

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.

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.

Relationships not covered above.

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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

Ambery 1



Section 1. Identifying Inforn	nation		
1. Given Name (First Name) Philip	2. Surname (Last Name) Ambery		3. Date 16-November-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Mark Esser	Name
5. Manuscript Title Intramuscular AZD7442 (Tixagevimab/	Cilgavimab) for Preventior	of Covid-19	
6. Manuscript Identifying Number (if you ki 21-16620	now it)	_	
Section 2. The World Under C			
The Work Under C	onsideration for Publi	cation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, da		
Section 3. Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes of compensation) with entities as descrelicking the "Add +" box. You should re Are there any relevant conflicts of interifyes, please fill out the appropriate info	ibed in the instructions. Uport relationships that we lest?	se one line for each entity re present during the 30	y; add as many lines as you need by
Name of Entity	Grant? Personal No	n-Financial other?	Comments
AstraZeneca		✓ Em	nployee; stock
Section 4. Intellectual Prope	rty Patents & Copyri	ghts	
Do you have any patents, whether plan	ned, pending or issued, bi	oadly relevant to the wo	ork? Yes V

Ambery 2



Section 5. Relationships not sovered above
Relationships not covered above
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Dr. Ambery reports personal fees and other from AstraZeneca, outside the submitted work; .

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Ambery 3



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Arends 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Rosalinda	2. Surname (Last Name) Arends	3. Date 16-November-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Mark Esser
5. Manuscript Title Intramuscular AZD7442 (Tixagevimab/	Cilgavimab) for Preventior	of Covid-19
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	onsideration for Publi	ration
	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	submitted work.
of compensation) with entities as descr	ribed in the instructions. Using port relationships that we lest? Yes	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.
Name of Entity	Grant? Personal No	n-Financial other? Comments
AstraZeneca		Employee; stock options
Section 4. Intellectual Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plan	nned, pending or issued, bi	oadly relevant to the work? Yes ✓ No

Arends 2



Section 5.	
Section 5.	Relationships not covered above
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Dr. Arends report	s personal fees and other from AstraZeneca, outside the submitted work; .

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Avila 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Miles	2. Surname (Last Name) Avila	3. Date 16-November-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Mark Esser
5. Manuscript Title Intramuscular AZD7442 (Tixagevimab/	Cilgavimab) for Preventior	of Covid-19
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Section 2. The Work Under C	onsideration for Publi	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the	submitted work.
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Name of Entity	Grant? Personal No	n-Financial other? Comments
AstraZeneca	$\overline{}$	Employee
Section 4. Intellectual Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plan	nned, pending or issued, bu	roadly relevant to the work? Yes V No

Avila 2



Section 5. Polationships not severed above
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Avila 3



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Beavon 1



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Rohini	2. Surname (Last Name) Beavon	3. Date 16-November-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Mark Esser
5. Manuscript Title Intramuscular AZD7442 (Tixagevimab	o/Cilgavimab) for Prevention	of Covid-19
6. Manuscript Identifying Number (if you 21-16620	know it)	
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any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inte	ng but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
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AstraZeneca		Employee; stock options
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Do you have any patents, whether pla	nned, pending or issued, br	oadly relevant to the work? Yes V No

Beavon 2



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Dr. Beavon reports personal fees and other from AstraZeneca, outside the submitted work; .

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Beavon 3



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De Wit



Section 1. Identifying Information	ation		
Given Name (First Name) Stephane	2. Surname (Last Name) De Wit		3. Date 16-November-2021
4. Are you the corresponding author?	Yes ✓ No	Corresponding Auth	or's Name
5. Manuscript Title Intramuscular AZD7442 (Tixagevimab/C	ilgavimab) for Preventior	n of Covid-19	
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Name of Institution/Company	Grant	n-Financial Other	Comments
Astra Zeneca	✓		Financial support for trial completion at my site; paid to my institution
Section 3. Relevant financial a	activities outside the s	submitted work.	
Place a check in the appropriate boxes ir of compensation) with entities as described clicking the "Add +" box. You should report there any relevant conflicts of interests.	oed in the instructions. Use ort relationships that we st? Yes V No	se one line for each e re present during th	ntity; add as many lines as you need by
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Do you have any patents, whether plann	ed, pending or issued, br	oadly relevant to the	e work? ☐ Yes ✓ No

De Wit 2



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Dr. De Wit reports grants from AstraZeneca, during the conduct of the study; .

