

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

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

Relationships not covered above.

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

Bieniasz 1



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Paul	2. Surname (Last Name) Bieniasz		3. Date 21-April-2021
4. Are you the corresponding author?	Yes ✓ No	Corresponding Autho	or's Name
5. Manuscript Title Vaccine-Breakthrough infections with Sa	ARS-CoV-2 Variants		
6. Manuscript Identifying Number (if you known 21-5000	ow it)		
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time receivany aspect of the submitted work (including statistical analysis, etc.)?			
Are there any relevant conflicts of intere			
If yes, please fill out the appropriate info Excess rows can be removed by pressing		e more than one enti	ty press the "ADD" button to add a row.
Excess rows can be removed by pressing	the A Button.		
Name of Institution/Company	Grant	n-Financial upport?	Comments
Name of Institution/Company	Grant	Other•	Comments R01AI50111
	Fees? S	Other•	
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NIH Howard Hughes Medical Institute	Fees? S	upport?	
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Bieniasz 2



Section 5. Polationships not sovered above
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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. Bieniasz reports grants from NIH, grants from Howard Hughes Medical Institute, during the conduct of the study; .

Evaluation and Feedback

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Bieniasz 3



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Conlon 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Erin	rst Name)	2. Surname (Last Name) Conlon	3. Date 31-March-2021
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Robert Darnell
5. Manuscript Title Vaccine-Breakth	e rough Infections with S	SARS-CoV-2 Variants	
6. Manuscript Idea	ntifying Number (if you kr	now it)	
			_
Section 2.	The Work Under C	onsideration for Public	cation
any aspect of the s statistical analysis,	submitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	n) with entities as descr	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Conlon 2



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Dr. Conlon has nothing to disclose.

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Conlon 3



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Identifying Information	ation			
1. Given Name (First Name) Robert	2. Surname (Last Name Darnell	2)		3. Date 21-April-2021
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Vaccine-breakthrough infections with SA	ARS-CoV-2 variants			
6. Manuscript Identifying Number (if you kno 21-05000	ow it)			
Section 2. The Work Under Co	nsideration for Pul	blication		
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)?	but not limited to grants	, data monitoring		
Are there any relevant conflicts of interes				to an and the UADDU button to add a new
If yes, please fill out the appropriate info Excess rows can be removed by pressing		nave more tnan	one enti	ty press the ADD button to add a row.
Name of Institution/Company	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	✓			R35NS097404
Howard Hughes Medical Institute				
Section 3. Relevant financial a	ctivities outside th	e submitted v	work	
Relevant illiancial a	ictivities outside til	ie subillitteu t	VOIK.	
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should rep	oed in the instructions ort relationships that v	. Use one line fo were present d u	r each er	itity; add as many lines as you need by
Are there any relevant conflicts of interes		0		
If yes, please fill out the appropriate info	rmation below.			
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments
MITRE Corporation				Dr. Darnell is a Senior Visiting Fellow at MITRE, and receives consulting fees



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments
Atreca, Inc.		✓		✓	Dr. Darnell is a Technical Advisor to Atreca
Section 4. Intellectual Propert	y Pate	ents & Cop	oyrights		
Do you have any patents, whether plann If yes, please fill out the appropriate infor Excess rows can be removed by pressing	ed, pend mation b	ing or issue	ed, broadly releva		
Patent? Pending	g <mark>?</mark> Issue	d? Licens	ed?Royalties?	License	ee? Comments
Method and system for saliva testing or virus including COVID-19					PCT/US 63/135,159
,					
Section 5. Relationships not c	overed	ahove —			
Are there other relationships or activities potentially influencing, what you wrote i	that read	ders could p		influence	d, or that give the appearance of
Yes, the following relationships/cond	itions/cir	cumstance	s are present (ex	plain belo	ow):
No other relationships/conditions/cir	cumstan	ces that pre	esent a potential	conflict o	finterest
Dr. Darnell has opened a charitable LLC f LLC, has not opened as we are looking to				or NYC sch	hool children. The entity, D4S Testing,
At the time of manuscript acceptance, jo On occasion, journals may ask authors to					•



Section 6.

Disclosure Statement

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Dr. Darnell reports grants from NIH, grants from Howard Hughes Medical Institute, during the conduct of the study; personal fees from MITRE Corporation, personal fees and other from Atreca, Inc., outside the submitted work; In addition, Dr. Darnell has a patent Method and system for saliva testing for virus including COVID-19 pending and Dr. Darnell has opened a charitable LLC for providing free COVID-19 testing for NYC school children. The entity, D4S Testing, LLC, has not opened as we are looking to secure philanthropic support..

