

## ICMJE DISCLOSURE FORM

Date: 06/30/2022

Your Name: Manisha Cole

Manuscript Title: Comparison of SARS-CoV-2 anti-Spike IgG and anti-Nucleoprotein IgG seroprevalence amongst a pre-vaccine cohort of healthcare workers at an academic medical center in Boston, Massachusetts.

Manuscript number (if known): JLPM-22-19-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None	
		Abbott Laboratories	provided the reagents for the SARS-CoV-2 IgG II assays
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

**Please summarize the above conflict of interest in the following box:**

Abbott Diagnostics provided the reagents for the SARS-CoV-2 IgG II assays

**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 06/30/2022

Your Name: Maura C Dodge

Manuscript Title: Comparison of SARS-CoV-2 anti-Spike IgG and anti-Nucleoprotein IgG seroprevalence amongst a pre-vaccine cohort of healthcare workers at an academic medical center in Boston, Massachusetts.

Manuscript number (if known): JLPM-22-19-CL

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## ICMJE DISCLOSURE FORM

Date: 06/30/2022

Your Name: Elizabeth R. Duffy

Manuscript Title: Comparison of SARS-CoV-2 anti-Spike IgG and anti-Nucleoprotein IgG seroprevalence amongst a pre-vaccine cohort of healthcare workers at an academic medical center in Boston, Massachusetts.

Manuscript number (if known): JLPM-22-19-CL

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
		Abbott Laboratories	Providing testing kits and some salary support to run the assays
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

**Please summarize the above conflict of interest in the following box:**

Abbott laboratories provided testing kits and some salary support in order to measure the different antibody targets for SARS-CoV-2.

**Please place an "X" next to the following statement to indicate your agreement:**

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## ICMJE DISCLOSURE FORM

Date: 06/30/2022

Your Name: Jordyn Osterland

Manuscript Title: Comparison of SARS-CoV-2 anti-Spike IgG and anti-Nucleoprotein IgG seroprevalence amongst a pre-vaccine cohort of healthcare workers at an academic medical center in Boston, Massachusetts.

Manuscript number (if known): JLPM-22-19-CL

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

**Please summarize the above conflict of interest in the following box:**

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**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.



## ICMJE DISCLOSURE FORM

Date: 06/30/2022

Your Name: Susan H. Gawel

Manuscript Title: Comparison of SARS-CoV-2 anti-Spike IgG and anti-Nucleoprotein IgG seroprevalence amongst a pre-vaccine cohort of healthcare workers at an academic medical center in Boston, Massachusetts.

Manuscript number (if known): JLPM-22-19-CL

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		Abbott Laboratories	provided the reagents for the SARS-CoV-2 IgG II assays
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3	Royalties or licenses	<u>      </u> None	
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7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	X	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	X	

**Please summarize the above conflict of interest in the following box:**

Susan H. Gawel is an employee of Abbott Labs and Abbott Diagnostics provided the reagents for the SARS-CoV-2 IgG II assays.

**Please place an "X" next to the following statement to indicate your agreement:**

  x   I certify that I have answered every question and have not altered the wording of any of the questions on this form.

**ICMJE DISCLOSURE FORM**

Date: 06/30/2022

Your Name: Lei Ye

Manuscript Title: Comparison of SARS-CoV-2 anti-Spike IgG and anti-Nucleoprotein IgG seroprevalence amongst a pre-vaccine cohort of healthcare workers at an academic medical center in Boston, Massachusetts.

Manuscript number (if known): JLPM-22-19-CL

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5		<u>  X  </u> None	

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

**Please summarize the above conflict of interest in the following box:**

Lei Ye is an employee of Abbott Labs and Abbott Diagnostics provided the reagents for the SARS-CoV-2 IgG II assays.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

**ICMJE DISCLOSURE FORM**

Date: 06/30/2022

Your Name: Kyle de la Cena

Manuscript Title: Comparison of SARS-CoV-2 anti-Spike IgG and anti-Nucleoprotein IgG seroprevalence amongst a pre-vaccine cohort of healthcare workers at an academic medical center in Boston, Massachusetts.

Manuscript number (if known): JLPM-22-19-CL

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**Please place an "X" next to the following statement to indicate your agreement:**

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Date: 06/30/2022

Your Name: Elizabeth J. Ragan

Manuscript Title: Comparison of SARS-CoV-2 anti-Spike IgG and anti-Nucleoprotein IgG seroprevalence amongst a pre-vaccine cohort of healthcare workers at an academic medical center in Boston, Massachusetts.

Manuscript number (if known): JLPM-22-19-CL

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**ICMJE DISCLOSURE FORM**

**Date: 06/30/2022**



**Your Name:** Sarah Weber

**Manuscript Title:** Comparison of SARS-CoV-2 anti-Spike IgG and anti-Nucleoprotein IgG seroprevalence amongst a pre-vaccine cohort of healthcare workers at an academic medical center in Boston, Massachusetts.

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	speakers bureaus, manuscript writing or educational events		
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**ICMJJE DISCLOSURE FORM**

Date: 06/30/2022

Your Name: Elissa Perkins

**Manuscript Title: Comparison of SARS-CoV-2 anti-Spike IgG and anti-Nucleoprotein IgG seroprevalence amongst a pre-vaccine cohort of healthcare workers at an academic medical center in Boston, Massachusetts.**

**Manuscript number (if known): JLPM-22-19-CL**

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	<input checked="" type="checkbox"/> None	

	manuscript writing or educational events		
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

**Please summarize the above conflict of interest in the following box:**

Abbott Diagnostics provided the reagents for the SARS-CoV-2 IgG II assays

**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

**ICMJE DISCLOSURE FORM**

**Date:** 06/30/2022

**Your Name:** Karen Jacobson

**Manuscript Title: Comparison of SARS-CoV-2 anti-Spike IgG and anti-Nucleoprotein IgG seroprevalence amongst a pre-vaccine cohort of healthcare workers at an academic medical center in Boston, Massachusetts.**

**Manuscript number (if known): JLPM-22-19-CL**

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the **current manuscript only**.

The author’s relationships/activities/interests should be **defined broadly**. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None	
		Abbott Laboratories	provided the reagents for the SARS-CoV-2 IgG II assays
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	<input checked="" type="checkbox"/> None	

	manuscript writing or educational events		
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

Abbott Diagnostics provided the reagents for the SARS-CoV-2 IgG II assays

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

### ICMJE DISCLOSURE FORM

Date: 06/30/2022

Your Name: Yachana Kataria

Manuscript Title: Comparison of SARS-CoV-2 anti-Spike IgG and anti-Nucleoprotein IgG seroprevalence amongst a pre-vaccine cohort of healthcare workers at an academic medical center in Boston, Massachusetts.

Manuscript number (if known): JLPM-22-19-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	Abbott Diagnostics to institution
			BMC Internal Grant funding
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	See Above
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6		<input checked="" type="checkbox"/> None	

	Payment for expert testimony		
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	Reagent Kits form Abbott Diagnostic
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

**Please summarize the above conflict of interest in the following box:**

Funding for this study, partly from Abbott Diagnostics that provided free Reagent Kits.

**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.