Date:			6/7/2022			
Your Name:			Celia Fiordalisi			
Manuscript Title:			SARS COV 2 and Implications for Immunity -	– Rapid Review Final update		
Mar	nuscript Number (if k	nown):	Click or tap here to enter text.			
In the interest of transparency, we 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		ipt. "Rela of the ma e in doub os/activition	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity, es/interests should be defined broadly. For e	/interest, it is preferable that you do so.		
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	medical writing, article processing					
	charges, etc.) No time limit for					
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			Time frame: past 36 months	5		
2	Grants or contracts from	⊠ Non	e			
	any entity (if not indicated in item					
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4	Consulting fees	None None	
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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 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	
Plea 🖂	•	e following statement to indicate your agreeme	

Date:	6/9/2022
Your Name:	Katherine Mackey
Manuscript Title:	Antibody Response Following SARS-CoV-2 Infection and Implications for Immunity: Final Update of a Rapid, Living Review
Manuscript Number (if known):	M22-1745

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None ■	
8	Patents planned, issued or pending	None 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 Non	

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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 🖂	•	e following statement to indicate your agreeme	

Date:			6/18/2022		
You	r Name:		Mark Helfand		
Manuscript Title:			Antibody Response Following SARS-CoV-2 Infection and Implications for Immunity: Final Update of a Rapid, Living Review		
Maı	nuscript Number (if k	nown):	M22-1745		
In the interest of transparency, we 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			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity es/interests should be defined broadly. For each should declare all relationships with manuf	/interest, it is preferable that you do so.	
	em #1 below, report ne for disclosure is th		·	rithout 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)	
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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.	□ N c	one	Portland Veterans Affairs Research Foundation Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for			Portland Veterans Affairs Research Foundation 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		Time frame: past 36 month	Portland Veterans Affairs Research Foundation Click the tab key to add additional rows.	

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4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
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
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Society for Research Synthesis Methods

			s with whom you have this ndicate 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	•		statement to indicate your agreeme	rding of any of the questions on this form.

Date:			6/14/2022			
	ır Name:	-	Haley Holmer			
Manuscript Title:		-		efection and Implications for Immunity, Final		
IVId	nuscript ritie.	<u>-</u>	Update of a Rapid, Living Review	nfection and Implications for Immunity: Final		
Ma	nuscript Number (if k	nown):	M22-1745 (?)			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned		pt. "Rela of the mar e in doubt s/activitie nsion, you entioned	ted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity, es/interests should be defined broadly. For each should declare all relationships with manufain 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)		
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1	All accordant for the		one			
	All support for the	□ No	one -			
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	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		for Healthcare Research and Quality	Healthcare Research and Quality through the following contract: Scientific Resource Center (290-2017-00003-C). Click the tab key to add additional rows.		
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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 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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	6/9/2022
Your Name:	Katherine Mackey
Manuscript Title:	Antibody Response Following SARS-CoV-2 Infection and Implications for Immunity: Final Update of a Rapid, Living Review
Manuscript Number (if known):	M22-1745

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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None 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	

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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	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	11/18/2022
Your Name:	Mark Helfand
Manuscript Title:	Antibody Response Following SARS-CoV-2 Infection and Implications for Immunity: Final Update of a Rapid, Living Review
Manuscript Number (if known):	M22-1745

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		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None VA HSR&D	While not related to this work, I conduct systematic reviews on COVID topics for the VA.
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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)
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	
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	ICMJE DISCLOSURE FORM			
Da	te:	6/14/2022		
Yo	Our Name: Haley Holmer			
Ma	Manuscript Title: Antibody Response Following SARS-CoV-2 Infection and Implications for Immunity: Final Update of a Rapid, Living Review			
Ma	nuscript Number (if k	(nown): M22-1745 (?)		
cor affind The epi tha	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. 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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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 12/13/2021 ICMJE Disclosure Form