

#### **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.

# Identifying information.

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

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Other: Anything not covered under the previous three boxes

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

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

Andrews 1



Section 1.	Identifying Information						
Given Name (First Name) Rebecca		2. Surname (Last Andrews	Name)	3. Date 17-February-2021			
4. Are you the co	responding author?	☐ Yes ✓ N	·	Corresponding Author's Name Amir Qaseem			
5. Manuscript Title "What is the Role of Antibodies and their Determination in Patients After SARS-CoV-2 Infection? Rapid, Living Practice Point from the American College of Physicians (Version 1)" 6. Manuscript Identifying Number (if you know it) M20-7569					ng Practice Points		
Section 2.	The Work Under C	onsideration fo	r 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  No							
Section 3.	Relevant financial	activities outsid	de the submitted	work.			
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest?  Yes  No  If yes, please fill out the appropriate information below.							
Name of Entity		Grant? Person	Non-Financial Support	Other? Comments			
American College of	Physicians			I am currently a conte consulting on opioid/ educational modules	/pain		
American College of	Physicians			I am currently the Cha American College of F of Governors. This is a balanced by a stipeno	Physicians Board a role that is		

Andrews 2



Soutien A					
Section 4. Intellectual Property Patents & Copyrights					
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					
Section 5. Relationships not covered above					
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?					
Yes, the following relationships/conditions/circumstances are present (explain below):					
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Section 6. Disclosure Statement					
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.					
Dr. Andrews reports other from American College of Physicians, other from American College of Physicians, outside the submitted work; .					

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Andrews 3



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Obley 1



Section 1. Identifying Inf	formation					
Given Name (First Name)  Adam	2. Surname (Last Name) Obley	3. Date 22-February-2021				
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Qaseem				
5. Manuscript Title What is the Role of Antibodies and from the American College of Phys		s After SARS-CoV-2 Infection? Rapid, Living Practice Points				
6. Manuscript Identifying Number (if y M20-7569	ou know it)					
Section 2. The Work Und	er Consideration for Public	ation				
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Section 3. Relevant finan	cial activities outside the s	ubmitted work.				
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Section 4. Intellectual Pro	operty Patents & Copyrig	ihts				
Do you have any patents, whether						

Obley 2



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Dr. Obley has nothing to disclose.

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

Haeme 1



Section 1. Identifying In	formation					
1. Given Name (First Name)  Raymond  2. Surname (Last Name)  Haeme		3. Date 09-December-2020				
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Dr Amir Qaseem				
5. Manuscript Title What is the Role of Antibodies and from the American College of Phys		s After SARS-CoV-2 Infection? Rapid, Living Practice Points				
6. Manuscript Identifying Number (if y M20-7569	ou know it)					
Continue 2						
Section 2. The Work Und	er Consideration for Public	ation				
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Section 4. Intellectual Pr	operty Patents & Copyrig	hts				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						

Haeme 2



Section 5. Polationships not severed above				
Relationships not covered above				
Are there other relationships or activities that readers could perceiv potentially influencing, what you wrote in the submitted work?	e to have influenced, or that give the appearance of			
Yes, the following relationships/conditions/circumstances are p	resent (explain below):			
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Mr. Haeme has nothing to disclose.				

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Haeme 3

#### **ICMJE DISCLOSURE FORM**

Date:	b 25, 2021	
Your Name:		
 Manuscript Titl	What is the Role of Antibodies and their Determination in Patients After SARS-CoV-2 Infectio	n?
Rapid, Living Pr	ctice Points from the American College of Physicians (Version 1)	
Manuscript nui	per (if known): M20-7569	
n the interest	transparency, we ask you to disclose all relationships/activities/interests listed below that are	
related to the o	ntent of your manuscript. "Related" means any relation with for-profit or not-for-profit third	
parties whose i	erests 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	

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.	None	
		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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	ğ ,		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	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		

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.



