

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.

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

Axten 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi David	rst Name)	2. Surname (Last Name) Axten	3. Date 01-December-2020
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name David Eyre
5. Manuscript Title Incidence of SAR		ealthcare Workers by Anti	body Status
6. Manuscript Ider 20-34545	ntifying Number (if you kr	now it)	
Section 2.	The Work Under Co	onsideration for Publi	cation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, do	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work.
of compensation clicking the "Add) with entities as descri	bed in the instructions. Uport relations hips that we	nether 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 Proper	ty Patents & Copyri	ghts
Do you have any	•		roadly relevant to the work? Yes V No

Axten 2



Section 5.	
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	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):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
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Dr. Axten has no	thing to disclose.

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Chand 1



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4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name David Eyre
5. Manuscript Title Incidence of SAR		ealthcare Workers by Antik	pody Status
6. Manuscript Ider 20-34545	ntifying Number (if you kr	now it)	
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Chand 2



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Conlon 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Christopher	rst Name)	2. Surname (Last Name) Conlon		3. Date 30-November-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name David Eyre	
5. Manuscript Title Incidence of SAR		ealthcare Workers by Antik	oody Status	
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	☐ Yes ✓ No

Conlon 2



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CORNALL 1



Section 1. Identifying Inforn	nation		
Given Name (First Name) RICHARD	Surname (Last Name) CORNALL		3. Date 29-November-2020
4. Are you the corresponding author?	Yes No	Corresponding DAVID EYRE	g Author's Name
5. Manuscript Title Incidence of SARS-CoV-2 Infection in H	ealthcare Workers by Anti		
6. Manuscript Identifying Number (if you k 20-34545	now it)		
Section 2. The Work Under C			
	g but not limited to grants, d	n a third party (go	vernment, commercial, private foundation, etc.) foo oard, study design, manuscript preparation,
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Are there any relevant conflicts of inter- If yes, please fill out the appropriate inf			
Name of Entity	Grant? Personal No	n-Financial O	ther? Comments
MIROBIO LTD			FOUNDER AND CONSULTANT TO OXFORD UNIVERSITY SPINOUT - WORK ON AUTOIMMUNE DISEASE, UNRELATED TO THIS STUDY
Section 4. Intellectual Prope	rty Patents & Copyri	ghts	
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CORNALL 2



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Dr. CORNALL rep	orts personal fees and other from MIROBIO LTD, outside the submitted work; .

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Cox 1



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Given Name (First Name) Stuart	2. Surname (Last Name) Cox	3. Date 30-November-2020	
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5. Manuscript Title Incidence of SARS-CoV-2 Infection in He	ealthcare Workers by Antib	oody Status	
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Name of Institut	ion/Company	Grant? Personal No	other Other	Comments	
Secretary of State for	Health and Social Care	✓			
	ı				
Section 3.	Relevant financial	activities outside the	submitted work.		
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Section 4.	Intellectual Proper	ty Patents & Copyri	ghts		
Do you have any	patents, whether plans	ned, pending or issued, b	roadly relevant to the	work? Yes	✓ No

Crook 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. Crook report	s grants from Secretary of State for Health and Social Care, during the conduct of the study; .

Evaluation and Feedback

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Crook 3



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

De Toledo 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) De Toledo		3. Date 29-November-2020
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name	e
5. Manuscript Title Incidence of SAR		ealthcare Workers by Antik	oody Status	
6. Manuscript Ider 20-34545	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, com ita monitoring board, study desi	mercial, private foundation, etc.) for gn, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that wer		tionships (regardless of amount d as many lines as you need by onths prior to publication.
Section 4.	Intellectual Prope	rty Patents & Copyric	ghts	
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work?	Yes ✓ No

De Toledo 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
Ms. De Toledo h	as nothing to disclose.

Evaluation and Feedback

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De Toledo 3



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Ebner 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Daniel	rst Name)	2. Surname (Last Name) Ebner	3. Date 30-November-2020
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name David Eyre
5. Manuscript Title Incidence of SAF		ealthcare Workers by Antik	oody Status
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 ta monitoring board, study design, manuscript preparation,
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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

Ebner 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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Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Ebner has no	thing to disclose.

