

#### **Instructions**

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# 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.

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Licensed. The patent has been sound to an ent

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

Albert 1



Section 1. Identifying Inform	ation		
1. Given Name (First Name) James	2. Surname (Last Name) Albert		3. Date 06-July-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Auth	or's Name
5. Manuscript Title A SARS-CoV-2 mRNA Vaccine — Prelimii	nary Report		
6. Manuscript Identifying Number (if you known 20-22483	ow it)		
		_	
Section 2. The Work Under Co	nsideration for Publi	cation	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, do st?  Yes  No rmation below. If you have	ata monitoring board, s	nent, commercial, private foundation, etc.) for tudy design, manuscript preparation, tity press the "ADD" button to add a row.
Name of Institution/Company	Grant	n-Financial Support?	Comments
NIH	<b>✓</b>		NIH Contract HHSN272201500002C to Emmes
Section 3. Relevant financial a	activities outside the	submitted work.	
Place a check in the appropriate boxes ir of compensation) with entities as describ clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	oed in the instructions. U ort relationships that we	se one line for each e	ntity; add as many lines as you need by
Section 4. Intellectual Proper	ty Patents & Copyri	ghts	
Do you have any patents, whether plann	ned, pending or issued, b	roadly relevant to the	e work? ☐ Yes ✓ No

Albert 2



Section 5.	
Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements Irnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Albert report	ts grants from NIH, during the conduct of the study; .

### **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.

Albert 3



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Section 1. Identifying Inform	nation					
1. Given Name (First Name) Evan	2. Surnan Anderso	ne (Last Nan n	ne)		3. Date 06-July-2020	
4. Are you the corresponding author?	Yes	<b>√</b> No	Correspond Lisa Jackso	_	r's Name	
5. Manuscript Title A SARS-CoV-2 mRNA Vaccine — Prelim	inary Repo	rt				
6. Manuscript Identifying Number (if you ki 20-22483	now it)					
Section 2. The Work Under C	onsiderat	ion for Pu	ublication			
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 t	he submitted	work.		
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of interesting the second conflicts of the sec	ibed in the port relatio est? ✓ Y	instructior nships that 'es	ns. Use one line fo	or each en	tity; add as many lines as you nee	d by
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
AbbVie		<b>✓</b>			Consulting	
Pfizer	<b>✓</b>	<b>✓</b>			Clinical trials research; Consulting	1
Sanofi Pasteur	<b>✓</b>	<b>✓</b>			Clinical trials research; Consulting	
MedImmune	<b>✓</b>				Clinical trials research	
Regeneron	<b>✓</b>				Clinical trials research	
PaxVax	<b>✓</b>				Clinical trials research	
GSK	<b>✓</b>				Clinical trials research	
Merck	✓				Clinical trials research	



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Novavax	<b>✓</b>				Clinical trials research	
Micron	<b>✓</b>				Clinical trials research	
Janssen	<b>✓</b>				Clinical trials research	
Section 4.	n. Dot	outo 9 Cou				
Do you have any patents, whether plann	•			nt to the	work? Yes 🗸 No	
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Are there other relationships or activities potentially influencing, what you wrote i				nfluence	d, or that give the appearance of	
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, jo On occasion, journals may ask authors to					•	nts.
Section 6. Disclosure Stateme	nt					
Based on the above disclosures, this form below.		omatically (	generate a disclos	sure state	ement, which will appear in the box	
Dr. Anderson reports personal fees from Pasteur, grants from MedImmune, grant from Novavax, grants from Micron, gran	s from Re	egeneron, g	rants from PaxVa	x, grants	from GSK, grants from Merck, grants	



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Beigel 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi John	rst Name)	2. Surname (Last Name) Beigel	3. Date 28-June-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Lisa Jackson
5. Manuscript Title A SARS-CoV-2 m	e RNA Vaccine — Prelim	inary Report	
6. Manuscript Ide 20-22483	ntifying Number (if you kr	now it)	
			_
Section 2.	The Work Under C	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	n) with entities as descr	ibed 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 re present during the 36 months prior to publication.
Section 4.	Intellectual Prope	rty Patents & Copyric	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Beigel 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
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Section 6.	Disclosure Statement
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Dr. Beigel has no	othing to disclose.