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patent

Hacisuleyman 1



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4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Nam Robert B Darnell	e
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Name of Institut	ion/Company	Grant? Personal Fees?	Ion-Financial Other? Com	ments
Kavli Foundation		✓		
	l			
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Hacisuleyman 2



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Hatziioannou 1



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4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Robert Darnell
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Name of Institution/Company	Grant'	original of ther? Comments
NIH	✓	R01AI78788
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Hatziioannou 2



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Dr. Hatziioannou reports grants from NIH, during the conduct of the study; .

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Hatziioannou 3



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

Hale 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Caryn	. , ,	2. Surname (Last Name) Hale	3. Date 15-April-2021
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Robert Darnell
5. Manuscript Title Vaccine-Breakth	e rough infections with S	SARS-CoV-2 Variants	
6. Manuscript Ide	ntifying Number (if you kr	now it)	
Section 2.	The Work Under C	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	n) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyrig	ahts
Do you have any			oadly relevant to the work? Yes Vo

Hale 2



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Relationships not covered above
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Hale has nothing to disclose.

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Lifton 1



	1					
Section 1.	Identifying Information					
1. Given Name (Fi	rst Name)	2. Surnar Lifton	ne (Last Nan	ne)		3. Date 20-April-2021
4. Are you the corresponding author?		Yes	√ No	Correspond Robert Da	_	or's Name
5. Manuscript Title Vaccine-Breakthrough infections with SARS-CoV-2 Variants						
6. Manuscript Ider NEJM-21-5000	ntifying Number (if you k	now it)				
	ı					
Section 2.	The Work Under C	onsiderat	tion for Pu	ublication		
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 Vo						
Section 3.	Relevant financial	activities	outside t	the submitted	work.	
of compensation clicking the "Add Are there any rel) with entities as descr	ibed in the port relation est?	instruction onships that Yes [] [ns. Use one line fo	or each er	cial relationships (regardless of amount ntity; add as many lines as you need by e 36 months prior to publication.
Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Roche			✓		√	Non-executive director and scientific advisor
Regeneron			✓			Genetics advisor
Genentech			✓			Scientific Advisory Board
lanssen Global Servic	ces		✓			Chair of Selection Committee, Paul Janssen Award in Biomedical

Lifton 2



Section 4. Intellectual Property Patents & Copyrights				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				
Section 5. Relationships not covered above				
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Section 6. Disclosure Statement				
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Dr. Lifton reports other from Roche, other from Regeneron, outside the submitted work; .				

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

Bergh 1



Section 1.	Identifying Inform	nation		
Given Name (First Name) Surname (Last Name) Bergh		,	3. Date 12-April-2021	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Robert Darnell	
5. Manuscript Title Vaccine-Breakth	e rough infections with S	SARS-CoV-2 Variants		
6. Manuscript Ider 21-5000	ntifying Number (if you kr	now it)		
Section 2.	The Work Under Co	onsideration for Public	cation	
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Section 3.	Relevant financial	activities outside the s	ubmitted work.	
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No	

Bergh 2



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

Blachere 1



Section 1. Identifying Information	mation			
Given Name (First Name) Nathalie	2. Surname (Last Name) Blachere	3. Date 21-April-2021		
4. Are you the corresponding author?	Yes Vo	Corresponding Author's Name Robert B. Darnell		
5. Manuscript Title Vaccine-Breakthrough infections with	SARS-CoV-2 Variants			
6. Manuscript Identifying Number (if you l 21-5000	know it)			
Section 2. The Work Under 0	Consideration for Public	cation		
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes Vo				
Section 3. Relevant financia	l activities outside the s	submitted work.		
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Blachere 2



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Gaebler 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Christian	rst Name)	2. Surname (Last Name) Gaebler	3. Date 19-April-2021	
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Robert Darnell	
5. Manuscript Title Vaccine-Breakth	e rough infections with S	SARS-CoV-2 Variants		
6. Manuscript Idei 21-5000	ntifying Number (if you kr	now it)		
			-	
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Gaebler 2



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

Muecksch 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Frauke	rst Name)	2. Surname (Last Name) Muecksch	3. Date 08-April-2021	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Robert B. Darnell	
5. Manuscript Title Vaccine-Breakth	e rough infections with S	SARS-CoV-2 Variants		
6. Manuscript Idea	ntifying Number (if you kr	now it)		
Section 2.	The Work Under C	onsideration for Public	cation	
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No				
Section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation clicking the "Add	n) with entities as descr	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.	
Section 4.	Intellectual Prope	rty Patents & Copyric	ghts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Muecksch 2



Section 5.			
Section 5.	Relationships not covered above		
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?		
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):		
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest		
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		
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Dr. Muecksch ha	is nothing to disclose.		

