

Discloser Identifier: 1047164

Disclosure Purpose: 22-16309

Summary of Interests

I do not have any interests to disclose at this time.

Additional Questions

1. **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?**

No.

2. **What is the manuscript title?**

Immunological Effect from Bivalent mRNA Booster in Hemodialysis Patients

3. **Are you the corresponding author?**

No.

Certification

I certify that the information provided in this disclosure is complete and accurate.

Marie Bischof

Discloser Identifier: 1111797

Disclosure Purpose: 22-16309

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Christiane Drechsler

Discloser Identifier: 1107629

Disclosure Purpose: 22-16309

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Luca Huth

Discloser Identifier: 1107759

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Oliver Keppler

Discloser Identifier: 889104

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Gaia Lupoli

Discloser Identifier: 1111796

Disclosure Purpose: 22-16309

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Discloser Identifier: 1047159

Disclosure Purpose: 22-16309

Summary of Interests

Company or Organization

Entity	Type	Interest Held By
BioNTech	Consultant	Self
<i>Category:</i> Consultant <i>Description:</i> <i>Additional Information:</i>		
Galapagos	Grant / Contract	Self
<i>Recipient Name:</i> <i>Grant / Contract Description:</i> <i>Additional Information:</i>		
<i>Recipient Type:</i> <i>Grant / Contract Purpose:</i>		
Glaxo-Smith-Kline	Grant / Contract	Self
<i>Recipient Name:</i> <i>Grant / Contract Description:</i> <i>Additional Information:</i>		
<i>Recipient Type:</i> <i>Grant / Contract Purpose:</i>		
Glaxo-Smith-Kline	Consultant	Self
<i>Category:</i> Consultant <i>Description:</i> <i>Additional Information:</i>		
Moderna	Consultant	Self
<i>Category:</i> Consultant <i>Description:</i> <i>Additional Information:</i>		
MSD	Grant / Contract	Self
<i>Recipient Name:</i> <i>Grant / Contract Description:</i> <i>Additional Information:</i>		
<i>Recipient Type:</i> <i>Grant / Contract Purpose:</i>		
Novartis	Consultant	Self
<i>Category:</i> Consultant <i>Description:</i> <i>Additional Information:</i>		
PFIZER PHARMA GMBH	Grant / Contract	Self
<i>Recipient Name:</i> <i>Grant / Contract Description:</i> <i>Additional Information:</i>		
<i>Recipient Type:</i> <i>Grant / Contract Purpose:</i>		

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2. **What is the manuscript title?**

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3. **Are you the corresponding author?**

Yes.

- a. **Please list the other authors' names here.**

Luca Huth, Luise Schäfer, Giovanni Almanzar, Gaia Lupoli, Marie Bischof, Paul R. Wratil, Torsten Stövesand, Christiane Drechsler, Oliver T. Keppler, Martina Prelog

Certification

I certify that the information provided in this disclosure is complete and accurate.

Luise Schäfer

Discloser Identifier: 1107760

Disclosure Purpose: 22-16309

Summary of Interests

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Torsten Stoevesand

Discloser Identifier: 1107761

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Paul Wratil

Discloser Identifier: 1111798

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