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Bennett 1



Soction 1			
Section 1. Identifying Inform	ation		
Given Name (First Name)     Hamilton	2. Surname (Last Name) Bennett		3. Date 03-July-2020
4. Are you the corresponding author?	Yes Vo	Corresponding Autho Lisa Jackson	r's Name
5. Manuscript Title A SARS-CoV-2 mRNA Vaccine - Prelimin	ary Report		
6. Manuscript Identifying Number (if you kn 20-22483	now it)	_	
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution <b>at any time</b> receiving any aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of interests.	but not limited to grants, da		
If yes, please fill out the appropriate info Excess rows can be removed by pressing	ormation below. If you hav	e more than one entit	y press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Fees? S	n-Financial other?	Comments
Coalition for Epidemic Preparedness nnovation	<b>V</b>		
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instructions. Us	se one line for each en	tity; add as many lines as you need by
Are there any relevant conflicts of interest	est? ✓ Yes No		
If yes, please fill out the appropriate info	ormation below.		
Name of Entity	Grant	n-Financial upport?	Comments
Moderna			H Bennett is employed by Moderna

Bennett 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume
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?
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Dr. Bennett reports grants from Coalition for Epidemic Preparedness Innovation, during the conduct of the study; personal fees from Moderna, outside the submitted work;.

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Buchanan 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Wendy	rst Name)	2. Surname (Last Name) Buchanan	3. Date 02-July-2020
4. Are you the cor	responding author?	☐ Yes 🗸 No	Corresponding Author's Name Lisa Jackson
5. Manuscript Title A SARS-CoV-2 m	e RNA Vaccine — Prelim	inary Report	
6. Manuscript Ide 20-22483	ntifying Number (if you kr	now it)	
Section 2.	The Work Under C	onsideration for Public	cation
any aspect of the s statistical analysis,	submitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
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Buchanan 2



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# 4. Intellectual Property.

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

Chappell 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fir James	st Name)	2. Surname (Last Name) Chappell	3. Date 29-June-2020
4. Are you the corr	esponding author?	☐ Yes ✓ No	Corresponding Author's Name Lisa A. Jackson
5. Manuscript Title A SARS-CoV-2 ml	RNA Vaccine — Prelimi	inary Report	
6. Manuscript Iden 20-22483	tifying Number (if you kn	now it)	
Section 2.	The Work Under Co	onsideration for Publ	ication
any aspect of the su statistical analysis, o	ubmitted work (including	but not limited to grants, o	m a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,
	ut the appropriate info		ave more than one entity press the "ADD" button to add a row.
Name of Instituti	on/Company	Grant	on-Financial Other? Comments
NIH		<b>✓</b>	
Dolly Parton COVID-1	9 Research Fund	<b>✓</b>	
Section 3.	Relevant financial	activities outside the	submitted work.
of compensation clicking the "Add Are there any rele	) with entities as descri	ibed in the instructions. Uport relationships that w	rhether you have financial relationships (regardless of amount Use one line for each entity; add as many lines as you need by ere <b>present during the 36 months prior to publication</b> .
Section 4.	Intellectual Proper	ty Patents & Copyr	ights
Do you have any	patents, whether plan	ned, pending or issued, k	oroadly relevant to the work? Yes Vo

Chappell 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. Chappell reports grants from NIH, grants from Dolly Parton COVID-19 Research Fund, during the conduct of the study; .

# **Evaluation and Feedback**

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Chappell 3



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

Coler 1



Section 1.	Identifying Inform	nation		
1. Given Name (First Name) Rhea		2. Surname (Last Name) Coler	3. Date 02-July-2020	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Lisa Jackson	
5. Manuscript Title A SARS-CoV-2 m	e RNA Vaccine — Prelim	inary Report		
6. Manuscript Ide 20-22483	ntifying Number (if you kr	now it)		
Section 2.	The Work Under C	onsideration for Public	cation	
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	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 Vo				
Section 4.	Intellectual Prope	rty Patents & Copyric	ghts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Coler 2



Section 5.				
Section 5.	Relationships not covered above			
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?			
Yes, the follow	Yes, the following relationships/conditions/circumstances are present (explain below):			
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest			
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.			
Section 6.	Disclosure Statement			
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
Dr. Coler has not	thing to disclose.			

