

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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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) David	2. Surname (Last Name) Axten	3. Date 01-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Eyre
5. Manuscript Title Incidence of SARS-CoV-2 Infection in Healthcare Workers by Antibody Status		
6. Manuscript Identifying Number (if you know it) 20-34545		

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

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Section 6. Disclosure Statement

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Dr. Axten has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Meera	2. Surname (Last Name) Chand	3. Date 01-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Eyre
5. Manuscript Title Incidence of SARS-CoV-2 Infection in Healthcare Workers by Antibody Status		
6. Manuscript Identifying Number (if you know it) 20-34545		

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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

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Dr. Chand has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Christopher	2. Surname (Last Name) Conlon	3. Date 30-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Eyre
5. Manuscript Title Incidence of SARS-CoV-2 Infection in Healthcare Workers by Antibody Status		
6. Manuscript Identifying Number (if you know it) 20-34545		

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Conlon has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
RICHARD

2. Surname (Last Name)
CORNALL

3. Date
29-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 Antibody Status

6. Manuscript Identifying Number (if you know it)
20-34545

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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
MIROBIO LTD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FOUNDER AND CONSULTANT TO OXFORD UNIVERSITY SPINOUT - WORK ON AUTOIMMUNE DISEASE, UNRELATED TO THIS STUDY

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. CORNALL reports personal fees and other from MIROBIO LTD, 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) Stuart	2. Surname (Last Name) Cox	3. Date 30-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Eyre
5. Manuscript Title Incidence of SARS-CoV-2 Infection in Healthcare Workers by Antibody Status		
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Dr. Cox has nothing to disclose.

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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) Derrick

2. Surname (Last Name) Crook

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 Antibody Status

6. Manuscript Identifying Number (if you know it) 20-34545

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
Secretary of State for Health and Social Care	<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

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

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)

Zoe

2. Surname (Last Name)

De Toledo

3. Date

29-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 Antibody Status

6. Manuscript Identifying Number (if you know it)

20-34545

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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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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Ms. De Toledo 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) Daniel	2. Surname (Last Name) Ebner	3. Date 30-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Eyre
5. Manuscript Title Incidence of SARS-CoV-2 Infection in Healthcare Workers by Antibody Status		
6. Manuscript Identifying Number (if you know it) 20-34545		

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. Ebner 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)
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 Healthcare Workers by Antibody Status

6. Manuscript Identifying Number (if you know it)
20-34545

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
Robertson Foundation Fellow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NIHR Oxford BRC Senior Fellow	<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
Gilead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lecture fees

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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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; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Stephanie	2. Surname (Last Name) Hatch	3. Date 30-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Eyre
5. Manuscript Title Incidence of SARS-CoV-2 Infection in Healthcare Workers by Antibody Status		
6. Manuscript Identifying Number (if you know it) 20-34545		

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Hatch has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sarah Jayne

2. Surname (Last Name)
Hoosdally

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 Antibody Status

6. Manuscript Identifying Number (if you know it)
20-34545

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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
Secretary of State for Health and Social Care	<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

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

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) Susan	2. Surname (Last Name) Hopkins	3. Date 01-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Eyre
5. Manuscript Title Incidence of SARS-CoV-2 Infection in Healthcare Workers by Antibody Status		
6. Manuscript Identifying Number (if you know it) 20-34545		

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

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Hopkins has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Alison	2. Surname (Last Name) Howarth	3. Date 01-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Eyre
5. Manuscript Title Incidence of SARS-CoV-2 Infection in Healthcare Workers by Antibody Status		
6. Manuscript Identifying Number (if you know it) 20-34545		

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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. Howarth has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Tim

2. Surname (Last Name)
James

3. Date
29-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 Antibody Status

6. Manuscript Identifying Number (if you know it)
20-34545

Section 2. The Work Under Consideration for Publication

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Dr. James has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Katie	2. Surname (Last Name) Jeffery	3. Date 30-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Eyre
5. Manuscript Title Incidence of SARS-CoV-2 Infection in Healthcare Workers by Antibody Status		
6. Manuscript Identifying Number (if you know it) 20-34545		

