

## 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.

#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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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.

#### Definitions.

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**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Shazia

2. Surname (Last Name)  
Ali

3. Date  
05-December-2020

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

5. Manuscript Title  
REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients

6. Manuscript Identifying Number (if you know it)  
20-35002

### 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
BARDA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HHSO100201700020C

### 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
Regeneron Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee/stockholder



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### 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. Ali reports grants from BARDA, during the conduct of the study; personal fees and other from Regeneron Pharmaceuticals, 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)  
Alina

2. Surname (Last Name)  
Baum

3. Date  
03-December-2020

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

5. Manuscript Title  
REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients

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Are there any relevant conflicts of interest?  Yes  No

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Regeneron Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	employee; own stock and stock options

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
US10787501: Anti-SARS-CoV-2-Spike Glycoprotein Antibodies and Antigen-Binding Fragments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Assigned to Regeneron Pharmaceuticals, Inc.
US 60/030,260 Anti-SARS-CoV-2-Spike Glycoprotein Antibodies and Antigen-Binding Fragments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Provisional Patent Application; Assigned to Regeneron Pharmaceuticals, Inc.

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Dr. Baum reports grants from BARDA, during the conduct of the study; personal fees and other from Regeneron Pharmaceuticals, outside the submitted work; In addition, Dr. Baum has a patent US10787501: Anti-SARS-CoV-2-Spike Glycoprotein Antibodies and Antigen-Binding Fragments issued, and a patent US 60/030,260 Anti-SARS-CoV-2-Spike Glycoprotein Antibodies and Antigen-Binding Fragments pending.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Rafia

2. Surname (Last Name)  
Bhore

3. Date  
03-December-2020

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

5. Manuscript Title  
REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients

6. Manuscript Identifying Number (if you know it)  
20-35002

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Regeneron Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee; stock/stock options



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Ned

2. Surname (Last Name)  
Braunstein

3. Date  
30-November-2020

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

5. Manuscript Title  
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Amanda      2. Surname (Last Name) Cook      3. Date 02-December-2020

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

5. Manuscript Title  
REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients

6. Manuscript Identifying Number (if you know it)  
20-35002

### 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
BARDA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HHSO100201700020C

### 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
Regeneron Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee/stockholder



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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):
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### Section 6. Disclosure Statement

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Dr. Cook reports grants from BARDA, during the conduct of the study; personal fees and other from Regeneron Pharmaceuticals, Inc., outside the submitted work; .

### Evaluation and Feedback

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



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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
John D.

2. Surname (Last Name)  
Davis

3. Date  
04-December-2020

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

5. Manuscript Title  
REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients

6. Manuscript Identifying Number (if you know it)  
20-35002

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REGENERON PHARMACEUTICALS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EMPLOYEE/STOCKHOLDER

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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)  
Albert Thomas (A. Thomas)

2. Surname (Last Name)  
Di Cioccio

3. Date  
30-November-2020

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

5. Manuscript Title  
REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients

6. Manuscript Identifying Number (if you know it)  
20-35002

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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
BARDA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HHSO100201700020C

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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
Regeneron Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee; stock/stock options

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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. Di Cioccio reports grants from BARDA, during the conduct of the study; personal fees and other from Regeneron Pharmaceuticals, Inc., 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)  
Haitao

2. Surname (Last Name)  
Gao

3. Date  
03-December-2020

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

5. Manuscript Title  
REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Maria Ximena

2. Surname (Last Name)

Graber

3. Date

29-November-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

David Weinreich

5. Manuscript Title

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Dr. Graber has nothing to disclose.

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#### Definitions.

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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) \_\_\_\_\_ Jennifer

2. Surname (Last Name) \_\_\_\_\_ Hamilton

3. Date \_\_\_\_\_ 02-December-2020

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

5. Manuscript Title \_\_\_\_\_ REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients

6. Manuscript Identifying Number (if you know it) \_\_\_\_\_ 20-35002

### 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
BARDA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HHSO100201700020C

### 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
Regeneron Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee; stock/stock options

## 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?

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Dr. Hamilton reports grants from BARDA, during the conduct of the study; personal fees and other from Regeneron Pharmaceuticals, 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) Gary      2. Surname (Last Name) Herman      3. Date 16-December-2020

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

5. Manuscript Title  
REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients

6. Manuscript Identifying Number (if you know it)  
20-35002

### 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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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
BARDA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HHSO100201700020C

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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
Regeneron Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee of Regeneron; stock/stock options



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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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#### 4. Intellectual Property.

