Section 4. Intellectual Property Patents & Copyrights				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V				
Section 5. Relationships not covered above				
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Dr. Hyle reports grants from NIH, personal fees from American College of Cardiology, personal fees from UpToDate, grants from MGH, outside the submitted work; .				

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Losina 1



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Elena	2. Surname (Last Name) Losina	3. Date 11-November-2020			
4. Are you the corresponding author?	✓ Yes No				
5. Manuscript Title College campuses and COVID-19 mitigation: clinical and economic value					
6. Manuscript Identifying Number (if you k M20-6558	now it)				
Section 2. The Work Under C	onsideration for Publication				
Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  Are there any relevant conflicts of interest? Yes Vo					
Section 3. Relevant financial	activities outside the submitted work.				
of compensation) with entities as descri	in the table to indicate whether you have financial register in the instructions. Use one line for each entity; eport relationships that were <b>present during the 36</b> sest?	add as many lines as you need by			
Section 4. Intellectual Prope	rty Patents & Copyrights				
Do you have any patents, whether plar	nned, pending or issued, broadly relevant to the worl	☐ Yes ✓ No</td			

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Section 1.	Identifying Inform	nation		
1. Given Name (Fi Anne	rst Name)	2. Surname (Last Name Neilan	)	3. Date 11-November-2020
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Auth Elena Losina	or's Name
5. Manuscript Title College campuses and COVID-19 mitigation: clinical and economic value				
6. Manuscript Ider M20-6558	ntifying Number (if you kn	now it)		
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any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	sut not limited to grants, est? Yes No ormation below. If you h	data monitoring board, st	ent, commercial, private foundation, etc.) for tudy design, manuscript preparation, ity press the "ADD" button to add a row.
Name of Institut	ion/Company	Grant? Personal Fees?	Ion-Financial Other?	Comments
NIH		<b>✓</b>		
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Section 3.	Relevant financial	activities outside th	e submitted work.	
of compensation clicking the "Add Are there any rel	) with entities as descri   +" box. You should repevant conflicts of intere	ibed in the instructions. port relationships that vest? Yes V	Use one line for each e vere <b>present during th</b>	cial relationships (regardless of amount ntity; add as many lines as you need by <b>e 36 months prior to publication</b> .
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Do you have any	patents, whether plani	ned, pending or issued,	broadly relevant to the	ework? ☐ Yes ✓ No

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Dr. Neilan reports grants from NIH, during the conduct of the study.				

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1. Given Name (First Name) Christopher	2. Surname (Last Name) Panella	3. Date 11-November-2020		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Dr. Elena Losina		
5. Manuscript Title College campuses and COVID-19 mitigation: clinical and economic		ic value		
6. Manuscript Identifying Number (if you M20-655	know it)			
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Section 3. Relevant financia	al activities outside the s	submitted work.		
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Intellectual Prop	erty Patents & Copyri	ghts		
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