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Ebner 3



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

Eyre 1



Section 1. Identifying Inform				
Identifying Infor	mation			
Given Name (First Name) David	2. Surname (Last Name) Eyre			3. Date 01-December-2020
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Incidence of SARS-CoV-2 Infection in H	Healthcare Workers by An	tibody Status		
6. Manuscript Identifying Number (if you l 20-34545	know it)			
Section 2. The Work Under (Consideration for Pub	lication		
Did you or your institution at any time recany aspect of the submitted work (includir statistical analysis, etc.)? Are there any relevant conflicts of inte	ng but not limited to grants,	data monitoring		
If yes, please fill out the appropriate in Excess rows can be removed by pressi	formation below. If you h	ave more than	one entity	y press the "ADD" button to add a rov
Name of Institution/Company	Grant? Personal Fees?	on-Financial Support?	Other?	Comments
Robertson Foundation Fellow	✓			
NIHR Oxford BRC Senior Fellow	✓			
Section 3. Relevant financia	l activities outside the	e submitted v	work.	
Place a check in the appropriate boxes of compensation) with entities as desc clicking the "Add +" box. You should re	ribed in the instructions.	Use one line fo	r each ent	ity; add as many lines as you need by
Are there any relevant conflicts of inte	rest? 🗸 Yes 🗌 No	1		
If yes, please fill out the appropriate in	formation below.			
Name of Entity	Grant? Personal N	on-Financial Support	Other?	Comments
Gilead				ecture fees

Eyre 2



SACTION /
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?
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
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Dr. Eyre reports grants from Robertson Foundation Fellow, grants from NIHR Oxford BRC Senior Fellow, during the conduct of the study; personal fees from Gilead, outside the submitted work; .

Evaluation and Feedback

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

Eyre 3



Instructions

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Hatch 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Stephanie	rst Name)	2. Surname (Last Name) Hatch	3. Date 30-November-2020
4. Are you the corresponding author?		☐ Yes 🗸 No	Corresponding Author's Name David Eyre
5. Manuscript Title Incidence of SAF		ealthcare Workers by Antik	pody Status
6. Manuscript Ide	ntifying Number (if you kr	now it)	
			_
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Hatch 2



Section 5.	
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c v c	
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Dr. Hatch has no	othing to disclose.

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Hatch 3



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Hoosdally 1



Section 1.	Identifying Inform	ation						
1. Given Name (Fi Sarah Jayne	rst Name)	2. Surname Hoosdally	(Last Name)			3. Date 01-Decem	ber-2020	
4. Are you the corresponding author?		Yes	✓ No	Correspon David Eyr	ding Author's Na	ame		
5. Manuscript Title Incidence of SAR	e S-CoV-2 Infection in He	althcare Wo	rkers by Antil	oody Status				
6. Manuscript Ider 20-34545	ntifying Number (if you kn	ow it)						
	ı							
Section 2.	The Work Under Co	onsideratio	n for Publi	cation				
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	stitution at any time recei ubmitted work (including etc.)? evant conflicts of intere out the appropriate info be removed by pressing	but not limite st? Yes	ed to grants, da s No ow. If you hav	ata monitorin	g board, study d	lesign, manusc	cript preparatior	٦,
Name of Institut	ion/Company	Grant	ersonal No Fees?	n-Financial Support	Other? Co	mments		
Secretary of State for	Health and Social Care	✓						
	ı							
Section 3.	Relevant financial	activities o	utside the	submitted	work.			
of compensation clicking the "Add Are there any rel	the appropriate boxes i	bed in the in oort relations	structions. U hips that we	se one line f	or each entity;	add as many	lines as you n	eed by
Section 4.	Intellectual Proper	ty Patent	ts & Copyri	ghts				
Do you have any	patents, whether plani	ned, pending	g or issued, b	oadly releva	ant to the work	⟨? Yes	✓ No	

