

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.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

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

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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)
Paul

2. Surname (Last Name)
Bieniasz

3. Date
21-April-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Robert Darnell

5. Manuscript Title
Vaccine-Breakthrough infections with SARS-CoV-2 Variants

6. Manuscript Identifying Number (if you know it)
21-5000

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
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R01AI50111
Howard Hughes Medical Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Erin	2. Surname (Last Name) Conlon	3. Date 31-March-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Robert Darnell
5. Manuscript Title Vaccine-Breakthrough Infections with SARS-CoV-2 Variants		
6. Manuscript Identifying Number (if you know it) 21-05000		

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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Dr. Conlon has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Robert

2. Surname (Last Name)
Darnell

3. Date
21-April-2021

4. Are you the corresponding author? Yes No

5. Manuscript Title
Vaccine-breakthrough infections with SARS-CoV-2 variants

6. Manuscript Identifying Number (if you know it)
21-05000

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R35NS097404
Howard Hughes Medical Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? Yes No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
MITRE Corporation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Darnell is a Senior Visiting Fellow at MITRE, and receives consulting fees

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Atreca, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dr. Darnell is a Technical Advisor to Atreca

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
Method and system for saliva testing for virus including COVID-19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		PCT/US 63/135,159

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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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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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1. Given Name (First Name)
Ezgi

2. Surname (Last Name)
Hacisuleyman

3. Date
21-April-2021

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Corresponding Author's Name
Robert B Darnell

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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
Kavli Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Hatzioannou

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Corresponding Author's Name
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Dr. Hatzioannou reports grants from NIH, during the conduct of the study; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Caryn	2. Surname (Last Name) Hale	3. Date 15-April-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Robert Darnell
5. Manuscript Title Vaccine-Breakthrough infections with SARS-CoV-2 Variants		
6. Manuscript Identifying Number (if you know it) 21-5000		

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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Dr. Hale has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Richard

2. Surname (Last Name)
Lifton

3. Date
20-April-2021

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Robert Darnell

5. Manuscript Title
Vaccine-Breakthrough infections with SARS-CoV-2 Variants

6. Manuscript Identifying Number (if you know it)
NEJM-21-5000

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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non-executive director and scientific advisor
Regeneron	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genetics advisor
Genentech	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scientific Advisory Board
Janssen Global Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chair of Selection Committee, Paul Janssen Award in Biomedical Sciences



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. Lifton reports other from Roche, other from Regeneron, 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)
Marissa

2. 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-Breakthrough infections with SARS-CoV-2 Variants

6. Manuscript Identifying Number (if you know it)
21-5000

Section 2. The Work Under Consideration for Publication

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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. Bergh 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)

Nathalie

2. Surname (Last Name)

Blachere

3. Date

21-April-2021

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Robert B. Darnell

5. Manuscript Title

Vaccine-Breakthrough infections with SARS-CoV-2 Variants

6. Manuscript Identifying Number (if you know it)

21-5000

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Are there any relevant conflicts of interest?

 Yes No

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Dr. Blachere 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)
Christian

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-Breakthrough infections with SARS-CoV-2 Variants

6. Manuscript Identifying Number (if you know it)
21-5000

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Frauke

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-Breakthrough infections with SARS-CoV-2 Variants

6. Manuscript Identifying Number (if you know it)
21-5000

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

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Muecksch 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)
Justin

2. Surname (Last Name)
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-Breakthrough infections with SARS-CoV-2 Variants

6. Manuscript Identifying Number (if you know it)
21-5000

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

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. DaSilva has nothing to disclose.

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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) Michel 2. Surname (Last Name) Nussenzweig 3. Date 21-April-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name
Robert Darnell

5. Manuscript Title
Vaccine-Breakthrough infections with SARS-CoV-2 Variants

6. Manuscript Identifying Number (if you know it)
21-5000

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
Howard Hughes Medical Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Celldex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	member of the SAB
Frontier Biotechnology	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	member of the SAB
Walking Fish Bio	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	member of SAB

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Gilead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	royalties for HIV antibodies

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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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Sars-2 antibodies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Dr. Nussenzweig reports grants from Howard Hughes Medical Institute, during the conduct of the study; personal fees from Celldex, personal fees from Frontier Biotechnology, personal fees from Walking Fish Bio, personal fees from Gilead, outside the submitted work; In addition, Dr. Nussenzweig has a patent Sars-2 antibodies pending.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Yuhki

2. Surname (Last Name)

Saito

3. Date

31-March-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Robert B Darnell

5. Manuscript Title

Vaccine-Breakthrough infections with SARS-CoV-2 Variants

6. Manuscript Identifying Number (if you know it)

21-5000

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Dr. Saito 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)

Dennis

2. Surname (Last Name)

Schaefer-Babajew

3. Date

31-March-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Robert B. Darnell

5. Manuscript Title

Vaccine-Breakthrough infections with SARS-CoV-2 Variants

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Section 4. Intellectual Property -- Patents & Copyrights

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