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De Wit



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

patent

1 Dey



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Kanika	2. Surname (Last Name) Dey		3. Date 16-November-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's	s Name
5. Manuscript Title Intramuscular AZD7442 (Tixagevimab/	Cilgavimab) for Preventior	of Covid-19	
6. Manuscript Identifying Number (if you k 21-16620	now it)	_	
Section 2. The Work Under C	onsideration for Public	cation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, da		
Section 3. Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of inter If yes, please fill out the appropriate inf	ribed in the instructions. Us port relationships that wer est?	se one line for each enti re present during the 3	ty; add as many lines as you need by
Name of Entity	Grant? Personal Not	n-Financial upport?	Comments
AstraZeneca			mployee; stocks (no payments nade so far)
Soction 4			
Section 4. Intellectual Prope	rty Patents & Copyri	ghts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the wo	ork? ☐ Yes ✓ No

Dey 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?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
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Section 6
Section 6. Disclosure Statement
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Dr. Dey reports personal fees and other from AstraZeneca, outside the submitted work; .

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Ellery 1



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Adam	2. Surname (Last Name) Ellery	3. Date 16-November-2021			
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Mark Esser			
5. Manuscript Title Intramuscular AZD7442 (Tixagevimab/	Cilgavimab) for Prevention	of Covid-19			
6. Manuscript Identifying Number (if you ki	now it)				
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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					
Section 3. Relevant financial	activities outside the s	submitted work.			
of compensation) 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 se present during the 36 months prior to publication.			
Section 4. Intellectual Prope	rty Patents & Copyric	ghts			
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No			

Ellery 2



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Dr. Ellery has nothing to disclose.

Evaluation and Feedback

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Ellery 3



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Esser 1



Section 1. Identifying Inform	nation						
1. Given Name (First Name) Mark	2. Surname (Last Name) Esser		3. Date 16-November-2021				
4. Are you the corresponding author?	✓ Yes No						
5. Manuscript Title Intramuscular AZD7442 (Tixagevimab/	'Cilgavimab) for Prevention	of Covid-19					
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Section 3. Relevant financial	activities outside the so	ubmitted work.					
Place a check in the appropriate boxes of compensation) with entities as describing the "Add +" box. You should re	ribed in the instructions. Use	e one line for each entity;	add as many lines as you need by				
Are there any relevant conflicts of inter							
If yes, please fill out the appropriate inf	ormation below.						
Name of Entity	Grant? Personal Non-Fees? Su	-Financial Other? Co	omments				
AstraZeneca		☐ E mp	ployment, stocks				
Section 4. Intellectual Prope	rty Patents & Copyrig	hts					
Do you have any patents, whether plar If yes, please fill out the appropriate inf Excess rows can be removed by pressir	ormation below. If you have	•					

Esser 2



Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
sstraZeneca	✓					Patent Appl. No.: PCT/ US2021/024215 Publication No.: WO 2021/195418 Filing date: 25-Mar-21 Expected expiration date: 25- Mar-41
Section 5. Relationshi	ps not cov	ered abo	ove			
Are there other relationships or potentially influencing, what yo				eive to have	influenced, or th	at give the appearance of
Yes, the following relationsh No other relationships/cond	•			•		st
At the time of manuscript accep On occasion, journals may ask a						odate their disclosure statements ships.
Section 6. Disclosure S	tatement					
Based on the above disclosures, below.		II automa	itically gene	erate a disclo	sure statement, v	which will appear in the box
Dr. Esser reports personal fees a AstraZeneca pending.	and other fro	m AstraZ	eneca, outs	ide the subr	nitted work; In a	ddition, Dr. Esser has a patent

