

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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

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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.

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Ran	2. Surname (Last Name) Balicer	3. Date 12-May-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Philip R. Krause
5. Manuscript Title SARS-CoV-2 Variants and Vaccines: What Needs To be Done?		
6. Manuscript Identifying Number (if you know it) 21-05280		

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Institutional grants to Clalit Research Institute from Pfizer outside the submitted work and unrelated to COVID-19, with no direct or indirect personal benefits.

### 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. Balicer reports grants from Pfizer , outside the submitted work; .

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name) Valerie	2. Surname (Last Name) Beral	3. Date 12-May-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Philip R. Krause
5. Manuscript Title COVID Variants and Vaccines: What Needs To Be Done?		
6. Manuscript Identifying Number (if you know it) 21-05280		

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Dr. Beral 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) Sylvie	2. Surname (Last Name) Briand	3. Date 26-April-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Philip R. Krause
5. Manuscript Title SARS-COV-2 Variants and Vaccines: What Needs To Be Done?		
6. Manuscript Identifying Number (if you know it) 21-05280		

### Section 2. The Work Under Consideration for Publication

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Dr. Briand 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) Jakob	2. Surname (Last Name) Cramer	3. Date 12-May-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Philip R. Krause
5. Manuscript Title COVID Variants and Vaccines: What Needs To Be Done?		
6. Manuscript Identifying Number (if you know it) 21-05280		

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Dr. Cramer has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Thomas

2. Surname (Last Name)

Fleming

3. Date

21-April-2001

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Philip R. Krause

5. Manuscript Title

SARS-CoV-2 Vaccines and Variants: What Needs To Be Done?

6. Manuscript Identifying Number (if you know it)

21-05280

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Dr. Fleming has nothing to disclose.

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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.

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**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) Rogério	2. Surname (Last Name) Gaspar	3. Date 18-May-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Philip R. Krause
5. Manuscript Title SARS-COV-2 Variants and Vaccines : What needs to be done?		
6. Manuscript Identifying Number (if you know it) 21-05280		

### Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

### 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 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. Gaspar 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) Marion	2. Surname (Last Name) Gruber	3. Date 12-May-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Philip R. Krause
5. Manuscript Title SARS-CoV-2 Variants and Vaccines: What Needs To Be Done?		
6. Manuscript Identifying Number (if you know it) 21-05280		

### 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 5. Relationships not covered above

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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. Gruber 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)  
Ana Maria

2. Surname (Last Name)  
Henao Restrepo

3. Date  
13-May-2021

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Philip R. Krause

5. Manuscript Title  
COVID Variants and Vaccines: What Needs To Be Done?

6. Manuscript Identifying Number (if you know it)  
21-05280

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Henao Restrepo has nothing to disclose.

### Evaluation and Feedback

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Heymann	3. Date 05-October-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Philip R. Krause
5. Manuscript Title COVID Variants and Vaccines: What Needs To Be Done?		
6. Manuscript Identifying Number (if you know it) 21 -05280		

### 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

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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. Heymann has nothing to disclose.

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

### Section 1. Identifying Information

1. Given Name (First Name)  
Philip

2. Surname (Last Name)  
Krause

3. Date  
21-April-2001

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
SARS-CoV-2 Vaccines and Variants: What Needs To Be Done

6. Manuscript Identifying Number (if you know it)  
21-05280

### 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 5. Relationships not covered above

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Dr. Krause 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) Ira	2. Surname (Last Name) Longini	3. Date 22-April-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Philip R. Krause
5. Manuscript Title SARS-CoV-2 Variants and Vaccines: What Needs To Be Done?		
6. Manuscript Identifying Number (if you know it) 21-05280		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

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

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 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

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Dr. Longini 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)  
César

2. Surname (Last Name)  
Muñoz-Fontela

3. Date  
23-April-2021

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Philip R. Krause

5. Manuscript Title  
SARS-CoV-2 Variants and Vaccines: What Needs To Be Done?

6. Manuscript Identifying Number (if you know it)  
21-05280

### 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. Muñoz-Fontela 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)  
Peto