Hoosdally 2



Section 5.	
Section 5.	Relationships not covered above
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Royalties: Funds are coming in to you or your institution due to your patent

Hopkins 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Susan	2. Surname (Last Name) Hopkins	3. Date 01-December-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name David Eyre
5. Manuscript Title Incidence of SARS-CoV-2 Infection in H	ealthcare Workers by Antik	pody Status
6. Manuscript Identifying Number (if you k 20-34545	now it)	
Section 2. The Work Under C	Consideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Polyant financial	activities outside the s	ما المحادث الم
Place a check in the appropriate boxes of compensation) with entities as described.	in the table to indicate wh ribed in the instructions. Us port relationships that we	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 & Copyri	ghts
Do you have any patents, whether plar	nned, pending or issued, br	roadly relevant to the work? Yes V No

Hopkins 2



Section 5.	Balatian diamentary and always
	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
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Dr. Hopkins has	nothing to disclose.

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patent

Howarth 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Alison	rst Name)	2. Surname (Last Name) Howarth	3. Date 01-December-2020	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name David Eyre	
5. Manuscript Title Incidence of SAR		ealthcare Workers by Antik	oody Status	
6. Manuscript Ider 20-34545	ntifying Number (if you kr	now it)		
			-	
Section 2.	The Work Under Co	onsideration for Public	ation	
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundatio ta monitoring board, study design, manuscript preparatio	
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 see one line for each entity; add as many lines as you represent during the 36 months prior to publication	need by
Section 4.	Intellectual Proper	rty Patents & Copyric	ıhts	
Do you have any			oadly relevant to the work? Yes V No	

Howarth 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?
	wing relationships/conditions/circumstances are present (explain below):
At the time of ma	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
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Howarth 3



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James 1



Section 1.	dentifying Informa	ation		
1. Given Name (First Tim	Name)	2. Surname (Last Name) James		3. Date 29-November-2020
4. Are you the corres	sponding author?	Yes ✓ No	Corresponding Author's Na David Eyre	me
5. Manuscript Title Incidence of SARS-	CoV-2 Infection in Hea	althcare Workers by An	tibody Status	
6. Manuscript Identil 20-34545	fying Number (if you kno	ow it)		
Section 2.	he Work Under Co	nsideration for Pub	lication	
any aspect of the sub statistical analysis, et	mitted work (including l	but not limited to grants,	om a third party (government, co data monitoring board, study de	ommercial, private foundation, etc.) for esign, manuscript preparation,
Section 3.	Relevant financial a	ctivities outside the	e submitted work.	
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			broadly relevant to the work	? ☐ Yes 🗸 No

James 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):
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Jeffery 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Katie	rst Name)	2. Surname (Last Name) Jeffery		. Date 0-November-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name	•
5. Manuscript Title Incidence of SAR		ealthcare Workers by Antik	oody Status	
6. Manuscript Ider 20-34545	ntifying Number (if you kr	now it)		
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any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, comn ta monitoring board, study desig	nercial, private foundation, etc.) for gn, manuscript preparation,
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Section 4.	Intellectual Proper	rty Patents & Copyric	yhts	
Do you have any			oadly relevant to the work? [Yes ✓ No

Jeffery 2



Section 5.	
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Jones 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi E Yvonne	rst Name)	2. Surname (Last Name) Jones	3. Date 29-November-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name David Eyre
5. Manuscript Title Incidence of SAF		ealthcare Workers by Antik	oody Status
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Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Jones 2



Section 5.	
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Lumley 1



Section 1.	Identifying Inform	nation		
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4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Auth	nor's Name
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any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	est? Yes No prmation below. If you ha g the "X" button.	data monitoring board, so	nent, commercial, private foundation, etc.) for study design, manuscript preparation, titudy press the "ADD" button to add a row.
Name of Institut	ion/Company	Grant? Personal No	Support? Other	Comments
Wellcome Trust Clinio	cal Research Fellow	✓		
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Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation clicking the "Adc Are there any rel) with entities as descri	ibed in the instructions. Uport relations hips that we	Jse one line for each e	ncial relationships (regardless of amount entity; add as many lines as you need by ne 36 months prior to publication .
Section 4.	Intellectual Proper	rty Patents & Copyr	ights	
Do you have any	patents, whether plani	ned, pending or issued, k	proadly relevant to the	e work? Yes No

Lumley 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):
✓ 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. Lumley repo	rts grants from Wellcome Trust Clinical Research Fellow, during the conduct of the study; .