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

Garbes 1



Section 1.	Identifying Inform	ation						
1. Given Name (Fi Pedro	rst Name)	2. Surname Garbes	(Last Name)		3. Date 16-November-2021		
4. Are you the corr	responding author?	Yes	Yes ✓ No Corresponding Author's Name Mark Esser					
5. Manuscript Title Intramuscular AZD7442 (Tixagevimab/Cilgavimab) for Prevention of Covid-19								
6. Manuscript Ider 21-16620	ntifying Number (if you kn	ow it)						
Section 2.								
Section 2.	The Work Under Co	onsideratio	n for Puk	olication				
, ,	ubmitted work (including				_	nt, commercial, private foundation, etc.) for udy design, manuscript preparation,		
Are there any rele	evant conflicts of intere	est? Yes	✓ No)				
Section 3.	Relevant financial	activities o	utside th	e submitted v	work.			
of compensation) with entities as descri	bed in the ins	structions.	. Use one line fo	r each en	ial relationships (regardless of amount tity; add as many lines as you need by 36 months prior to publication.		
•	evant conflicts of intere	٠)				
If yes, please fill o	out the appropriate info	ormation belo	W.					
Name of Entity		Grant? Pe	ersonal N	Non-Financial Support	Other?	Comments		
AstraZeneca			✓		√	Employee; stock		
Takeda Vaccines			✓			Sr. Medical Director; employee; stock in Takeda Pharmaceuticals		
Medicago			✓		\checkmark	Sr. Medical Director, consultant		
Section 4.	Intellectual Proper	tv Patent	s & Copy	riahts				
	•	<u> </u>						
Do you have any	patents, whether plan	ned, pending	or issued,	, broadly releva	nt to the v	work? Yes V No		

Garbes 2



Section 5.	Deletionaling not governed above
	Relationships not covered above
	ationships or activities that readers could perceive to have influenced, or that give the appearance of cing, what you wrote in the submitted work?
✓ Yes, the followi	ng relationships/conditions/circumstances are present (explain below):
No other relation	onships/conditions/circumstances that present a potential conflict of interest
Full Member of Ac	ademy of Medicine. Rio de Janeiro.,Brazil
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-	personal fees and other from AstraZeneca, personal fees and other from Takeda Vaccines, personal fees edicago, outside the submitted work; and Full Member of Academy of Medicine. Rio de Janeiro., Brazil.

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Garbes 3



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Kelly 1



Section 1. Identifying Inform	nation						
1. Given Name (First Name) Elizabeth	2. Surname (Last Name) Kelly	3. Date 16-November-2021					
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Mark Esser					
5. Manuscript Title Intramuscular AZD7442 (Tixagevimab/Cilgavimab) for Prevention of Covid-19							
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Are there any relevant conflicts of inter	est?						
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If yes, please fill out the appropriate inf	ormation below.						
Name of Entity	Grant? Personal No	n-Financial other? Comments					
AstraZeneca		Employee; stock					
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Do you have any patents, whether plan	nned, pending or issued, br	roadly relevant to the work? Yes V No					

Kelly 2



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Kelly 3



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Koh 1



Section 1. Identifying Inform	nation						
1. Given Name (First Name) Gavin	2. Surname (Last Name) Koh	3. Date 16-November-2021					
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Mark Esser					
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Name of Entity	Grant? Personal No	n-Financial Other? Comments					
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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
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
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Koh reports personal fees and other from AstraZeneca, outside the submitted work; .

