

## ICMJE DISCLOSURE FORM

**Date:** 6/21/2023

**Your Name:** Katherine Wen

**Manuscript Title:** U.S. Regional Variation in Pfizer-BioNTech and Moderna mRNA COVID-19 Vaccination

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

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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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:** 6/21/2023

**Your Name:** Daniel Harris

**Manuscript Title:** U.S. Regional Variation in Pfizer-BioNTech and Moderna mRNA COVID-19 Vaccination

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

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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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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## ICMJE DISCLOSURE FORM

**Date:** 6/21/2023

**Your Name:** Preeti Chachlani

**Manuscript Title:** U.S. Regional Variation in Pfizer-BioNTech and Moderna mRNA COVID-19 Vaccination

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## ICMJE DISCLOSURE FORM

**Date:** 6/21/2023

**Your Name:** Kaleen Hayes

**Manuscript Title:** U.S. Regional Variation in Pfizer-BioNTech and Moderna mRNA COVID-19 Vaccination

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

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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:** 6/21/2023

**Your Name:** Ellen McCarthy

**Manuscript Title:** U.S. Regional Variation in Pfizer-BioNTech and Moderna mRNA COVID-19 Vaccination

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

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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## ICMJE DISCLOSURE FORM

**Date:** 6/21/2023

**Your Name:** Andrew Zullo

**Manuscript Title:** U.S. Regional Variation in Pfizer-BioNTech and Moderna mRNA COVID-19 Vaccination

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

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## ICMJE DISCLOSURE FORM

**Date:** 6/21/2023

**Your Name:** Rena Smith-Ray

**Manuscript Title:** U.S. Regional Variation in Pfizer-BioNTech and Moderna mRNA COVID-19 Vaccination

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

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		RSR is an employee of Walgreens Center for Health & Wellbeing Research	

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## ICMJE DISCLOSURE FORM

**Date:** 6/21/2023

**Your Name:** Tanya Singh

**Manuscript Title:** U.S. Regional Variation in Pfizer-BioNTech and Moderna mRNA COVID-19 Vaccination

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

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b>	
		TS is an employee of Walgreens Center for Health & Wellbeing Research	

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:** 6/21/2023

**Your Name:** Djeneba Audrey Djibo

**Manuscript Title:** U.S. Regional Variation in Pfizer-BioNTech and Moderna mRNA COVID-19 Vaccination

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

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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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b>	
		DAD is an employee of CVS Health	

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:** 6/21/2023

**Your Name:** Cheryl McMahill-Walraven

**Manuscript Title:** U.S. Regional Variation in Pfizer-BioNTech and Moderna mRNA COVID-19 Vaccination

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

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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<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b>	
		CMW is an employee of CVS Health	

Please place an "X" next to the following statement to indicate your agreement:

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## ICMJE DISCLOSURE FORM

**Date:** 6/21/2023

**Your Name:** Jeffrey Hiris

**Manuscript Title:** U.S. Regional Variation in Pfizer-BioNTech and Moderna mRNA COVID-19 Vaccination

**Manuscript Number (if known):** Click or tap here to enter text.

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## ICMJE DISCLOSURE FORM

**Date:** 6/21/2023

**Your Name:** Rena Conti

**Manuscript Title:** U.S. Regional Variation in Pfizer-BioNTech and Moderna mRNA COVID-19 Vaccination

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

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## ICMJE DISCLOSURE FORM

**Date:** 6/21/2023

**Your Name:** Jonathan Gruber

**Manuscript Title:** U.S. Regional Variation in Pfizer-BioNTech and Moderna mRNA COVID-19 Vaccination

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

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