Date:	12/7/2021
Your Name:	Emily Gean
Manuscript Title:	Risk of Reinfection from SARS-CoV-2 Living Systematic Review and Meta-analysis for the American College of Physicians Practice Points
Manuscript Number (if known):	M21-4245

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Time frame: past 36 month	ns .
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3	Royalties or licenses	None None	

			cations/Comments (e.g., if payments were to you or to your institution)
4	Consulting fees	None	
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6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None     ■	
8	Patents planned, issued or pending	None	
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			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)
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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:	12/2/2021
Your Name:	Irina Arkhipova-Jenkins
Manuscript Title:	Risk of Infection from SARS-CoV-2 – Living Systematic Review and Meta-Analysis for the American College of Physicians Practice Points
Manuscript Number (if known):	M21-4245

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			cations/Comments (e.g., if payments were to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None 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 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	
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:			12/2/2021		
Your Name:			Katrina L. Ramsey		
Manuscript Title:			Risk of Reinfection from SARS-CoV-2: Living Systematic Review and Meta-analysis for the American College of Physicians Practice Points		
Mar	uscript Number (if k	nown):	M21-4245		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt The author's relationships/activities."			ated" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity, es/interests should be defined broadly. For e u should declare all relationships with manufa	/interest, it is preferable that you do so.	
	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 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.	grant fu	unding to my institution for time spent on s and reporting	Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	grant fu	unding to my institution for time spent on		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	grant fu	unding to my institution for time spent on s and reporting  Time frame: past 36 months		

			cations/Comments (e.g., if payments were to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None 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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
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Date: 12/2/2			12/2/2021		
Your Name:			Mark Helfand		
Manuscript Title:		-	Click or tap here to entertext.		
Mar	nuscript Number (if k	nown):	M21-4245		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mar indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned."			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitme about whether to list a relationship/activity es/interests should be defined broadly. For a u should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.	
			entities with whom you have this hip 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.	□ <b>N</b> o	one	Portland Veterans Affairs Research Foundation  Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
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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)
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6	Payment for expert testimony	None     ■	
7	Support for attending meetings and/or travel	□ None  Veterans Health Care System	
8	Patents planned, issued or pending	None     ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None  Society for Research Synthesis Methods	

		e all entities with whom you have this ionship 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 ⊠	•	e following statement to indicate your agreeme	

3 8/26/2021 ICMJE Disclosure Form

Date:	11/29/2021
Your Name:	Kara Winchell, MA
Manuscript Title:	Risk of Reinfection from SARS-CoV-2 – Living Systematic Review and Meta-analysis for the American College of Physicians Practice Points.
Manuscript Number (if known):	M21-4245

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		Time frame: Since the initial planning	of the work
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		Time frame: past 36 month	IS .
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			cations/Comments (e.g., if payments were to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None 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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
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	·	e following statement to indicate your agreeme	

Date:	11/23/2021	
Your Name:	Jack Wiedrick	
Manuscript Title:	Risk of Reinfection from SARS-CoV-2 – Living Systematic Review and Meta-analysis for the American College of Physicians Practice Points	
Manuscript Number (if known):	M21-4245	
content of your manuscript. "Rela affected by the content of the man	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.		
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		Time frame: Since the initial p	lanning of the work
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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)
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None 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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		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)
 Stock or stock options		None	
Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
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:			_12/7/2021	
You	ır Name:		Charlotte Armstrong	
Manuscript Title:			Risk of Reinfection from SARS-CoV-2 – Living Systematic Review and Meta-analysis for the American College of Physicians Practice Points	
Mai	nuscript Number (if	known):	Click or tap here to entertext.	
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo		ript. "Reli of the ma e in doub ps/activiti ension, yo	we ask you to disclose all relationships/activities/interests listed below that are related to the lated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily of about whether to list a relationship/activity/interest, it is preferable that you do so.  Sites/interests should be defined broadly. For example, if your manuscript pertains to the bushould declare all relationships with manufacturers of antihypertensive medication, even if	
In it	t medication is not m em #1 below, report ne for disclosure is th	t all suppo	ort for the work reported in this manuscript w	vithout 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,		one for Healthcare Research and Quality	
	article processing charges, etc.)  No time limit for this item.			Click the tab key to add additional rows.
	article processing charges, etc.)  No time limit for		Time frame: past 36 month	
	article processing charges, etc.)  No time limit for	⊠ No		

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4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None  None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options		None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
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3 8/26/2021 ICMJE Disclosure Form

Date:		<u>-</u>	12/16/2021				
Your Name:			Celia Fiordalisi				
Manuscript Title:		-	Risk of reinfection after SARS CoV-2. Living rapid review for ACP practice points on the Role of the Antibody Response in Conferring Immunity Following SARS-COV-2 Infection				
Manuscript Number (if known):			MS# M21-3394				
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			es/interests should be defined broadly. For example, if your manuscript pertains to the a should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.				
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			entities with whom you have this hip 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.)	Agency	t No. HHSA290201700003C from the for Healthcare Research and Quality U.S. Department of Health and Human				
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Contrac Agency (AHRQ),	t No. HHSA290201700003C from the for Healthcare Research and Quality U.S. Department of Health and Human	Click the tab key to add additional rows.			
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Contrac Agency (AHRQ),	t No. HHSA290201700003C from the for Healthcare Research and Quality U.S. Department of Health and Human (HHS)	Click the tab key to add additional rows.			
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Contrac Agency (AHRQ),	t No. HHSA290201700003C from the for Healthcare Research and Quality U.S. Department of Health and Human (HHS)  Time frame: past 36 months	Click the tab key to add additional rows.			

		Name all entities with whom you have this specifications/Comments (e.g., relationship or indicate none (add rows as needed) specifications/Comments (e.g., made to you or to your institutions).	
4	Consulting fees	None 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	
8	Patents planned, issued or pending	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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