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Koh 3



Instructions

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

Launay 1



Section 1.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.	Identifying Inform	ation					
1. Given Name (Fi Odile	rst Name)	2. Surname (Last Na Launay	ame)		3. Date 16-November-2021		
4. Are you the corresponding author? ✓ Yes No							
5. Manuscript Title Intramuscular Az	e ZD7442 (Tixagevimab/C	ilgavimab) for Prev	ention of Covid-19)			
6. Manuscript Idea	ntifying Number (if you kno	ow it)					
Section 2.	The Work Under Co	ensideration for	Publication				
_	•						
any aspect of the s statistical analysis,	submitted work (including etc.)?	but not limited to gra	ants, data monitoring		t, commercial, private foundation, etc ly design, manuscript preparation,) for	
•	evant conflicts of intere		No				
	but the appropriate info be removed by pressing		ou have more thar	one entity	press the "ADD" button to add a	row.	
	,, ,		l Non-Financial	2			
Name of Institut	ion/Company	Grant? Persona Fees?	Support?	Other •	Comments		
AstraZeneca		✓			ayments to my institution to onduct the PROVENT study		
					,		
Section 3.	Relevant financial a	activities outside	the submitted	work.			
of compensation clicking the "Add Are there any rel	n) with entities as describ	oed in the instruction ort relationships the st? Yes	ons. Use one line fo	or each enti	Il relationships (regardless of amo ity; add as many lines as you need 36 months prior to publication .		
ii yes, piease iiii d	out the appropriate into	imation below.					
Name of Entity		Grant? Persona	Non-Financial Support?	Other?	Comments		
GlaxoSmithKline		✓		R	esearch support; consulting fees		
Johnson & Johnson		✓		Re	esearch support; consulting fees		
Pfizer		✓		Re	esearch support; consulting fees		

2 Launay



itallie of Elitity		Grant	Fees?	Support?	Other	Comments
Sanofi Pasteur		✓	✓			Research support; consulting fees
Moderna			✓			Consulting fees
MSD			✓			Consulting fees
Section 4.						
Section 4.	Intellectual Propert	y Pate	nts & Cop	oyrights		
Do you have any	patents, whether plann	ed, pendi	ng or issue	ed, broadly releva	nt to the	work?
Section 5.	514 11 4					
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?						
✓ Yes, the following relationships/conditions/circumstances are present (explain below):						
No other relationships/conditions/circumstances that present a potential conflict of interest						
Participation on	DSMB for Sanofi Pasteur	and MSL)			

Personal Non-Financial

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Launay 3



Section 6. Disclosure Statement

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Dr. Launay reports grants from AstraZeneca, during the conduct of the study; grants and personal fees from GlaxoSmithKline, grants and personal fees from Johnson & Johnson, grants and personal fees from Pfizer, grants and personal fees from Sanofi Pasteur, personal fees from Moderna, personal fees from MSD, outside the submitted work; and Participation on DSMB for Sanofi Pasteur and MSD.

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Launay 4



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Section 1. Identifying Inform	nation			
1. Given Name (First Name) Myron	2. Surname (Last Nam Levin	e)	3. Date 16-Novembe	er-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Correspond Mark Esse	ling Author's Name	
5. Manuscript Title Intramuscular AZD7442 (Tixagevimab/0	Cilgavimab) for Preven	ntion of Covid-19		
6. Manuscript Identifying Number (if you kr 21-16620	now it)			
Section 2. The Work Under Co	onsideration for Pu	ıblication		
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grant		•	
Section 3. Relevant financial	activities outside t	he submitted :	work.	
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of interest If yes, please fill out the appropriate info	ibed in the instruction port relationships that est? Yes N	s. Use one line fo	r each entity; add as many li	nes as you need by
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other? Comments	
Merck & Co			Consulting fees	
GlazoSmithKline	✓		Grant; consulting fee committee	s; adjudication
Pfizer			Consulting fees	
Dynavax			Consulting fees	
Seqirus			Consulting fees	
Genentech			Consulting fees	
Johnson & Johnson	✓			