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Marcucci 1



Section 1.	Identifying Information					
1. Given Name (First Name) Maura		2. Surname (Last Name) Marcucci	3. Date 21-December-2020			
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Amir Qaseem			
What is the Antik Practice Points fr	5. Manuscript Title What is the Antibody Response and Role in Conferring Natural Immunity Following SARS-COV-2 Infection? Rapid, Living Practice Points from the American College of Physicians (Version 1)  6. Manuscript Identifying Number (if you know it)					
Section 2.	<b></b>					
_		onsideration for Public	a third party (government, commercial, private foundation, etc.) for			
any aspect of the s statistical analysis,	ubmitted work (including etc.)?	but not limited to grants, da	ta monitoring board, study design, manuscript preparation,			
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						

Marcucci 2



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Qaseem 1



Section 1.	Identifying Information						
1. Given Name (First Name) Amir		2. Surname (Last Name) Qaseem		3. Date 03-March-2021			
4. Are you the cor	responding author?	✓ Yes	No				
"What is the Anti Practice Points fr	5. Manuscript Title "What is the Antibody Response and Role in Conferring Natural Immunity Following SARS-COV-2 Infection? Rapid, Living Practice Points from the American College of Physicians (Version 1)"  6. Manuscript Identifying Number (if you know it) M20-7569						
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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  No							
Section 3.	Relevant financial	activities	outside the submitte	d work.			
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo							
Section 4.	Intellectual Proper	ty Pate	nts & Copyrights				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo							

Qaseem 2



Section 5. Polationships not sovered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Qaseem has nothing to disclose.

## **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Qaseem 3

#### ICMJE DISCLOSURE FORM

Date:02/16/2021
Your Name:Janet A. Jokela
Manuscript Title:_ "What is the Role of Antibodies and their Determination in Patients After SARS-CoV-
Infection? Rapid, Living Practice Points from the American College of Physicians (Version 1)"
Manuscript number (if known): M20-7569

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)  Time frame: Since the initial	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	pranning of the work
		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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	ğ ,		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	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		

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.



#### **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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# 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

# Relationships not covered above.

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued **Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

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

patent

Abraham 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi George	rst Name)	2. Surname (Last Name) Abraham	3. Date 08-April-2020	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Amir Qaseem, MD, PhD	
of Physicians		•	Virus Infection: Practice Points from the American College	
	<u> </u>		-	
Section 2.	The Work Under C	onsideration for Public	ation	
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  No				
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo				
Section 4.	Intellectual Prope	rty Patents & Copyrig	hts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Abraham 2



Section 5. Relationships not covered above
Relationships not covered above
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Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Abraham has nothing to disclose.

## **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Abraham 3

#### ICMJE DISCLOSURE FORM

Date:February 16, 2021	
Your Name: Robert M. Centor, N	l.D
Manuscript Title:_ "What is the F	Role of Antibodies and their Determination in Patients After SARS-CoV-2 Infection
Rapid, Living Practice Points fron	n the American College of Physicians (Version 1)"
Manuscript number (if known):_	_ M20-7569

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)
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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
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	
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.



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# 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

# Relationships not covered above.

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

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

Bledsoe 1



Section 1. Id	lentifying Informa	ntion			
1. Given Name (First N Thomas	lame)	2. Surnam Bledsoe	e (Last Name)		3. Date 14-September-2020
4. Are you the corresp	onding author?	Yes	<b>✓</b> No	Corresponding Author's N	lame
College of Physician			atients with CO\	/ID-19? Rapid, Living Pra	ctice Points from the American
M20-5831					
Section 2. Th	ie Work Under Coi	nsiderati	ion for Public	ation	
Did you or your institut	tion <b>at any time</b> receiv nitted work (including k )?	e payment out not limi —	or services from a	a third party (government, o	commercial, private foundation, etc.) for design, manuscript preparation,
Section 3. Re	elevant financial a	ctivities	outside the s	ubmitted work.	
of compensation) wi	th entities as describ box. You should repo	ed in the i ort relatior	instructions. Use	e one line for each entity	elationships (regardless of amount ; add as many lines as you need by <b>months prior to publication</b> .
Section 4.					
Int	tellectual Propert	y Patei	nts & Copyrig	hts	
Do you have any pat	ents, whether planne	ed, pendir	ng or issued, bro	padly relevant to the wor	k? ☐ Yes ✓ No

Bledsoe 2



Section 5. Polationships not severed above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
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Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Bledsoe has nothing to disclose.