### **Evaluation and Feedback**

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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

Corbett 1



Section 1. Identifying	Information			
1. Given Name (First Name) Kizzmekia	2. Surname (Last Nai Corbett	me) 3. Date 02-July-2020		
4. Are you the corresponding auth	or? Yes 🗸 No	Corresponding Author's Name Lisa Jackson		
5. Manuscript Title A SARS-CoV-2 mRNA Vaccine —	- Preliminary Report			
6. Manuscript Identifying Number 20-22483	(if you know it)			
Section 2. The Work U	nder Consideration for P	ublication		
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 fir	nancial activities outside	the submitted work.		
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Are there any relevant conflicts of interest? Yes Vo				
Section 4. Intellectual	Property Patents & Co	pyrights		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.				
Patent?	Pending? Issued? Licens	sed? Royalties? Licensee? Comments		
J.S. Application No. 62/972,886. 2019-nCoV Vaccine.	<b>V</b>			
J.S. Application No. 62/412,703. Prefusion Coronavirus Spike Proteins	<b>V</b>			

Corbett 2



Continue F	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
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	rts a patent U.S. Application No. 62/972,886. 2019-nCoV Vaccine. pending, and a patent U.S. Application Prefusion Coronavirus Spike Proteins and Their Use. pending.

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Corbett 3



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

Cross 1



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Kaitlyn	2. Surname (Last Name) Cross		3. Date 07-July-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Auth	hor's Name
5. Manuscript Title A SARS-CoV-2 mRNA Vaccine — Prelimii	nary Report		
6. Manuscript Identifying Number (if you known 20-22483	ow it)		
Section 2. The Work Under Co	nsideration for Publi	cation	
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  If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.			
Name of Institution/Company	Grant	n-Financial Other	Comments
NIH	<b>✓</b>		NIH Contract HHSN272201500002C to Emmes
Section 3. Relevant financial a	activities outside the	submitted work.	
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Section 4. Intellectual Proper	ty Patents & Copyri	ghts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

Cross 2



Section 5. Relationships not severed above
Relationships not covered above
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Disclosure Statement
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Dr. Cross reports grants from NIH, during the conduct of the study; .

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

Denison 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Mark	2. Surname (Last Name) Denison	3. Date 03-July-2020		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Lisa Jackson		
5. Manuscript Title A SARS-CoV-2 mRNA Vaccine — Prelim	inary Report			
6. Manuscript Identifying Number (if you kr 20-22483	now it)	_		
Continu 2				
Section 2. The Work Under Co	onsideration for Public	cation		
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				
,		ve more than one entity press the "ADD" button to add a row.		
Excess rows can be removed by pressin	g the "X" button.			
Name of Institution/Company	Grant	n-Financial Other? Comments		
National Institutes of Health	<b>✓</b>			
Dolly Parton COVID-19 Research Fund	<b>✓</b>			
Section 3. Relevant financial	activities outside the	submitted work.		
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Section 4				
Section 4. Intellectual Proper	ty Patents & Copyri	ghts		
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No		

Denison 2



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# 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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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

Doria-Rose 1



Section 1.	Identifying Inform	nation		
1. Given Name (First Name) Nicole		2. Surname (Last Name) Doria-Rose	3. Date 29-June-2020	
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Lisa Jackson	
5. Manuscript Title A SARS-CoV-2 m	e RNA Vaccine — Prelim	inary Report		
6. Manuscript Ide 20-22483	ntifying Number (if you kr	now it)		
Section 2.	The Work Under C	onsideration for Public	cation	
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 s	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 Vo				
Section 4.	Intellectual Prope	rty Patents & Copyric	ghts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Doria-Rose 2



Section 5.				
Section 5.	Relationships not covered above			
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?			
Yes, the follow	Yes, the following relationships/conditions/circumstances are present (explain below):			
✓ No other relat	tionships/conditions/circumstances that present a potential conflict of interest			
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.			
Section 6.	Disclosure Statement			
Based on the abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
Dr. Doria-Rose ha	as 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.

Doria-Rose 3



#### **Instructions**

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

Flach 1



Section 1.	Identifying Inform	nation		
1. Given Name (First Name) Britta		2. Surname (Last Name) Flach	3. Date 02-July-2020	
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Lisa A Jackson	
5. Manuscript Title A SARS-CoV-2 m	e RNA Vaccine — Prelim	inary Report		
6. Manuscript Ide 20-22483	ntifying Number (if you kr	now it)		
Section 2.	The Work Under C	onsideration for Public	cation	
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 s	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 Vo				
Section 4.	Intellectual Prope	rty Patents & Copyric	ghts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Flach 2



Section 5.	
	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Flach has no	thing to disclose.