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Novovax	✓					
Moderna	✓					
Continue d						
Section 4. Intellectual Propert	y Pate	ents & Co	pyrights			
Do you have any patents, whether plann	ed, pend	ing or issue	ed, broadly releva	nt to the	work? ☐ Yes ✓ No	
Section 5. Relationships not c	overed	above				
Are there other relationships or activities potentially influencing, what you wrote i				nfluenced	d, or that give the appearance of	
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Based on the above disclosures, this form below.	n will aut	omatically	generate a disclos	sure state	ment, which will appear in the bo	х
Dr. Levin reports personal fees from Mer Pfizer, personal fees from Dynavax, perso Johnson, grants from Novovax, grants fr	onal fees	from Seqir	us, personal fees f	from Gen		m



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patent

Levinson 1



Section 1. Identify	ving Information					
identif	ying Information					
1. Given Name (First Name) Dennis	2. Surna Levinso	ame (Last Name) on			3. Date 16-November-2021	
4. Are you the corresponding	g author? Yes	✓ No	Correspond Mark Esse	ding Author's N r	Name	
5. Manuscript Title Intramuscular AZD7442 (T	ixagevimab/Cilgavima	ab) for Prevention	on of Covid-19)		
6. Manuscript Identifying Nu 21-16620	mber (if you know it)					
Section 2. The Wo	rk Under Consider	ation for Pub	lication			
Did you or your institution at any aspect of the submitted v statistical analysis, etc.)? Are there any relevant con If yes, please fill out the ap Excess rows can be remove	vork (including but not li flicts of interest? propriate information	mited to grants, of the second	data monitoring	board, study	design, manuscript prepara	ation,
Name of Institution/Comp	pany Grant	'	on-Financial Support	Other? Co	omments	
Astra Zeneca	✓				ancial support to my institunduct the PROVENT study	tion to
Section 3. Relevan	nt financial activitie	es outside the	e submitted	work.		
Place a check in the appropriate of compensation) with enticlicking the "Add +" box. Y Are there any relevant con	ities as described in th ou should report relat	e instructions.	Use one line for vere present d	or each entity	r; add as many lines as yo	ou need by
If yes, please fill out the ap	propriate information	below.				
Name of Entity	Grant	Personal No	on-Financial Support	Other? Co	omments	
Amgen	✓					
Organogenesis	✓					
Pfizer	✓					

Levinson 2



Name of Entity	Grant? Persona	Non-Financial	Other?	Comments	
Regeneron	✓				
Section 4. Intellectual Propert	y Patents & Co	pyrights			
Do you have any patents, whether plann	ed, pending or issu	ied, broadly releva	ant to the wo	ork? Yes 🗸 No)
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Near 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Karen	2. Surname (Last Name) Near	3. Date 16-November-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Mark Esser
5. Manuscript Title Intramuscular AZD7442 (Tixagevimab/0	Cilgavimab) for Prevention	of Covid-19
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any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the	submitted work.
of compensation) with entities as descri	ibed in the instructions. Uport relationships that we est? Yes No	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.
Name of Entity	Grant? Personal No	n-Financial other? Comments
AstraZeneca		Employee; stock options pending
Section 4		
Section 4. Intellectual Proper	rty Patents & Copyri	ghts
Do you have any patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No

Near 2



Section 5. Relationships not covered above
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Padilla 1



