

ICMJE DISCLOSURE FORM

Date: September 4, 2023

Your Name: Laura Pighi

Manuscript Title: Humoral response is enhanced after ipsilateral double intramuscular injection of BNT162b2 COVID-19 vaccine

Manuscript number (if known): JLPM-23-56

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.

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		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)
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Time frame: past 36 months			
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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:

None

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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.

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Date: September 4, 2023

Your Name: Brandon M. Henry

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Date: September 4, 2023

Your Name: Gian Luca Salvagno

Manuscript Title: Humoral response is enhanced after ipsilateral double intramuscular injection of BNT162b2 COVID-19 vaccine

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Date: September 4, 2023

Your Name: Giuseppe Lippi

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