

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) Frances	2. Surname (Last Name) Ayres	3. Date 25-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Penny Moore
5. Manuscript Title SARS-CoV-2 501Y.V2 (B.1.351) Elicits Cross-Reactive Neutralizing Antibodies		
6. Manuscript Identifying Number (if you know it) 21-04192		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Dr. Ayres 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) Jinal	2. Surname (Last Name) Bhiman	3. Date 25-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Penny Moore
5. Manuscript Title SARS-CoV-2 501Y.V2 (B.1.351) Elicits Cross-Reactive Neutralizing Antibodies		
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Dr. Bhiman 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)

Michael

2. Surname (Last Name)

Boswell

3. Date

24-March-2021

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Penny Moore

5. Manuscript Title

SARS-CoV-2 501Y.V2 (B.1.351) Elicits Cross-Reactive Neutralizing Antibodies

6. Manuscript Identifying Number (if you know it)

21-04192

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Dr. Boswell 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) Wendy 2. Surname (Last Name) Burgers 3. Date 24-March-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name
Penny Moore

5. Manuscript Title
SARS-CoV-2 501Y.V2 (B.1.351) Elicits Cross-Reactive Neutralizing Antibodies

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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
EDCTP2 programme -TMA2016SF-1535-CaTCH-22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	European Union (EU)'s Horizon 2020 programme

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Dr. Burgers reports grants from EDCTP2 programme -TMA2016SF-1535-CaTCH-22, during the conduct of the study.

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Rekai Lionel

2. Surname (Last Name)
Chinhoyi

3. Date
21-March-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
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Dr. Chinhoyi 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) Tulio	2. Surname (Last Name) de Oliveira	3. Date 24-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Penny Moore
5. Manuscript Title SARS-CoV-2 501Y.V2 (B.1.351) Elicits Cross-Reactive Neutralizing Antibodies		
6. Manuscript Identifying Number (if you know it) 21-04192		

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

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

Dr. de Oliveira 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)
Deelan

2. Surname (Last Name)
Doolabh

3. Date
24-March-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Penny Moore

5. Manuscript Title
SARS-CoV-2 501Y.V2 (B.1.351) Elicits Cross-Reactive Neutralizing Antibodies

6. Manuscript Identifying Number (if you know it)
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Dr. Doolabh 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) Arash	2. Surname (Last Name) Iranzadeh	3. Date 25-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Penny Moore
5. Manuscript Title SARS-CoV-2 501Y.V2 (B.1.351) Elicits Cross-Reactive Neutralizing Antibodies		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Prudence

2. Surname (Last Name)

Kgagudi

3. Date

25-March-2021

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Penny Moore

5. Manuscript Title

SARS-CoV-2 501Y.V2 (B.1.351) Elicits Cross-Reactive Neutralizing Antibodies

6. Manuscript Identifying Number (if you know it)

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Dr. Kgagudi has nothing to disclose.

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Bronwen	2. Surname (Last Name) Lambson	3. Date 25-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Penny Moore
5. Manuscript Title SARS-CoV-2 501Y.V2 (B.1.351) Elicits Cross-Reactive Neutralizing Antibodies		
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Are there any relevant conflicts of interest? Yes No

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Dr. Lambson 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)
Mashudu

2. Surname (Last Name)
Madzivhandila

3. Date
25-March-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Penny Moore

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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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)
Zanele

2. Surname (Last Name)
Makhado

3. Date
25-March-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Penny Moore

5. Manuscript Title
SARS-CoV-2 501Y.V2 (B.1.351) Elicits Cross-Reactive Neutralizing Antibodies

6. Manuscript Identifying Number (if you know it)
21-04192

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 6. Disclosure Statement

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Dr. Makhado 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) Gert	2. Surname (Last Name) Marais	3. Date 24-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Penny Moore
5. Manuscript Title SARS-CoV-2 501Y.V2 (B.1.351) Elicits Cross-Reactive Neutralizing Antibodies		
6. Manuscript Identifying Number (if you know it) 21-04192		

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Marais 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)

Mathilda

2. Surname (Last Name)

Mennen

3. Date

25-March-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Penny Moore

5. Manuscript Title

SARS-CoV-2 501Y.V2 (B.1.351) Elicits Cross-Reactive Neutralizing Antibodies

6. Manuscript Identifying Number (if you know it)

21-04192

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Dr. Mennen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Donald

2. Surname (Last Name)
Mhlanga

3. Date
25-March-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Penny Moore

5. Manuscript Title
SARS-CoV-2 501Y.V2 (B.1.351) Elicits Cross-Reactive Neutralizing Antibodies

6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name)
Penny

2. Surname (Last Name)
Moore

3. Date
25-March-2021

4. Are you the corresponding author? Yes No

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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
Department of Science and Innovation and the National Research Foundation-98341	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	South African Research Chairs Initiative

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Dr. Moore reports grants from Department of Science and Innovation and the National Research Foundation-98341, during the conduct of the study.

