

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Pending: The patent has been filed but not issued

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Nicholas

2. Surname (Last Name) Kitchin

3. Date 09-October-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Judith Absalon

5. Manuscript Title Safety and Immunogenicity of Two RNA-Based COVID-19 Vaccine Candidates

6. Manuscript Identifying Number (if you know it) 20-27906

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee and may hold stock

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Kitchin reports personal fees and other from Pfizer Inc, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Judith

2. Surname (Last Name)
Absalon

3. Date
14-October-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Safety and Immunogenicity of Two RNA-Based COVID-19 Vaccine Candidates

6. Manuscript Identifying Number (if you know it)
20-27906

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Dr. Absalon reports personal fees and other from Pfizer Inc, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Ruth 2. Surname (Last Name) Bailey 3. Date 14-October-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Judith Absalon

5. Manuscript Title
Safety and Immunogenicity of Two RNA-Based COVID-19 Vaccine Candidates

6. Manuscript Identifying Number (if you know it)
20-27906

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Dr. Bailey reports personal fees and other from Pfizer Inc, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
David

2. Surname (Last Name)
Cooper

3. Date
14-October-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Judith Absalon

5. Manuscript Title
Safety and Immunogenicity of Two RNA-Based COVID-19 Vaccine Candidates

6. Manuscript Identifying Number (if you know it)
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Dr. Cooper reports personal fees and other from Pfizer Inc, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Philip

2. Surname (Last Name)
Dormitzer

3. Date
14-October-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Judith Absalon

5. Manuscript Title
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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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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ann 2. Surname (Last Name) Falsey 3. Date 04-October-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Judith Absalon

5. Manuscript Title
Safety and Immunogenicity of Two RNA-Based COVID-19 Vaccine Candidates

6. Manuscript Identifying Number (if you know it)
20-27906

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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 **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Janssen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Merck, Sharpe and Dohme	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Novavax	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSMB



ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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

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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. Falsey reports grants from Pfizer, during the conduct of the study; grants from Janssen, grants from Merck, Sharpe and Dohme, personal fees from Novavax, outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Camila	2. Surname (Last Name) Fontes-Garfias	3. Date 29-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Judith Absalon
5. Manuscript Title Safety and Immunogenicity of Two RNA-Based COVID-19 Vaccine Candidates		
6. Manuscript Identifying Number (if you know it) 20-27906		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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Dr. Fontes-Garfias has nothing to disclose.

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



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Robert

2. Surname (Last Name)
Frenck

3. Date
13-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Judith Absalon

5. Manuscript Title
Safety and Immunogenicity of Two RNA-Based COVID-19 Vaccine Candidates

6. Manuscript Identifying Number (if you know it)
20-27906

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



ICMJE Form for Disclosure of Potential Conflicts 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. Frenck has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) William

2. Surname (Last Name) Gruber

3. Date 30-September-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Judith Absalon

5. Manuscript Title Safety and Immunogenicity of Two RNA-Based COVID-19 Vaccine Candidates

6. Manuscript Identifying Number (if you know it) 20-27906

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	employee, stock, stock options

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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Section 6. Disclosure Statement

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Dr. Gruber reports personal fees and other from Pfizer Inc, outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Alejandra

2. Surname (Last Name)
Gurtman

3. Date
14-October-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Judith Absalon

5. Manuscript Title
Safety and Immunogenicity of Two RNA-Based COVID-19 Vaccine Candidates

6. Manuscript Identifying Number (if you know it)
20-27906

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee. Holds Pfizer stock

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Gurtman reports personal fees and other from Pfizer Inc, outside the submitted work; .

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Kirsten

2. Surname (Last Name)
Lyke

3. Date
24-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Judith Absalon

5. Manuscript Title
RNA-Based COVID-19 Vaccine BNT162b2 Selected for a Pivotal Efficacy Study

6. Manuscript Identifying Number (if you know it)
20-27906

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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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. Lyke has nothing to disclose.

Evaluation and Feedback

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kathleen

2. Surname (Last Name) Neuzil

3. Date 02-October-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Judith Absalon

5. Manuscript Title RNA-Based COVID-19 Vaccine BNT162b2 Selected for a Pivotal Efficacy Study

6. Manuscript Identifying Number (if you know it) 20-27906

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moderna	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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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 reports grants from Pfizer, grants from Moderna, grants from NIH, 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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kathrin U

2. Surname (Last Name) Jansen

3. Date 12-October-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Judith Absalon

5. Manuscript Title Safety and Immunogenicity of Two RNA-Based COVID-19 Vaccine Candidates

6. Manuscript Identifying Number (if you know it) 20-27906

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	employee and may hold stock

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Jansen reports personal fees and other from Pfizer Inc, 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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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Warren 2. Surname (Last Name) Kalina 3. Date 24-September-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Judith Absalon

5. Manuscript Title
Safety and Immunogenicity of Two RNA-Based COVID-19 Vaccine Candidates

6. Manuscript Identifying Number (if you know it)
20-27906

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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.