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1. Given Name (First Name) Kelly	2. Surname (Last Name) Padilla		3. Date 16-November-2021
4. Are you the corresponding author?	Yes ✓ No	Corresponding Au	uthor's Name
5. Manuscript Title Intramuscular AZD7442 (Tixagevimab/C	ilgavimab) for Prevention	of Covid-19	
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Section 2. The Work Under Co			
The Work Under Co	nsideration for Public	cation	
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da		nment, commercial, private foundation, etc.) for d, study design, manuscript preparation,
Section 3. Polovant financial			
Relevant financial	activities outside the s	submitted work	•
	bed in the instructions. Us	se one line for each	ancial relationships (regardless of amount nentity; add as many lines as you need by the 36 months prior to publication.
Are there any relevant conflicts of intere			
If yes, please fill out the appropriate info	rmation below.		
Name of Entity	Grant? Personal Noi	n-Financial Othe	Comments
AstraZeneca			Employee; stock (Employee Long Term Incentive program)
FruLab, Inc. Durham, NC			Member of the Board of Advisors; annual stipend and stock options
Section 4. Intellectual Proper	ty Patents & Copyric	ghts	
Do you have any patents, whether plann	ned, pending or issued, br	oadly relevant to t	the work? Yes No

Padilla 2



Section 5. Polationships not severed above
Relationships not covered above
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Section 6
Section 6. Disclosure Statement
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Dr. Padilla reports personal fees and other from AstraZeneca, personal fees and other from TruLab, Inc. Durham, NC, outside the submitted work; .

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Padilla 3



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

Pangalos 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Menelas	2. Surname (Last Name) Pangalos	3. Date 16-November-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Mark Esser
5. Manuscript Title Intramuscular AZD7442 (Tixagevimab/0	Cilgavimab) for Prevention	n of Covid-19
6. Manuscript Identifying Number (if you kr 21-16620	now it)	
Section 2. The Work Under Co	onsideration for Publi	cation
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the	submitted work.
of compensation) with entities as descr	ibed in the instructions. Uport relationships that we lest? Yes No	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.
Name of Entity	Grant? Personal Fees? S	n-Financial other? Comments
AstraZeneca		Employee
Section 4. Intellectual Proper	rty Patents & Copyri	ghts
Do you have any patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No

Pangalos 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?
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Dr. Pangalos rep	orts personal fees from AstraZeneca, outside the submitted work; .

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Psachoulia 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Konstantina	2. Surname (Last Name) Psachoulia	3. Date 16-November-2021
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Mark Esser
5. Manuscript Title Intramuscular AZD7442 (Tixagevimab/	Cilgavimab) for Preventior	of Covid-19
6. Manuscript Identifying Number (if you kr 21-16620	now it)	
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Name of Entity	Grant? Personal Noi	n-Financial upport? Comments
AstraZeneca		Employee
Section 4. Intellectual Proper	rty Patents & Copyri	ghts
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No

Psachoulia 2



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Seegobin 1



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Seth	2. Surname (Last Name) Seegobin	3. Date 16-November-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Mark Esser
5. Manuscript Title Intramuscular AZD7442 (Tixagevimab	/Cilgavimab) for Prevention	of Covid-19
6. Manuscript Identifying Number (if you l 21-16620	know it)	
Sortion 3		
Section 2. The Work Under 0	Consideration for Public	ation
	ng 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 financia	l activities outside the s	ubmitted work.
of compensation) with entities as desc	ribed in the instructions. Us eport relationships that were rest? Yes No	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .
Name of Entity	Grant? Personal Non	-Financial Other? Comments
AstraZeneca		Employee
Section 4. Intellectual Prope	erty Patents & Copyrig	hts
Do you have any patents, whether pla	nned, pending or issued, bro	oadly relevant to the work? Yes V No

Seegobin 2



Section 5. Polationships not severed above
Relationships not covered above
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Yes, the following relationships/conditions/circumstances are present (explain below):
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Sharbaugh 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Audrey	2. Surname (Last Name) Sharbaugh	3. Date 16-November-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Mark Esser
5. Manuscript Title Intramuscular AZD7442 (Tixagevimab/	Cilgavimab) for Preventior	of Covid-19
6. Manuscript Identifying Number (if you ki 21-16620	now it)	_
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Section 3. Relevant financial	activities outside the	submitted work.
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Name of Entity	Grant? Personal Noi	n-Financial other? Comments
AstraZeneca		Employee
Section 4. Intellectual Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Sharbaugh 2