Evaluation and Feedback

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Lumley 3



Instructions

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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

Marsden 1



Section 1.	Identifying Inform	ation						
1. Given Name (Fi Brian	rst Name)	2. Surname (l Marsden	_ast Name)			3. Date 29-Novem	ber-2020	
4. Are you the cor	responding author?	Yes	No	Correspondir David Eyre	ng Author's Na	me		
5. Manuscript Title Incidence of SAR	e S-CoV-2 Infection in He	ealthcare Work	ers by Antil	oody Status				
6. Manuscript Ider 20-34545	ntifying Number (if you kn	ow it)		_				
	L							
Section 2.	The Work Under Co	onsideration	for Publi	cation				
any aspect of the s statistical analysis,	titution at any time recei ubmitted work (including etc.)? evant conflicts of intere	but not limited						etc.) for
	out the appropriate info be removed by pressing		•	ve more than o	one entity pre	ess the "ADD	" button to add	a row.
Name of Institut	ion/Company	Grant		n-Financial upport?	Other? Co	nments		
Structural Genomics	Consortium	✓						
Kennedy Trust for Rh	eumatology Research	✓						
Section 3.	Relevant financial	activities ou	tside the s	submitted w	ork.			
of compensation	the appropriate boxes i) with entities as descri +" box. You should rep	bed in the inst	ructions. U	se one line for	each entity;	add as many	lines as you nee	ed by
Are there any rel	evant conflicts of intere	est? Yes	✓ No					
	ı							
Section 4.	Intellectual Proper	ty Patents	& Copyri	ghts				
Do you have any	patents, whether plan	ned, pending o	or issued, bi	oadly relevan	t to the work	? Yes	√ No	

Marsden 2



Section 5. Polationships 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
Disciosare Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Marsden reports grants from Structural Genomics Consortium, grants from Kennedy Trust for Rheumatology Research, during the conduct of the study; .

Evaluation and Feedback

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Marsden 3



Instructions

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earning royalties or not

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

Matthews 1



Section 1. Identifying Inform	ation	
1. Given Name (First Name) Philippa	2. Surname (Last Name) Matthews	3. Date 30-November-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name David Eyre
5. Manuscript Title Incidence of SARS-CoV-2 Infection in He	althcare Workers by Antib	body Status
6. Manuscript Identifying Number (if you know 20-34545	ow it)	
Section 2. The Work Under Co	onsideration for Public	cation
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da st?	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation, we more than one entity press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Nor	n-Financial Other? Comments
Wellcome Intermediate Fellowship (110110/ Z/15/Z).	✓	
Section 3. Relevant financial a	activities outside the s	submitted work.
of compensation) with entities as descril clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	oed in the instructions. Us ort relationships that wer st? Yes 🗸 No	nether 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 Propert	ty Patents & Copyrig	ghts
Do you have any patents, whether plann	ned, pending or issued, br	roadly relevant to the work? Yes Vo

Matthews 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
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Section 6. Disclosure Statement
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Dr. Matthews reports grants from Wellcome Intermediate Fellowship (110110/Z/15/Z)., during the conduct of the study; .

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



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Denise	rst Name)	Surname (Last Name) O'Donnell	3. Date 30-November-2020
4. Are you the cor	responding author?	☐ Yes 🗸 No	Corresponding Author's Name David Eyre
5. Manuscript Title Incidence of SAF		ealthcare Workers by Antik	pody Status
6. Manuscript Idei 20-34545	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



Section 5.	
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Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
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Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. O'Donnell ha	as nothing to disclose.