## **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Bledsoe 3



### **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.

# Identifying information.

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

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# 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

# Relationships not covered above.

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

Miller 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fii Matthew	rst Name)	2. Surname (Last Name) Miller	3. Date 15-January-2021		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Amir Qaseem MD		
5. Manuscript Title What is the Role of Antibodies and their Determination in Patients After SARS-CoV-2 Infection? Rapid, Living Practice Points from the American College of Physicians (Version 1) 6. Manuscript Identifying Number (if you know it) M20-7569					
Section 2.	The Work Under Co	onsideration for Public	ation		
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  No					
Section 3.	Relevant financial	activities outside the s	ubmitted work.		
of compensation clicking the "Add Are there any rel	ı) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by e present during the 36 months prior to publication.		
Section 4.	Intellectual Proper	ty Patents & Copyrig	hts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No		

Miller 2



Section 5. Relationships not covered above
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Dr. Miller has nothing to disclose.

## **Evaluation and Feedback**

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Miller 3



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patent

Humphrey 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fii Linda	rst Name)	2. Surname (Last Name) Humphrey	3. Date 23-February-2021		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Amir Qaseem		
What is the role of from the America	<ul> <li>5. Manuscript Title</li> <li>What is the role of antibodies and their determination in patients after SARS-CoV-2 infection? Rapid, Living Practice points from the American College of Physicians</li> <li>6. Manuscript Identifying Number (if you know it)</li> </ul>				
Section 2.	The Work Under C	onsidovation for Dubli	ention		
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 clicking the "Add Are there any rel	) with entities as descri	ibed in the instructions. Us port relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.		
Section 4.	Intellectual Prope	rty Patents & Copyri	ghts		
Do you have any	patents, whether plan	ned, pending or issued, bi	roadly relevant to the work? Yes V No		

Humphrey 2



Section 5. Relationships not covered above
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Dr. Humphrey has nothing to disclose.

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Humphrey 3



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# Identifying information.

# 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

# 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

# Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued **Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

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

Kansagara 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Kansagara	3. Date 16-February-2021		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Amir Qaseem		
What is the Role from the Americ	<ul> <li>5. Manuscript Title</li> <li>What is the Role of Antibodies and their Determination in Patients After SARS-CoV-2 Infection? Rapid, Living Practice Points from the American College of Physicians (Version 1)</li> <li>6. Manuscript Identifying Number (if you know it)</li> </ul>				
Section 2.	The Work Under C	onsideration for Public	ation		
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  No					
Section 3.	Relevant financial	activities outside the s	ubmitted work.		
of compensation clicking the "Add Are there any rel	ı) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of a se one line for each entity; add as many lines as you n e <b>present during the 36 months prior to publicati</b> o	eed by	
Section 4.	Intellectual Proper	ty Patents & Copyric	phts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No		

Kansagara 2



Section 5. Relationships not covered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Kansagara has nothing to disclose.

## **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Kansagara 3



#### **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.

# Identifying information.

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

Yost 1



Section 1. Identifying Info	rmation		
1. Given Name (First Name) Jennifer	2. Surname (Last Name) Yost	3. Date 14-September-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Amir Qaseem	
5. Manuscript Title What Is the Antibody Response and Points From the American College o	_	munity After SARS-CoV-2 Infection? Rapid, Living Practice	
6. Manuscript Identifying Number (if you M20-7569	u know it)		
Section 2. The Work Under	Consideration for Public	ation	
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  No			
Section 3. Relevant financi	al activities outside the s	ubmitted work.	
of compensation) with entities as de	scribed in the instructions. Us report relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication.	
Section 4. Intellectual Prop	perty Patents & Copyrig	hts	
Do you have any patents, whether p	anned, pending or issued, br	oadly relevant to the work? Yes V No	

Yost 2



Section 5. Relationships not sovered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
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Yost 3

#### ICMJE DISCLOSURE FORM

Date:_2/17/21		
Your Name:Mary Ann Forciea		
Manuscript Title:_What is the role of antibodies and their Determination after SARS Co V @ Infection		
Manuscript number (if known):M20-7569		

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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,	None	
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	30 months
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
•	Davidialization on a Data	Name	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	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		

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: February 18, 2021

Your Name: Itziar Etxeandia-Ikobaltzeta

Manuscript Title: "What is the Role of Antibodies and their Determination in Patients After SARS-CoV-2 Infection? Rapid,

Living Practice Points from the American College of Physicians (Version 1)"

Manuscript number (if known): M20-7569

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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.	X None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past X None	36 months
3	Royalties or licenses	X None	
4	Consulting fees	X None	

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