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Streicher 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Katie	2. Surname (Last Name) Streicher	3. Date 16-November-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Mark Esser
5. Manuscript Title Intramuscular AZD7442 (Tixagevimab/	Cilgavimab) for Preventior	n of Covid-19
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AstraZeneca		✓ Employee; stock
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Streicher 2



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

Templeton 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi	rst Name)	2. Surname (Last Nam Templeton	e) 3. Date 16-November-2021		
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Mark Esser		
5. Manuscript Title Intramuscular Az	e ZD7442 (Tixagevimab/0	Cilgavimab) for Preven	tion of Covid-19		
6. Manuscript Ider 21-16620	ntifying Number (if you kr	now it)			
	ı				
Section 2.	The Work Under Co	onsideration for Pu	blication		
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 t	ne submitted work.		
of compensation clicking the "Add Are there any rele) with entities as descri	ibed in the instruction: port relationships that est?	whether you have financial relationships (regardless of amount s. Use one line for each entity; add as many lines as you need by were present during the 36 months prior to publication .		
Name of Entity		Grant? Personal Fees?	Non-Financial Other? Comments		
AstraZeneca			Emp;loyee		
Section 4.	Intellectual Proper	rty Patents & Cop	yrights		
Do you have any	patents, whether plan	ned, pending or issued	d, broadly relevant to the work? Yes V No		

Templeton 2



Section 5. Relationships not covered 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?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/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
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Templeton reports personal fees from AstraZeneca, outside the submitted work; .

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Templeton 3



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.

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".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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Ustianowski 1



Section 1. Identifying Inform					
Identifying Inform	ation				
Given Name (First Name) Andrew	2. Surname (Last Na Ustianowski	me)	3. Date 16-November-2021		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Aut Mark Esser	hor's Name		
5. Manuscript Title Intramuscular AZD7442 (Tixagevimab/C	Cilgavimab) for Preve	ention of Covid-19			
6. Manuscript Identifying Number (if you kn 21-16620	now it)				
Continu 2					
Section 2. The Work Under Co	onsideration for P	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 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?	? Comments		
Gilead			Speaker fees; advisory board		
lanssen			Speaker fees		
MSD			Speaker fees		
Roche			Speaker fees		
/iiV			Speaker fees		
/ir/GlaxoSmithKline			Advisory board		

Ustianowski 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.	Deletionaline net accessed above
	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
	DSMB for COV-Boost study, Flare study, and for Vicore anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.
On occasion, jou	rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
fees from Roche	reports personal fees and other from Gilead, personal fees from Janssen, personal fees from MSD, personal , personal fees from ViiV, other from Vir/GlaxoSmithKline, outside the submitted work; and Participation on loost study, Flare study, and for Vicore.

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Yuan 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Yuan	rst Name)	2. Surname (Last Nar Yuan	me) 3. Date 19-November-2021		
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name Mark Esser		
5. Manuscript Title Intramuscular Az	e ZD7442 (Tixagevimab/	Cilgavimab) for Preve	ention of Covid-19		
6. Manuscript Ider 21-16620	ntifying Number (if you kr	now it)			
	l				
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Section 3.	Relevant financial	activities outside	the submitted work.		
of compensation clicking the "Add Are there any rele) with entities as descr	ibed in the instruction port relationships tha est? Yes	te whether you have financial relationships (regardless of amount ns. Use one line for each entity; add as many lines as you need by at were present during the 36 months prior to publication . No		
Name of Entity		Grant? Personal Fees?	Non-Financial Support? Comments		
AstraZeneca			Former employee; stock		
Section 4.	Intellectual Prope	rty Patents & Cop	pyrights		
Do you have any	patents, whether plan	ned, pending or issue	ed, broadly relevant to the work? Yes V		

Yuan 2



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