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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) Andrea      2. Surname (Last Name) Hooper      3. Date 14-December-2020

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

5. Manuscript Title  
REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients

6. Manuscript Identifying Number (if you know it)  
20-35002

### 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
BARDA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HHSO100201700020C

### 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
Regeneron Pharmaceuticals, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee/stockholder
Pfizer, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Former employee and current stockholder

## 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. Hooper reports grants from BARDA, during the conduct of the study; personal fees and other from Regeneron Pharmaceuticals, Inc, 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) Romana      2. Surname (Last Name) Hosain      3. Date 02-December-2020

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

5. Manuscript Title  
REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients

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20-35002

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Regeneron Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee; stock/stock options



## 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)  
Joseph

2. Surname (Last Name)  
Im

3. Date  
04-December-2020

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

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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#### Definitions.

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**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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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) Wendy      2. Surname (Last Name) Kampman      3. Date 02-December-2020

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

5. Manuscript Title  
REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients

6. Manuscript Identifying Number (if you know it)  
20-35002

### 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
BARDA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HHSO100201700020C

### 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
REGENERON PHARMACEUTICALS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EMPLOYEE; RECEIVING STOCK OPTIONS

## 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. Kampman reports grants from BARDA, during the conduct of the study; personal fees and other from REGENERON PHARMACEUTICALS, 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)  
Yunji

2. Surname (Last Name)  
Kim

3. Date  
04-December-2020

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

5. Manuscript Title  
REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients

6. Manuscript Identifying Number (if you know it)  
20-35002

### 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
BARDA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HHSO100201700020C

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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
Regeneron Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee/stockholder





## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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. Kim reports grants from BARDA, during the conduct of the study; personal fees and other from Regeneron Pharmaceuticals, 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)  
Anita

2. Surname (Last Name)  
Kohli

3. Date  
01-December-2020

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

5. Manuscript Title  
REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients

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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
Gilead Sciences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisory Board

### 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. Kohli reports grants and other from Gilead Sciences, 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)  
Bari

2. Surname (Last Name)  
Kowal

3. Date  
02-December-2020

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

5. Manuscript Title  
REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients

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BARDA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HHSO100201700020C

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Regeneron Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee; stock/stock options

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 4. Intellectual Property -- Patents & Copyrights

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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)  
Christos A

2. Surname (Last Name)  
Kyratsous

3. Date  
04-December-2020

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

5. Manuscript Title  
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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
Regeneron Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Officer of the company, own stock and stock options

## 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

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
US10787501: Anti-SARS-CoV-2-Spike Glycoprotein Antibodies and Antigen-Binding Fragments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Assigned to Regeneron Pharmaceuticals, Inc.
US 60/030,260 Anti-SARS-CoV-2-Spike Glycoprotein Antibodies and Antigen-Binding Fragments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Provisional Patent Application; Assigned to Regeneron Pharmaceuticals, Inc.

### 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. Kyratsous reports grants from BARDA, during the conduct of the study; personal fees and other from Regeneron Pharmaceuticals, outside the submitted work; In addition, Dr. Kyratsous has a patent US10787501: Anti-SARS-CoV-2-Spike Glycoprotein Antibodies and Antigen-Binding Fragments issued, and a patent US 60/030,260 Anti-SARS-CoV-2-Spike Glycoprotein Antibodies and Antigen-Binding Fragments pending.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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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

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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)  
Leah

2. Surname (Last Name)  
Lipsich

3. Date  
02-December-2020

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

5. Manuscript Title  
REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients

6. Manuscript Identifying Number (if you know it)  
20-35002

### 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
BARDA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HHSO100201700020C

### 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
Regeneron Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee; stock/stock options



## 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. Lipsich reports grants from BARDA, during the conduct of the study; personal fees and other from Regeneron Pharmaceuticals, Inc., 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) Adnan      2. Surname (Last Name) Mahmood      3. Date 04-December-2020

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

5. Manuscript Title  
REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients

6. Manuscript Identifying Number (if you know it)  
20-35002

### 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
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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
Regeneron Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee; stock/stock options





## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 4. Intellectual Property -- Patents & Copyrights

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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)  
Bret

2. Surname (Last Name)  
Musser

3. Date  
03-December-2020

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

5. Manuscript Title  
REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients

6. Manuscript Identifying Number (if you know it)  
20-35002

### 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 Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Regeneron Pharmaceuticals, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee; equity interest

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Thomas      2. Surname (Last Name) Norton      3. Date 02-December-2020

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

5. Manuscript Title  
REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients

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Are there any relevant conflicts of interest?     Yes     No

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Regeneron Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee/stockholder