## **Evaluation and Feedback**

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Flach 3



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Other: Anything not covered under the previous three boxes

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**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

Graham 1



Section 1.	Identifying Inform	mation			
1. Given Name (Fi Barney	rst Name)	2. Surname (Last Name) Graham	3. Date 14-July-2020		
4. Are you the cor	responding author?	Yes V No	Corresponding Author's Name Lisa Jackson		
5. Manuscript Title A SARS-CoV-2 m	e RNA Vaccine — Prelin	ninary Report			
6. Manuscript Ider 20-22483	ntifying Number (if you k	know it)			
	ı				
Section 2.	The Work Under 0	Consideration for Publ	lication		
any aspect of the s statistical analysis,	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  V No				
	ı				
Section 3.	Relevant financia	l activities outside the	submitted work.		
of compensation	) with entities as desc	ribed in the instructions. l	whether you have financial relationships (regardless of amount Use one line for each entity; add as many lines as you need by were <b>present during the 36 months prior to publication</b> .		
Are there any rel	evant conflicts of inte	rest? Yes 🗸 No			
Section 4.	Intellectual Prope	erty Patents & Copyr	rights		
If yes, please fill o		formation below. If you ha	broadly relevant to the work?  Yes  No ave more than one entity press the "ADD" button to add a row.		
Excess fows carri	be removed by pressii				
	2		7) 7 1		
Paten	t <sup>?</sup> Pend	ing? Issued? Licensed	Royalties? Licensee? Comments		

Graham 2



Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
US Patent Application No. 62/97. entitled "2019-nCoV Vaccine"	2,886						
Section 5. Relation	nships not cov	ered abo	ove				
Are there other relationship potentially influencing, who	os or activities tha	at readers	could perc	eive to have	influenced, or tha	at give the appearance of	
Yes, the following relati	·			•		-+	
At the time of manuscript a			·	·			nents.
On occasion, journals may a	ask authors to dis	sclose fur	ther informa	ation about r	eported relations	ships.	
Section 6. Disclosu	ıre Statement						
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.							
Dr. Graham reports a patent International Patent Application No. WO/2018/081318 entitled "Prefusion Coronavirus Spike Proteins and Their Use." pending, and a patent US Patent Application No. 62/972,886 entitled "2019-nCoV Vaccine" pending.							

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Graham 3



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

Jackson 1



Section 1. Identifying Inform	ation						
1. Given Name (First Name) Lisa	2. Surname (Last Name) Jackson		3. Date 28-June-2020				
4. Are you the corresponding author?	✓ Yes No						
5. Manuscript Title A SARS-CoV-2 mRNA Vaccine — Prelimi	5. Manuscript Title A SARS-CoV-2 mRNA Vaccine — Preliminary Report						
6. Manuscript Identifying Number (if you kn 20-22483	ow it)						
Section 2. The Work Under Co	onsideration for Public	cation					
Did you or your institution <b>at any time</b> recei any aspect of the submitted work (including statistical analysis, etc.)?			ent, commercial, private foundation, etc.) for udy design, manuscript preparation,				
Are there any relevant conflicts of intere							
If yes, please fill out the appropriate info Excess rows can be removed by pressing	•	e more than one enti	ity press the "ADD" button to add a row.				
Name of Institution/Company	Grant	n-Financial other?	Comments				
NIH	<b>V</b>	<b>V</b>	Study funding was provided by NIH along with support for laboratory services and regulatory filings				
Section 3. Relevant financial	activities outside the s	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	est? Yes Vo						
Section 4. Intellectual Proper	ty Patents & Copyri	ghts					
Do you have any patents, whether plant	ned, pending or issued, bi	oadly relevant to the	work? Yes V No				

Jackson 2



Section 5.	
Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Jackson repo	orts grants and non-financial support from NIH, during the conduct of the study; .

# **Evaluation and Feedback**

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Jackson 3



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Ledgerwood 1



Section 1.	Identifying Inform	nation			
1. Given Name (First Name)  2. Surname (Last Name)  Julie  Ledgerwood			3. Date 13-July-2020		
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name Lisa Jackson		
5. Manuscript Title A SARS-CoV-2 m	e RNA Vaccine — Prelim	inary Report			
6. Manuscript Ider 20-22483	ntifying Number (if you kr	now it)			
Section 2.	The Work Under C	onsideration for Public	cation		
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	submitted work.		
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Section 4.	Intellectual Prope	rty Patents & Copyri	ghts		
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No		

Ledgerwood 2



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

## **Evaluation and Feedback**

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Ledgerwood 3



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# Relationships not covered above.