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Are there any relevant conflicts of interest? Yes No

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Pfizer Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	employee and may hold stock

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Kalina reports personal fees and other from Pfizer Inc, outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kenneth

2. Surname (Last Name) Koury

3. Date 11-October-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Judith Absalon

5. Manuscript Title Safety and Immunogenicity of Two RNA-Based COVID-19 Vaccine Candidates

6. Manuscript Identifying Number (if you know it) 20-27906

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

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Pfizer Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	employee and holds stock

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Koury reports personal fees and other from Pfizer Inc, outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ping

2. Surname (Last Name)
Li

3. Date
27-September-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Judith Absalon

5. Manuscript Title
Safety and Immunogenicity of Two RNA-Based COVID-19 Vaccine Candidates

6. Manuscript Identifying Number (if you know it)
20-27906

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	former employee and hold stock

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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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. Li reports personal fees and other from Pfizer Inc, outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Stephen

2. Surname (Last Name)
Lockhart

3. Date
30-September-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Judith Absalon

5. Manuscript Title
Safety and Immunogenicity of Two RNA-Based COVID-19 Vaccine Candidates

6. Manuscript Identifying Number (if you know it)
20-27906

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

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Pfizer Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee and may hold stock

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Stephen

2. Surname (Last Name)
Lockhart

3. Date
14-October-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Judith Absalon

5. Manuscript Title
Safety and Immunogenicity of Two RNA-Based COVID-19 Vaccine Candidates

6. Manuscript Identifying Number (if you know it)
20-27906

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Mark

2. Surname (Last Name)
Mulligan

3. Date
24-September-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Judith Absalon

5. Manuscript Title
Safety and Immunogenicity of Two RNA-Based COVID-19 Vaccine Candidates

6. Manuscript Identifying Number (if you know it)
20-27906

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	research contract for study conduct

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Lilly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	research contract for study conduct
Meissa Vaccines, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scientific Advisory Board
Sanofi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	research contract for study conduct



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Mulligan reports grants from Pfizer, during the conduct of the study; grants from Lilly, personal fees from Meissa Vaccines, Inc., grants from Sanofi, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Vanessa 2. Surname (Last Name) Raabe 3. Date 12-October-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Judith Absalon

5. Manuscript Title
Safety and Immunogenicity of Two RNA-Based COVID-19 Vaccine Candidates

6. Manuscript Identifying Number (if you know it)
20-27906

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Payment to institution for clinical trial services

Section 3. Relevant financial activities outside the submitted work.

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIAID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccine Treatment and Evaluation Units

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Dr. Raabe reports other from Pfizer, during the conduct of the study; grants from NIAID, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ugur	2. Surname (Last Name) Sahin	3. Date 24-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Judith Absalon
5. Manuscript Title Safety and Immunogenicity of Two RNA-Based COVID-19 Vaccine Candidates		
6. Manuscript Identifying Number (if you know it) 20-27906		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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.)?

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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 above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Sahin has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

ICMJE Form for Disclosure of Potential Conflicts of Interest

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. 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.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Pei-Yong

2. Surname (Last Name)
Shi

3. Date
10-October-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Judith Absalon

5. Manuscript Title
Safety and Immunogenicity of Two RNA-Based COVID-19 Vaccine Candidates

6. Manuscript Identifying Number (if you know it)
20-27906

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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 **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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?	Licensed?	Royalties?	Licensee?	Comments
Reverse genetic system of SARS-CoV-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		This allows to use reporter SARS-CoV-2 to measure neutralization antibody levels

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Shi reports In addition, Dr. Shi has a patent Reverse genetic system of SARS-CoV-2 licensed.

Evaluation and Feedback

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Kena

2. Surname (Last Name)
Swanson

3. Date
14-October-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Judith Absalon

5. Manuscript Title
Safety and Immunogenicity of Two RNA-Based COVID-19 Vaccine Candidates

6. Manuscript Identifying Number (if you know it)
20-27906

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	employee and holds Pfizer stock

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



ICMJE Form for Disclosure of Potential Conflicts of Interest

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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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. Swanson reports personal fees and other from Pfizer Inc, 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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kristin

2. Surname (Last Name) Tompkins

3. Date 14-October-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Judith Absalon

5. Manuscript Title Safety and Immunogenicity of Two RNA-Based COVID-19 Vaccine Candidates

6. Manuscript Identifying Number (if you know it) 20-27906

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	employee and holds stock

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Tompkins reports personal fees and other from Pfizer Inc, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ozlem

2. Surname (Last Name)

Tureci

3. Date

12-October-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Judith Absalon

5. Manuscript Title

Safety and Immunogenicity of Two RNA-Based COVID-19 Vaccine Candidates

6. Manuscript Identifying Number (if you know it)

20-27906

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** 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.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Tureci has nothing to disclose.

Evaluation and Feedback

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Edward

2. Surname (Last Name)
Walsh

3. Date
09-October-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Judith Absalon

5. Manuscript Title
Safety and Immunogenicity of Two RNA-Based COVID-19 Vaccine Candidates

6. Manuscript Identifying Number (if you know it)
20-27906

Section 2. The Work Under Consideration for Publication

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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?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Merck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RSV epidemiology study in adults
Janssen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RSV epidemiology study in adults
Pfizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RSV vaccine study in adults



ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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Dr. Walsh reports grants from Pfizer, during the conduct of the study; grants from Merck, grants from Janssen, grants from Pfizer, outside the submitted work; .

Evaluation and Feedback

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