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Cynthia

2. Surname (Last Name) Pan

3. Date 01-December-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name David M. Weinreich

5. Manuscript Title REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients

6. Manuscript Identifying Number (if you know it) 20-35002

### 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
BARDA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HHSO100201700020C

### 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
Regeneron Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee; stock/stock options

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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. Pan reports grants from BARDA, during the conduct of the study; personal fees and other from Regeneron Pharmaceuticals, 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)  
Christina

2. Surname (Last Name)  
Perry

3. Date  
05-December-2020

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

5. Manuscript Title  
REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients

6. Manuscript Identifying Number (if you know it)  
20-35002

### 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
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Regeneron Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee/Stockholder

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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)  
Diana

2. Surname (Last Name)  
Rofail

3. Date  
03-December-2020

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

5. Manuscript Title  
REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients

6. Manuscript Identifying Number (if you know it)  
20-35002

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Regeneron Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee; stock/stock options



## 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) Yessica	2. Surname (Last Name) Sachdeva	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 Weinreich
5. Manuscript Title REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients		
6. Manuscript Identifying Number (if you know it) 20-35002		

### 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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### 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. Sachdeva 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) Sumathi      2. Surname (Last Name) Sivapalasingam      3. Date 01-December-2020

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

5. Manuscript Title  
REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients

6. Manuscript Identifying Number (if you know it)  
20-35002

### 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
BARDA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HHSO100201700020C

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Regeneron Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee; stock/stock options

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#### 4. Intellectual Property.

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#### 5. Relationships not covered above.

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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

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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) Yuhwen      2. Surname (Last Name) Soo      3. Date 30-November-2020

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

5. Manuscript Title  
REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients

6. Manuscript Identifying Number (if you know it)  
20-35002

### 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
BARDA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HHSO100201700020C

### 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
Regeneron Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee; stock/stock options





## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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?

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- No other relationships/conditions/circumstances that present a potential conflict of interest

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Dr. Soo reports grants from BARDA, during the conduct of the study; personal fees and other from Regeneron Pharmaceuticals, Inc., outside the submitted work; .

### 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)  
Neil

2. Surname (Last Name)  
Stahl

3. Date  
04-December-2020

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

5. Manuscript Title  
REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients

6. Manuscript Identifying Number (if you know it)  
20-35002

### 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
BARDA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HHSO100201700020C

### 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
Regeneron Pharmaceuticals, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	employee/shareholder

## 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

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
US10787501: Anti-SARS-CoV-2-Spike Glycoprotein Antibodies and Antigen-Binding Fragments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Assigned to Regeneron Pharmaceuticals, Inc.

### 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. Stahl reports grants from BARDA, during the conduct of the study; personal fees and other from Regeneron Pharmaceuticals, Inc, outside the submitted work; In addition, Dr. Stahl has a patent US10787501: Anti-SARS-CoV-2-Spike Glycoprotein Antibodies and Antigen-Binding Fragments issued.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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)  
Turner

3. Date  
01-December-2020

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

5. Manuscript Title  
REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients

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20-35002

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Regeneron Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Employee and stockholder



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
David

2. Surname (Last Name)  
Weinreich

3. Date  
04-December-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients

6. Manuscript Identifying Number (if you know it)  
20-35002

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Are there any relevant conflicts of interest?  Yes  No

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Regeneron Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sr Vice President, Global Clinical Development; holds Regeneron stock/stock options

## 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)  
George

2. Surname (Last Name)  
Yancopoulos

3. Date  
05-December-2020

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

5. Manuscript Title  
REGN-COV2, a Neutralizing Antibody Cocktail, in Covid-19 Outpatients

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Regeneron Pharmaceuticals, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Founding Scientist, President & Chief Scientific Officer of Regeneron; stock/stock options.

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### 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
US10787501: Anti-SARS-CoV-2-Spike Glycoprotein Antibodies and Antigen-Binding Fragments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Assigned to Regeneron Pharmaceuticals, Inc.
US 60/030,260 Anti-SARS-CoV-2-Spike Glycoprotein Antibodies and Antigen-Binding Fragments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Provisional Patent Application; Assigned to Regeneron Pharmaceuticals, Inc.

### 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. Yancopoulos reports grants from BARDA, during the conduct of the study; personal fees and other from Regeneron Pharmaceuticals, Inc., outside the submitted work; In addition, Dr. Yancopoulos has a patent US10787501: Anti-SARS-CoV-2-Spike Glycoprotein Antibodies and Antigen-Binding Fragments issued, and a patent US 60/030,260 Anti-SARS-CoV-2-Spike Glycoprotein Antibodies and Antigen-Binding Fragments pending.

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### Evaluation and Feedback

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