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

patent

Makhene 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Mamodikoe	rst Name)	2. Surname (Last Name) Makhene	3. Date 14-July-2020		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Lisa Jackson		
5. Manuscript Title A SARS-CoV-2 m	e RNA Vaccine — Prelim	inary Report			
6. Manuscript Idea	ntifying Number (if you kr	now it)			
Section 2.	The Work Under C	onsideration for Public	cation		
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,		
Section 3.	Relevant financial	activities outside the s	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 Vo					
Section 4.	Intellectual Prope	rty Patents & Copyric	ghts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No		

Makhene 2



Section 5.	
Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements Irnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Makhene ha	s nothing to disclose.

# **Evaluation and Feedback**

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Makhene 3



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Makowski 1



Section 1. Identifying Inform	ation			
1. Given Name (First Name) Mat	2. Surname (Last Name) Makowski		3. Date 06-July-2020	
4. Are you the corresponding author?				
5. Manuscript Title A SARS-CoV-2 mRNA Vaccine — Prelimi	nary Report			
6. Manuscript Identifying Number (if you kn 20-22483	ow it)			
Section 2. The Work Under Co	nsideration for Public	cation		
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  If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.				
Name of Institution/Company	Grant	n-Financial Other?	Comments	
NIH	<b>✓</b>		NIH Contract HHSN272201500002C to Emmes	
Section 3. Relevant financial a	activities outside the s	submitted work.		
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Section 4. Intellectual Proper	ty Patents & Copyric	jhts		
Do you have any patents, whether plann	ned, pending or issued, br	oadly relevant to the	work? Yes V	

Makowski 2



Section 5.	
Section 5.	Relationships not covered above
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Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
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Section 6.	Disclosure Statement
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Dr. Makowski rep	ports grants from NIH, during the conduct of the study; .

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Mascola 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fii John	rst Name)	2. Surname (Last Name) Mascola	3. Date 01-July-2020		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Lisa Jackson		
5. Manuscript Title A SARS-CoV-2 m	e RNA Vaccine — Prelimi	inary Report			
6. Manuscript Ider 20-22483	ntifying Number (if you kr	now it)			
Section 2.	The Work Under Co	onsideration for Public	cation		
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.		
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Section 4.	Intellectual Proper	rty Patents & Copyric	yhts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No		

Mascola 2



Section 5.	
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
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Section 6.	Disclosure Statement
Based on the abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Mascola has	nothing to disclose.

# **Evaluation and Feedback**

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Mascola 3



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patent

McCullough 1



Section 1.	Identifying Inform	ation	
1. Given Name (Fi Michele	rst Name)	2. Surname (Last Nar McCullough	ne) 3. Date 14-July-2020
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Lisa Jackson
5. Manuscript Title A SARS-CoV-2 m	e RNA Vaccine — Prelimi	nary Report	
6. Manuscript Idei 20-22483	ntifying Number (if you kn	ow it)	
	ı		
Section 2.	The Work Under Co	onsideration for P	ublication
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	but not limited to grands:  est? Yes  ormation below. If you	from a third party (government, commercial, private foundation, etc.) for its, data monitoring board, study design, manuscript preparation, No u have more than one entity press the "ADD" button to add a row.
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?  Comments
NIH		<b>✓</b>	
	ı		
Section 3.	Relevant financial	activities outside	the submitted work.
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Section 4.	Intellectual Proper	ty Patents & Coր	pyrights
Do you have any	patents, whether plant	ned, pending or issue	ed, broadly relevant to the work? Yes V No

McCullough 2



Section 5. Relationships 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
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
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Ms. McCullough reports grants from NIH, during the conduct of the study; .

## **Evaluation and Feedback**

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McCullough 3



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McDermott 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Adrian	rst Name)	Surname (Last Name)     McDermott	3. Date 06-July-2020	
4. Are you the cor	responding author?	☐ Yes 🗸 No	Corresponding Author's Name Lisa Jackson	
5. Manuscript Title A SARS-CoV-2 m	e RNA Vaccine — Prelim	inary Report		
6. Manuscript Ide 20-22483	ntifying Number (if you kr	now it)		
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Section 3.	Relevant financial	activities outside the s	submitted work.	
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Section 4.	Intellectual Prope	rty Patents & Copyric	ghts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

McDermott 2



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Dr. McDermott h	as nothing to disclose.