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Dr. Jeffery has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) E Yvonne	2. Surname (Last Name) Jones	3. Date 29-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Eyre
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Dr. Jones 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) _____
Sheila

2. Surname (Last Name) _____
Lumley

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 Antibody Status

6. Manuscript Identifying Number (if you know it) _____
20-34545

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
Wellcome Trust Clinical Research Fellow	<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

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. Lumley reports grants from Wellcome Trust Clinical Research Fellow, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Brian 2. Surname (Last Name) Marsden 3. Date 29-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 Antibody Status

6. Manuscript Identifying Number (if you know it)
20-34545

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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.

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Structural Genomics Consortium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kennedy Trust for Rheumatology Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Marsden reports grants from Structural Genomics Consortium, grants from Kennedy Trust for Rheumatology Research, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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 Healthcare Workers by Antibody Status

6. Manuscript Identifying Number (if you know it)
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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
Wellcome Intermediate Fellowship (110110/Z/15/Z).	<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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Denise

2. Surname (Last Name)
O'Donnell

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 Antibody Status

6. Manuscript Identifying Number (if you know it)
20-34545

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Dr. O'Donnell has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Anne-Marie

2. Surname (Last Name)
O'Donnell

3. Date
30-November-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
David Eyre

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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)
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 Healthcare Workers by Antibody Status

6. Manuscript Identifying Number (if you know it)
20-34545

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Wellcome Trust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-Year OXION PhD Studentship at University of Oxford, Oct 2015-Oct 2019, Grant number 109117/Z/15/Z

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

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. Peck reports grants from Wellcome Trust, 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)
Timothy

2. Surname (Last Name)
Peto

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 Antibody Status

6. Manuscript Identifying Number (if you know it)
20-34545

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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
Secretary of State for Health and Social Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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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Section 6. Disclosure Statement

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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 Antibody Status

6. Manuscript Identifying Number (if you know it)
20-34545

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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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

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Dr. Pouwels 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) Thomas	2. Surname (Last Name) Ritter	3. Date 30-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Eyre
5. Manuscript Title Incidence of SARS-CoV-2 Infection in Healthcare Workers by Antibody Status		
6. Manuscript Identifying Number (if you know it) 20-34545		

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.

Mr. Ritter 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)
Gavin

2. Surname (Last Name)
Screaton

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 Antibody Status

6. Manuscript Identifying Number (if you know it)
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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
Wellcome Trust Senior Investigator	<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
GSK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GSK Vaccines Scientific Advisory Board
Wellcome Trust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Schmidt foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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. Screaton reports grants from Wellcome Trust Senior Investigator, during the conduct of the study; personal fees from GSK, grants from Wellcome Trust, grants from Schmidt foundation, 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)
Nicole

2. Surname (Last Name)
Stoesser

3. Date
30-November-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
David Eyre

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
20-34545

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Stoesser 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)
David

2. Surname (Last Name)
Stuart

3. Date
29-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 Antibody Status

6. Manuscript Identifying Number (if you know it)
20-34545

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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
Medical Research Council (MR/N00065X/1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ann Sarah

2. Surname (Last Name)
Walker

3. Date
29-November-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
David Eyre

5. Manuscript Title
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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
National Institutes of Health Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Walker reports grants from National Institutes of Health Research, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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's Name David Eyre

5. Manuscript Title Incidence of SARS-CoV-2 Infection in Healthcare Workers by Antibody Status

6. Manuscript Identifying Number (if you know it) 20-34545

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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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Wellcome Trust Clinical Career Development Fellow (214560/Z/18/Z)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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 Antibody Status

6. Manuscript Identifying Number (if you know it)
20-34545

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Dr. Warren has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Laura	2. Surname (Last Name) Warren	3. Date 30-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Eyre
5. Manuscript Title Incidence of SARS-CoV-2 Infection in Healthcare Workers by Antibody Status		
6. Manuscript Identifying Number (if you know it) 20-34545		

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