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DaSilva 1



Section 1.	Identifying Inform	nation	
1. Given Name (First Name) 2. Surname (Last Name) Justin DaSilva		,	3. Date 11-April-2021
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Robert B. Darnell
5. Manuscript Title Vaccine-Breakthr	ough infections with S	ARS-CoV-2 Variants	
6. Manuscript Iden 21-5000	ntifying Number (if you kr	now it)	
Section 2.	The Work Under Co	onsideration for Publi	cation
any aspect of the su statistical analysis,	ubmitted work (including	but not limited to grants, do	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work.
of compensation clicking the "Add) with entities as descri	bed in the instructions. Uport relations hips that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication .
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No

DaSilva 2



Section 5. Polationships not severed above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
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Royalties: Funds are coming in to you or your institution due to your patent



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Michel	2. Surname (Last Name) Nussenzweig		3. Date 21-April-2021
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author	or's Name
5. Manuscript Title Vaccine-Breakthrough infections with S	SARS-CoV-2 Variants		
6. Manuscript Identifying Number (if you kr 21-5000	now it)		
		_	
Section 2. The Work Under Co	onsideration for Public	ation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)?			ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
Are there any relevant conflicts of intere			
If yes, please fill out the appropriate info Excess rows can be removed by pressin		e more than one enti	ity press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Nor	n-Financial Other?	Comments
Howard Hughes Medical Institute	✓		
Section 3. Relevant financial	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should replace there any relevant conflicts of interest lf yes, please fill out the appropriate info	ibed in the instructions. Us port relationships that wer est?	e one line for each er	ntity; add as many lines as you need by
Name of Entity	Grant'	n-Financial Other?	Comments
Celldex			member of the SAB
Frontier Biotechnology			member of the SAB
Walking Fish Bio			member of SAB



Name of Entity		Gran	Personal Fees?	Non-Financial Support?	Other?	Comments	
Gilead			✓			royalties for HIV antibodies	
	ı						
Section 4.	Intellectual F	Property Pa	ntents & Co	pyrights			
Do you have any If yes, please fill o Excess rows can	out the appropri	iate informatio	n below. If yo	•		work? ✓ Yes No	
Paten	t?	Pending? Iss	ued? Licens	red? Royalties?	License	e? Comments	
Sars-2 antibodies		✓					
Section 5.							
Section 5.	Relationship	os not covere	d above				
Are there other r potentially influe	•				influenced	d, or that give the appeara	ance of
Yes, the follo	wing relationshi	ips/conditions/	circumstance	es are present (ex	plain belo	w):	
✓ No other rela	tionships/condi	tions/circumst	ances that pre	esent a potential	conflict of	interest	
At the time of ma On occasion, jou						sary, update their disclosu elationships.	ıre statements.
Section 6.	Disclosure St	tatement					
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	al fees from Fron	ntier Biotechno	ogy, persona	l fees from Walki	ing Fish Bio	nduct of the study; person o, personal fees from Gilea ing.	



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Saito 1



Section 1.	Identifying Inform	ation				
1. Given Name (Firs Yuhki	st Name)	2. Surname (Last Name) Saito	3. Date 31-March-2021			
4. Are you the corre	esponding author?	Yes ✓ No	Corresponding Author's Name Robert B Darnell			
5. Manuscript Title Vaccine-Breakthro	ough infections with S	ARS-CoV-2 Variants				
6. Manuscript Ident 21-5000	tifying Number (if you kn	ow it)				
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Do you have any լ	patents, whether plani	ned, pending or issued, br	oadly relevant to the work? Yes V No			

Saito 2



Section 5. Relationships not covered above				
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Schaefer-Babajew 1



Section 1.	Identifying Inform	nation			
Given Name (Find Dennis)	rst Name)	2. Surname (Last Name) Schaefer-Babajew	3. Date 31-March-2021		
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name Robert B. Darnell		
5. Manuscript Title Vaccine-Breakth	e rough infections with S	SARS-CoV-2 Variants			
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	1				
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Schaefer-Babajew 2



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