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McDermott 3



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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

Morabito 1



Section 1.	Identifying Inform	nation		
		2. Surname (Last Name) Morabito	3. Date 06-July-2020	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Lisa Jackson	
5. Manuscript Title A SARS-CoV-2 m	e RNA Vaccine — Prelim	inary Report		
6. Manuscript Ider 20-22483	ntifying Number (if you kr	now it)		
			_	
Section 2.	The Work Under C	onsideration for Public	cation	
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  Ves				
Section 3.	Relevant financial	activities outside the s	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 Vo				
Section 4.	Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No	

Morabito 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. Morabito has nothing to disclose.

# **Evaluation and Feedback**

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Morabito 3



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

Neuzil 1



Section 1.	Identifying Inforn	nation			
1. Given Name (F Kathleen	irst Name)	2. Surname (Last Neuzil	Name)	3. Date 03-July-2020	
4. Are you the co	rresponding author?	☐ Yes ✓ N	o Correspor Lisa Jacks	nding Author's Name Son	
5. Manuscript Titl A SARS-CoV-2 m	le nRNA Vaccine — Prelim	ninary Report			
6. Manuscript Ide 20-22483	entifying Number (if you k	now it)			
Section 2.	The Work Under C	ionsideration 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	
Pfizer		<b>/</b>		My institution receives support for a Phase 1 COVID vaccine study. I receive no salary support.	
Emory University				I receive a sub and salary support from Emory University for my work on the Infectious Diseases Clinical Research Consortium Leadership Group.	

Neuzil 2



Cartinu A			
Section 4.	Intellectual Property Patents & Copyrights		
Do you have any	patents, whether planned, pending or issued, broadly relevant to the work? Yes 🗸 No		
Section 5.	Relationships not covered above		
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?		
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):		
✓ No other rela	ationships/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. Neuzil repor	ts grants from Pfizer, personal fees from Emory University, outside the submitted work; .		

## **Evaluation and Feedback**

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Neuzil 3



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O'Dell 1



Section 1. Identifying Inform	nation			
identifying inform				
<ol> <li>Given Name (First Name)</li> <li>Sijy</li> </ol>	<ol><li>Surname (Last Name)</li><li>O'Dell</li></ol>	3. Date 29-June-2020		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Lisa Jackson		
5. Manuscript Title A SARS-CoV-2 mRNA Vaccine — Prelim	inary Report			
6. Manuscript Identifying Number (if you ki 20-22483	now it)	_		
Section 2. The Work Under C	onsideration for Public	cation		
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 s	submitted work.		
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Section 4. Intellectual Prope	rty Patents & Copyric	yhts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

O'Dell 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. O'Dell has no	othing to disclose.

## **Evaluation and Feedback**

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O'Dell 3



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

Padilla 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Marcelino	rst Name)	2. Surname (Last Name) Padilla	3. Date 07-July-2020	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Lisa A. Jackson	
5. Manuscript Title A SARS-CoV-2 m	e RNA Vaccine — Prelim	inary Report		
6. Manuscript Ide 20-22483	ntifying Number (if you kr	now it)		
Section 2.	The Work Under C	onsideration for Public	cation	
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 s	submitted work.	
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Section 4.	Intellectual Prope	rty Patents & Copyric	ghts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Padilla 2



Section 5.	
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
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Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Padilla has n	othing to disclose.

### **Evaluation and Feedback**

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Padilla 3



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earning royalties or not **Royalties:** Funds are coming in to you or your institution due to your

patent

Peters 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fir Etza	st Name)	2. Surname (Last Name) Peters	3. Date 14-July-2020
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Lisa Jackson
5. Manuscript Title A SARS-CoV-2 mF	RNA Vaccine — Prelim	inary Report	
6. Manuscript Iden 20-22483	tifying Number (if you kr	now it)	
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the su statistical analysis, e	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation) clicking the "Add	) with entities as descri	bed in the instructions. Use 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 re <b>present during the 36 months prior to publication</b> .
Section 4.	Intellectual Proper	ty Patents & Copyric	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Peters 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
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Section 6.	Disclosure Statement
Based on the abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Ms. Peters has no	othing to disclose.

## **Evaluation and Feedback**

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Peters 3



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Pikaart Tautges 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Rhonda	rst Name)	2. Surname (Last Name) Pikaart Tautges	3. Date 30-June-2020
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Lisa Jackson
5. Manuscript Title A SARS-CoV-2 m	e RNA Vaccine — Prelim	inary Report	
6. Manuscript Idea	ntifying Number (if you kr	now it)	
			_
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any aspect of the s statistical analysis,	submitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
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of compensation clicking the "Add	n) with entities as descr	ibed 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 re present during the 36 months prior to publication.
Section 4.	Intellectual Prope	rty Patents & Copyric	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Pikaart Tautges 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	ving relationships/conditions/circumstances are present (explain below):
✓ No other relat	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements nals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Pikaart Tautg	es has nothing to disclose.