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Section 1.	Identifying Inform	nation		
1. Given Name (Fi Anne-Marie	rst Name)	2. Surname (Last Name) O'Donnell	3. Date 30-November-2020	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name David Eyre	
5. Manuscript Title Incidence of SAR		ealthcare Workers by Antik	pody Status	
6. Manuscript Ider 20-34545	ntifying Number (if you kr	now it)		
Section 2.	The Work Under Co	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.) fo ta monitoring board, study design, manuscript preparation,) for
Section 3.	Relevant financial	activities outside the s	submitted 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 re present during the 36 months prior to publication .	
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	



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Peck

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

1

administrative support, etc.

patent



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Liam	2. Surname (Last Name) Peck	3. Date 30-November-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name David Eyre
5. Manuscript Title Incidence of SARS-CoV-2 Infection in H	ealthcare Workers by Antil	pody Status
6. Manuscript Identifying Number (if you k 20-34545	now it)	
Section 2. The Work Under C	Consideration for Public	cation
	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) with entities as desc clicking the "Add +" box. You should re	ribed 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 present during the 36 months prior to publication.
Are there any relevant conflicts of inter- If yes, please fill out the appropriate inf		
Name of Entity	Grant? Personal Not	n-Financial other? Comments
Nellcome Trust		4-Year OXION PhD Studentship at University of Oxford, Oct 2015-Oct 2019, Grant number 109117/Z/15/Z
Sertion 4		
Section 4. Intellectual Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work? Yes V No

Peck 2



Section 5. Relationships not severed above
Relationships not covered above
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Dr. Peck reports grants from Wellcome Trust, outside the submitted work; .

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Peck 3



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

Peto 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fi Timothy	rst Name)	2. Surname (Last Name) Peto		3. Date 01-December-2020	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Authority	or's Name	
5. Manuscript Title Incidence of SAR		althcare Workers by Antik	oody Status		
6. Manuscript Ider 20-34545	ntifying Number (if you kn	ow it)			
	ı				
Section 2.	The Work Under Co	onsideration for Public	cation		
any aspect of the s statistical analysis, Are there any rel If yes, please fill of Excess rows can	ubmitted work (including etc.)? evant conflicts of intere out the appropriate info be removed by pressing	but not limited to grants, danst. St? Yes No Symmation below. If you have The "X" button.	re more than one ent	ent, commercial, private foundation, e tudy design, manuscript preparation, ity press the "ADD" button to add	
Name of Institut	ion/Company	Grant? Personal Noi	upport?	Comments	
Secretary of State for	Health and Social Care				
	ı				
Section 3.	Relevant financial	activities outside the s	submitted work.		
of compensation clicking the "Add Are there any rel) with entities as descri	bed in the instructions. Us port relationships that wer	se one line for each e	cial relationships (regardless of am ntity; add as many lines as you nee e 36 months prior to publication	ed by
Section 4.	Intellectual Proper	ty Patents & Copyric	ghts		
Do you have any	patents, whether plans	ned, pending or issued, br	oadly relevant to the	work? Yes Vo	

Peto 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.	
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. Peto reports	grants from Secretary of State for Health and Social Care, during the conduct of the study; .

Evaluation and Feedback

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Peto 3



Instructions

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

1

administrative support, etc.



Section 1. Identifying Info	rmation	
1. Given Name (First Name) Koen	2. Surname (Last Name) Pouwels	3. Date 30-November-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name David Eyre
5. Manuscript Title Incidence of SARS-CoV-2 Infection in	Healthcare Workers by Antil	oody Status
6. Manuscript Identifying Number (if you 20-34545	know it)	
Section 2. The Work Under	Consideration for Publi	cation
	ing 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 financia	al activities outside the	submitted work.
of compensation) with entities as des	cribed in the instructions. Us report relationships that we	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 Prop	erty Patents & Copyri	ghts
Do you have any patents, whether pla	anned, pending or issued, b	roadly relevant to the work? Yes V No

Pouwels 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
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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. Pouwels has nothing to disclose.