3. Date  
18-May-2021

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Philip R. Krause

5. Manuscript Title  
SARS-CoV-2 Variants and Vaccines: What Needs to be Done?

6. Manuscript Identifying Number (if you know it)  
21-05280

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Dr. Peto 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) Helen	2. Surname (Last Name) Rees	3. Date 18-May-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Philip R. Krause
5. Manuscript Title COVID Variants and Vaccines: What Needs To Be Done?		
6. Manuscript Identifying Number (if you know it) 21-05280		

### 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. Rees 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)  
Alba Maria

2. Surname (Last Name)  
Ropero

3. Date  
14-May-2021

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Philip R. Krause

5. Manuscript Title  
COVID Variants and Vaccines: What Needs To Be Done?

6. Manuscript Identifying Number (if you know it)  
21-05280

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Dr. Ropero 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)  
Ryan

3. Date  
14-May-2021

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Philip R. Krause

5. Manuscript Title  
SARS-COV-2 Variants and Vaccines: What Needs To Be Done?

6. Manuscript Identifying Number (if you know it)  
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Dr. Ryan 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) Jerome	2. Surname (Last Name) Singh	3. Date 23-April-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Philip R. Krause
5. Manuscript Title SARS-CoV-2 Variants and Vaccines: What Needs To Be Done?		
6. Manuscript Identifying Number (if you know it) 21-05280		

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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- Yes, the following relationships/conditions/circumstances are present (explain below):  
 No other relationships/conditions/circumstances that present a potential conflict of interest

I drafted WHO Guidance on placebo use and unblinding in COVID-19 vaccine trials, on behalf of a WHO Expert Group:

[https://apps.who.int/iris/bitstream/handle/10665/337940/WHO-2019-nCoV-Policy\\_Brief-EUD\\_placebo-controlled\\_vaccine\\_trials-2020.1-eng.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/337940/WHO-2019-nCoV-Policy_Brief-EUD_placebo-controlled_vaccine_trials-2020.1-eng.pdf?sequence=1&isAllowed=y) (18 December 2020).

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### Section 6. Disclosure Statement

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Dr. Singh reports that he drafted WHO Guidance on placebo use and unblinding in COVID-19 vaccine trials, on behalf of a WHO Expert Group: [https://apps.who.int/iris/bitstream/handle/10665/337940/WHO-2019-nCoV-Policy\\_Brief-EUD\\_placebo-controlled\\_vaccine\\_trials-2020.1-eng.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/337940/WHO-2019-nCoV-Policy_Brief-EUD_placebo-controlled_vaccine_trials-2020.1-eng.pdf?sequence=1&isAllowed=y) (18 December 2020).

### 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) Matthew	2. Surname (Last Name) Snape	3. Date 12-May-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Philip R. Krause
5. Manuscript Title SARS-CoV-2 Variants and Vaccines: What Needs To Be Done?		
6. Manuscript Identifying Number (if you know it) 21-05280		

### Section 2. The Work Under Consideration for Publication

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

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AstraZeneca	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial support for COVID-19 vaccine studies, paid to University of Oxford
Pfizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial support for non-COVID-19 clinical research, paid to University of Oxford
GlaxoSmithKline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial support for non-COVID-19 clinical research, paid to University of Oxford
MCM Vaccines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial support for non-COVID-19 clinical research, paid to University of Oxford

## ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
N ovavax	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial support for non-COVID-19 clinical research, paid to University of Oxford
Janssen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Financial support and vaccine supply for non-COVID-19 clinical research, paid to University of Oxford
Medimmune	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial support for non-COVID-19 clinical research, paid to University of Oxford

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

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

### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Snape reports grants from AstraZeneca, grants from Pfizer, grants from GlaxoSmithKline, grants from MCM Vaccines, grants from N ovavax, grants and other from Janssen, grants from Medimmune, outside the submitted work; .

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Kanta	2. Surname (Last Name) Subbarao	3. Date 23-April-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Philip R. Krause
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Dr. Subbarao 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)

Soumya

2. Surname (Last Name)

Swaminathan

3. Date

11-May-2021

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Philip R. Krause

5. Manuscript Title

SARS-CoV-2 Vaccines and Variants: What Needs To Be Done

6. Manuscript Identifying Number (if you know it)

21-05280

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