## **Evaluation and Feedback**

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Pikaart Tautges 3



#### Instructions

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

Pruijssers 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fi Andrea	rst Name)	2. Surname (La Pruijssers	st Name)	3. Dati 29-Jui	e ne-2020
4. Are you the cor	responding author?	Yes ✓	No Correspo	nding Author's Name ackson	
5. Manuscript Title A SARS-CoV-2 m	e RNA Vaccine — Prelimi	nary Report			
6. Manuscript Ider 20-22483	ntifying Number (if you kn	ow it)			
Section 2.	The Work Under Co	onsideration f	or Publication		
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to		y (government, commerciang board, study design, ma	al, private foundation, etc.) for anuscript preparation,
	out the appropriate info be removed by pressing		-	n one entity press the "	ADD" button to add a row.
Name of Institut	ion/Company	Grant? Pers	onal Non-Financia s Support?	Other? Comments	5
National Institutes of	Health	<b>✓</b>			
Dolly Parton COVID-1	9 Research Fund	<b>✓</b>			
Section 3.	Relevant financial	activities outs	side the submitted	l work.	
of compensation clicking the "Add	) with entities as descri +" box. You should rep	bed in the instru port relationship	uctions. Use one line s that were <b>present</b>		ips (regardless of amount nany lines as you need by <b>prior to publication</b> .
Are there any rel	evant conflicts of intere	st? Yes	<b>√</b> No		
	l				
Section 4.	Intellectual Proper	ty Patents &	k Copyrights		
Do you have any	patents, whether plan	ned, pending or	issued, broadly relev	rant to the work?	es 🗸 No

Pruijssers 2



Section 5. Relationships 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?
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Section 6. Disclosure Statement
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Dr. Pruijssers reports grants from National Institutes of Health, grants from Dolly Parton COVID-19 Research Fund, during the conduct of the study; .

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Pruijssers 3



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

Roberts 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Paul	rst Name)	2. Surname (Last Name) Roberts	3. Date 09-July-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Lisa Jackson
5. Manuscript Title A SARS-CoV-2 m	e RNA Vaccine — Prelim	inary Report	
6. Manuscript Ider 20-22483	ntifying Number (if you kr	now it)	
Section 2.	The Work Under C	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add	) with entities as descri	ibed 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 se present during the 36 months prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyric	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Roberts 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
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Section 6.	Disclosure Statement
Based on the abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Roberts has r	nothing to disclose.

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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



Section 1.	Identifying Inforr	nation				
1. Given Name (Fi Nadine	rst Name)	2. Surname ( Rouphael	Last Name)			3. Date 14-July-2020
4. Are you the cor	responding author?	Yes	<b>✓</b> No	Correspond Lisa Jacks	ding Author's on	Name
5. Manuscript Titl A SARS-CoV-2 m	e IRNA Vaccine — Prelim	ninary Report				
6. Manuscript Ide 20-22483	ntifying Number (if you k	now it)				
Section 2.	The Work Under C	onsideratio	n for Publ	ication		
	submitted work (includin					, commercial, private foundation, etc.) for y design, manuscript preparation,
•	evant conflicts of inter	est? 🗸 Yes	No			
	out the appropriate inf be removed by pressir		•	ve more thar	one entity	press the "ADD" button to add a row.
	, ,			n-Financial	7	
Name of Institut	tion/Company	Grant		Support?	Other 6	Comments
NIH		<b>✓</b>				EU
Section 3.	Relevant financial	activities ou	ıtside the	submitted	work.	
of compensation	n) with entities as desc	ribed in the ins	tructions. L	lse one line fo	or each entit	relationships (regardless of amount cy; add as many lines as you need by <b>6 months prior to publication</b> .
•	evant conflicts of inter					
If yes, please fill	out the appropriate inf	ormation belo	w.			
Name of Entity		Grant		on-Financial Support	Other?	Comments
Merck		<b>✓</b>				
Pfizer		<b>✓</b>				
Sanofi-Pasteur		<b>✓</b>				