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Issued: The patent has been issued by the agency

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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lynn	2. Surname (Last Name) Morris	3. Date 25-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Penny Moore
5. Manuscript Title SARS-CoV-2 501Y.V2 (B.1.351) Elicits Cross-Reactive Neutralizing Antibodies		
6. Manuscript Identifying Number (if you know it) 21-04192		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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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. Morris 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)
Thandeka

2. Surname (Last Name)
Moyo-Gwete

3. Date
25-March-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Penny Moore

5. Manuscript Title
SARS-CoV-2 501Y.V2 (B.1.351) Elicits Cross-Reactive Neutralizing Antibodies

6. Manuscript Identifying Number (if you know it)
21-04192

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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

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



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Dr. Moyo-Gwete 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) Ntobeko	2. Surname (Last Name) Ntusi	3. Date 24-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Penny Moore
5. Manuscript Title SARS-CoV-2 501Y.V2 (B.1.351) Elicits Cross-Reactive Neutralizing Antibodies		
6. Manuscript Identifying Number (if you know it) 21-04192		

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

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Dr. Ntusi 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) Brent	2. Surname (Last Name) Oosthuysen	3. Date 25-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Penny Moore
5. Manuscript Title SARS-CoV-2 501Y.V2 (B.1.351) Elicits Cross-Reactive Neutralizing Antibodies		
6. Manuscript Identifying Number (if you know it) 21-04192		

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

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Dr. Oosthuysen 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) Theresa

2. Surname (Last Name) Rossouw

3. Date 25-March-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name Penny Moore

5. Manuscript Title SARS-CoV-2 501Y.V2 (B.1.351) Elicits Cross-Reactive Neutralizing Antibodies

6. Manuscript Identifying Number (if you know it) 21-04192

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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
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	speaker fee

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. Rossouw reports other from Merck, 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)
Sango

2. Surname (Last Name)
Skelem

3. Date
25-March-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Penny Moore

5. Manuscript Title
SARS-CoV-2 501Y.V2 (B.1.351) Elicits Cross-Reactive Neutralizing Antibodies

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

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Dr. Skelem 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) Houriyah	2. Surname (Last Name) Tegally	3. Date 25-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Penny Moore
5. Manuscript Title SARS-CoV-2 501Y.V2 (B.1.351) Elicits Cross-Reactive Neutralizing Antibodies		
6. Manuscript Identifying Number (if you know it) 21-04192		

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

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Dr. Tegally 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) Lynn	2. Surname (Last Name) Tyers	3. Date 24-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Penny Moore
5. Manuscript Title SARS-CoV-2 501Y.V2 (B.1.351) Elicits Cross-Reactive Neutralizing Antibodies		
6. Manuscript Identifying Number (if you know it) 21-04192		

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

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Dr. Tyers has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Veronica

2. Surname (Last Name)
Ueckermann

3. Date
25-March-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Penny Moore

5. Manuscript Title
SARS-CoV-2 501Y.V2 (B.1.351) Elicits Cross-Reactive Neutralizing Antibodies

6. Manuscript Identifying Number (if you know it)
21-04192

Section 2. The Work Under Consideration for Publication

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Dr. Ueckermann 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)
Constantinos Kurt

2. Surname (Last Name)
Wibmer

3. Date
25-March-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Penny Moore

5. Manuscript Title
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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
Fogarty International Center of the National Institutes of Health under Award R21TW011454	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FLAIR Fellowship program under award FLR\R1\201782	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Wibmer reports grants from Fogarty International Center of the National Institutes of Health under Award R21TW011454, grants from FLAIR Fellowship program under award FLR\R1\201782, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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Carolyn

2. Surname (Last Name)
Williamson

3. Date
25-March-2021

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Yes No

Corresponding Author's Name
Penny Moore

5. Manuscript Title
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Dr. Williamson has nothing to disclose.

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