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

Ritter 1



Section 1. Identifying Inform	nation						
Given Name (First Name) Thomas	2. Surname (Last Name) Ritter	3. Date 30-November-2020					
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name David Eyre					
5. Manuscript Title Incidence of SARS-CoV-2 Infection in H	pody Status						
6. Manuscript Identifying Number (if you k 20-34545	lanuscript Identifying Number (if you know it) 34545						
Section 2. The Work Under C	onsideration for Public	cation					
	g 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) with entities as descri	ribed 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 present during the 36 months prior to publication.					
Section 4. Intellectual Prope	rty Patents & Copyri	ghts					
Do you have any patents, whether plan	nned, pending or issued, br	roadly relevant to the work? Yes V No					

Ritter 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):
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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
Mr. Ritter has no	othing to disclose.

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Ritter 3



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Screaton 1



Section 1.	dentifying Inform	ation					
1. Given Name (First Gavin	Name)	2. Surnar Screator	ne (Last Nar າ	ne)		3. Date 30-November-2020	
4. Are you the corres	sponding author?	Yes	✓ No	Correspond David Eyre	_	r's Name	
5. Manuscript Title Incidence of SARS-CoV-2 Infection in Healthcare Workers by Antibody Status							
6. Manuscript Identi 20-34545	fying Number (if you kn	ow it)					
Section 2.	he Work Under Co	onsiderat	tion for P	ublication			
any aspect of the sub statistical analysis, et Are there any relev	mitted work (including c.)? ant conflicts of intere	but not lim	nited to gran	nts, data monitoring	g board, stu	nt, commercial, private foundation, etc.) ady design, manuscript preparation,	
	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 Institutio	n/Company	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
Wellcome Trust Senior I	nvestigator	✓					
Section 3.	Relevant financial	activities	outside	the submitted	work.		
of compensation) we clicking the "Add + Are there any relev	with entities as descri	bed in the port relationst: est?	instruction onships tha Yes	ns. Use one line fo	or each en	ial relationships (regardless of amour tity; add as many lines as you need b 36 months prior to publication.	
Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
GSK			✓			GSK Vaccines Scientific Advisory Board	
Wellcome Trust		✓					
Schmidt foundation		✓					

Screaton 2



6 11 4	
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
	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):
	ationships/conditions/circumstances that present a potential conflict of interest
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Section 6.	Disclosure Statement
Based on the abbelow.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
	orts grants from Wellcome Trust Senior Investigator, during the conduct of the study; personal fees from Nellcome Trust, grants from Schmidt foundation, outside the submitted work;.

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Stoesser 1



Section 1.	Identifying Inform	nation					
1. Given Name (Fi Nicole	rst Name)	2. Surname (Last Name) Stoesser		3. Date 30-November-2020			
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Nam	ne			
5. Manuscript Title Incidence of SARS-CoV-2 Infection in Healthcare Workers by Antibody Status							
6. Manuscript Ider 20-34545	ntifying Number (if you kr	now it)					
Section 2.	Section 2. The Work Under Consideration for Publication						
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, com ta monitoring board, study desi	nmercial, private foundation, etc.) for ign, manuscript preparation,			
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of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that wer		tionships (regardless of amount dd as many lines as you need by onths prior to publication.			
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	☐ Yes ✓ No			

Stoesser 2



Section 5. Relationships not severed above
Relationships not covered above
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Dr. Stoesser has nothing to disclose.

Evaluation and Feedback

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Stoesser 3



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Stuart 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi David	rst Name)	2. Surname (Last Name) Stuart		3. Date 29-Nov	ember-2020
4. Are you the cor	responding author?	Yes 🗸 No	Correspondi David Eyre	ling Author's Name	
5. Manuscript Title Incidence of SAR		ealthcare Workers by An	tibody Status		
6. Manuscript Ider 20-34545	ntifying Number (if you kr	now it)			
	ı				
Section 2.	The Work Under Co	onsideration for Pub	lication		
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Madical Dasaarsh Co	uncil (MR/N00065X/1)	Fees	Support !		
	anch (Willy Noodody), 1)	√			
Section 3.	Relevant financial	activities outside the	e submitted v	vork.	
of compensation clicking the "Add Are there any rel) with entities as descri	ibed in the instructions. port relationships that w	Use one line for vere present du	r each entity; add as ma	ps (regardless of amount any lines as you need by prior to publication .
Section 4.	Intellectual Proper	rty Patents & Copy	rights		
Do you have any	patents, whether plan	ned, pending or issued,	broadly relevar	nt to the work?	s 🗸 No

Stuart 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
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Dr. Stuart report	s grants from Medical Research Council (MR/N00065X/1), during the conduct of the study; .