Name of Entity	Grant? Personal Fees?	Non-Financial Other?	Comments
Eli Lilly	<b>7</b>		
Quidel	<b>✓</b>		
Section 4. Intellectual Propert	ty Patents & Copy	/rights	
Do you have any patents, whether plann	ed, pending or issued	, broadly relevant to the	work? Yes 🗸 No
Section 5. Relationships not c	overed above		
Are there other relationships or activities potentially influencing, what you wrote i	-		d, or that give the appearance of
Yes, the following relationships/cond			
✓ No other relationships/conditions/cir	cumstances that pres	ent a potential conflict of	rinterest
At the time of manuscript acceptance, jo On occasion, journals may ask authors to			•
Section 6. Disclosure Statemen			
Disclosure Stateme	nt		
Based on the above disclosures, this forn below.	n will automatically ge	enerate a disclosure state	ment, which will appear in the box
Dr. Rouphael reports grants from NIH, d Sanofi-Pasteur, grants from Eli Lilly, gran			erck, grants from Pfizer, grants from



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

Schmidt 1



Section 1.	Identifying Inform	nation	
1. Given Name (First Name) 2. Surname (Last Name) Stephen Schmidt			3. Date 29-June-2020
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Name Lisa Jackson
5. Manuscript Title A SARS-CoV-2 m	e RNA Vaccine — Prelim	inary Report	
6. Manuscript Ider 20-22483	ntifying Number (if you kr	now it)	
Section 2.	The Work Under C	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for at a monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
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Section 4.	Intellectual Prope	rty Patents & Copyri	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Schmidt 2



Section 5.		
Section 5.	Relationships not covered above	
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Mr. Schmidt has ı	nothing to disclose.	

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Schmidt 3



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Stevens 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Laura	2. Surname (Last Name) Stevens	3. Date 13-July-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Lisa Jackson
5. Manuscript Title A SARS-CoV-2 mRNA Vaccine — Prelimi	nary Report	
6. Manuscript Identifying Number (if you kn 20-22483	now it)	
Section 2. The Work Under Co	onsideration for Public	ation
		a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of interes		
If yes, please fill out the appropriate info Excess rows can be removed by pressing	-	e more than one entity press the "ADD" button to add a row.
Name of Institution/Company	Grant	on-Financial Other? Comments
National Institutes of Health	<b>✓</b>	
Dolly Parton COVID-19 Research Fund		
Section 3. Relevant financial	activities outside the s	ubmitted work.
of compensation) with entities as descri	bed in the instructions. Us port 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 <b>present during the 36 months prior to publication</b> .
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Do you have any patents, whether plant	ned, pending or issued, br	oadly relevant to the work? Yes V No

Stevens 2



Section 5.		
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Ms. Stevens reports grants from National Institutes of Health, grants from Dolly Parton COVID-19 Research Fund, during the conduct of the study; .		

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Stevens 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.

## 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

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Section 1. Identifying Inform	nation	
Given Name (First Name)  Wellington	2. Surname (Last Name) Sun	3. Date 08-July-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Lisa Jackson
5. Manuscript Title A SARS-CoV-2 mRNA Vaccine - Prelimir	nary Report	
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	onsideration for Public	cation
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, da est?  Yes  No ormation below. If you hav	a third party (government, commercial, private foundation, etc.) for at a monitoring board, study design, manuscript preparation, we more than one entity press the "ADD" button to add a row.
Name of Institution/Company	Grant	on-Financial Other? Comments
NIAID of U.S. Government	<b>✓</b>	study was funded by US Govt
Section 3. Relevant financial	activities outside the	submitted work.
of compensation) with entities as descr	ibed in the instructions. Us port relationships that wer est?	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.
Name of Entity	Grant	on-Financial Other? Comments
Moderna, Inc		Employee of Entity

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Soution 4		
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):		
✓ 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. Sun reports grants from NIAID of U.S. Government, during the conduct of the study; personal fees from Moderna, Inc, outside the submitted work; .		

### **Evaluation and Feedback**

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$ 

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

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Section 1. Identifying Inform	nation			
Given Name (First Name) Phillip	2. Surname (Last Name) Swanson	3. Date 14-July-2020		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Lisa A. Jackson		
5. Manuscript Title A SARS-CoV-2 mRNA Vaccine — Preliminary Report				
6. Manuscript Identifying Number (if you know it) 20-22483				
Section 2. The Work Under C	onsideration for Public	cation		
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	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 Vo				
Section 4. Intellectual Prope	rty Patents & Copyri	ghts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

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Section 5.		
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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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 abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box	
Dr. Swanson has	nothing to disclose.	

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