

ICMJE DISCLOSURE FORM

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.

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: past 36 months									
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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: 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

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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ICMJE DISCLOSURE 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

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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ICMJE DISCLOSURE FORM

Date: 12/2/2021

Your Name: Mark Helfand

Manuscript Title: Click or tap here to enter text.

Manuscript Number (if known): M21-4245

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Veterans Health Care System	
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	
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		Society for Research Synthesis Methods	

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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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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: 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

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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ICMJE DISCLOSURE FORM

Date: 12/7/2021

Your 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

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 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

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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.