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Stuart 3



Instructions

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

patent



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Ann Sarah	rst Name)	2. Surname (Last Name) Walker	1	3. Date 29-Nove	mber-2020
4. Are you the cor	responding author?	Yes 🗸 No	Correspond David Eyre	ling Author's Name	
5. Manuscript Title Incidence of SAR		ealthcare Workers by Ar	itibody Status		
6. Manuscript Ider 20-34545	ntifying Number (if you kn	now it)			
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Section 2.	The Work Under Co	onsideration for Pub	lication		
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	s but not limited to grants, est? Yes No ormation below. If you h g the "X" button.	data monitoring	board, study design, manu	orivate foundation, etc.) for uscript preparation, DD" button to add a row.
Name of Institut	ion/Company	Grant? Personal N	Ion-Financial Support?	Other Comments	
National Institutes of	Health Research	✓			
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Section 3.	Relevant financial	activities outside th	e submitted v	work.	
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Section 4.	Intellectual Proper	ty Patents & Copy	rights		
Do you have any	patents, whether plan	ned, pending or issued,	broadly releva	nt to the work? Yes	✓ No



Section 5.	
Section 5.	Relationships not covered above
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Dr. Walker repor	ts grants from National Institutes of Health Research, during the conduct of the study; .

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Section 1. Identifying Inform	ation		
1. Given Name (First Name) Timothy	2. Surname (Last Name) Walker		3. Date 30-November-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author	r's Name
5. Manuscript Title Incidence of SARS-CoV-2 Infection in He	althcare Workers by Antik	oody Status	
6. Manuscript Identifying Number (if you kn 20-34545	ow it)		
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere If yes, please fill out the appropriate info Excess rows can be removed by pressing	but not limited to grants, danst? Yes No rmation below. If you hav	ta monitoring board, stu	dy design, manuscript preparation,
Name of Institution/Company	Grant? Personal Nor	n-Financial other?	Comments
Wellcome Trust Clinical Career Development Fellow (214560/Z/18/Z)	✓		
Section 3. Relevant financial a	activities outside the s	submitted work.	
Place a check in the appropriate boxes in of compensation) with entities as descriclicking the "Add +" box. You should repart there any relevant conflicts of interests.	bed in the instructions. Us port relationships that wer st? Yes 🗸 No	e one line for each ent e present during the	tity; add as many lines as you need by
Section 4. Intellectual Proper	ty Patents & Copyric	yhts	
Do you have any patents, whether plans	ned, pending or issued, br	oadly relevant to the v	vork? Yes V No



Section 5. Relationships not severed above
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Dr. Walker reports grants from Wellcome Trust Clinical Career Development Fellow (214560/Z/18/Z), during the conduct of the study; .

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Section 1.	Identifying Inform	ation			
1. Given Name (First Name) Fiona		2. Surname (Last Name) Warren	3. Date 01-December-2020		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name David Eyre		
5. Manuscript Title Incidence of SARS-CoV-2 Infection in Healthcare Workers by Antibo			pody Status		
6. Manuscript Identifying Number (if you know it) 20-34545					
			_		
Section 2.	The Work Under Co	onsideration for Public	cation		
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 s	submitted work.		
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Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No		



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Dr. Warren has r	nothing to disclose.			

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1. Given Name (First Name) Laura		2. Surname (Last Name) Warren		. Date 0-November-2020	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name David Eyre		
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Laura Warren ha	s nothing to disclose.			

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