Date:1	7/11/2021
Your Name	: Peter Friedland
Manuscript	Title: In vivo (human) and in vitro inactivation of SARS-CoV-2 with 0.5% povidone-iodine nasal spray
Manuscript	number (if known): AJO-21-40

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
	Lau	Time frame: Since the initial	
1	All support for the present	Firebrick Pharma LTD	Consultant fees
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
_		A.	
5	Payment or honoraria for	None	

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

I am a consultant and share options holder of the sponsor of the study, Firebrick Pharma Ltd				

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.

Date:17/11/2021		•			
Your Name:	SIMON	PETER	TUCKER		
Manuscript Title: In vivo Manuscript number (if kr	(human) and in vitro			0.5% povidone-iodine nasal spray	
In the interest of transpa	rency, we ask you to	disclose all re	lationships/activitie	es/interests listed below that are	

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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Note FIRE BRICK PHARME LTD	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	TO BE TRUBBLE TO THE BEST OF BY THE PROPERTY OF THE PROPERTY O
4	Consulting fees	None FIREBRICK PHARMA UTD	CONSULTING FEED PAID TO ME
5	Payment or honoraria for	None	

	lectures, presentations, speakers bureaus, manuscript writing or	142073 (19072)			
6	Pdyraeinnarexpert testimony	None		4	
7	Support for attending meetings and/or travel	None	n		
	para mara al-los lo m				
8	Patents planned, issued or pending	None			
9	Participation on a Data Safety Monitoring Board or Advisory Board	None		ta sutor agos.	Aseronio generalio Pera aglese
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None			1
11	Stock or stock options	None FIREBRICK PHARMA UTD	STOCK	OPTIONS	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non- financial interests	None			

PAID	CONSULTANT	TO	FIREBRICK	PHARMA	LTD	

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.

Date:17/11/2021	
Your Name:Stephen Goodall	
Manuscript Title: <i>In vivo</i> (human) and <i>in vitro</i> inactivation of SARS-CoV-2 with 0.5% povidone-iodine nasal spray	
Manuscript number (if known): AJO-21-40	

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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)
		Time frame: Since the initial	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Sponsor Firebrick Pharma	Executive of the sponsor
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	
5		None	

	Payment or honoraria for		
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	Sponsor Firebrick Pharma	shareholder
42			
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

I am an executive and shareholder of the study sponsor Firebrick Pharma Ltd.	

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.

Date:	_18/11/21
Your Nan	ne:_Justin Julander
Manuscr	pt Title: <i>In vivo</i> (human) and <i>in vitro</i> inactivation of SARS-CoV-2 with 0.5% povidone-iodine nasal spray
Manuscri	ipt number (if know): AJO-21-40

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

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

Payment for expert restimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data	None None None		
Patents planned, issued or pending	None		
Participation on a Data			
Safety Monitoring Board or Advisory Board	None		
eadership or fiduciary role nother board, society, committee or advocacy group, paid or unpaid	None		
Stock or stock options	None		
Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
Other financial or non- inancial interests	None		
se summarize the above o	conflict of interest in	the following box:	
in	ancial interests	ancial interests	ancial interests

Date:17/11/2021	
Your Name:Michelle Mendenhall	
Manuscript Title: In vivo (human) and in vitro inactivation of SARS-CoV-2 with 0.5% povidone-iodine nasal spray	
Manuscript number (if known): AJO-21-40	

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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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for	None	

	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	None			
	testimony				
7	Support for attending meetings and/or travel	None			
	_				
8	Patents planned, issued or	None			
	pending				
9	Participation on a Data	None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	None			
	in other board, society,				
	committee or advocacy				
11	group, paid or unpaid	None			
11	Stock or stock options	None			
12	Receipt of equipment,	None			
12	materials, drugs, medical	NOTE			
	writing, gifts or other				
	services				
13	Other financial or non-	None			
13	financial interests				
Pla	Please summarize the above conflict of interest in the following box:				
	ase sammanze the above to		TOTALIS SOA		

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

Date: 17/11/2021
Your Name: Peter L Molloy
Manuscript Title: In vivo (human) and in vitro inactivation of SARS-CoV-2 with 0.5% povidone-iodine nasal spray
Manuscript number (if known): AJO-21-40

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)
		Time frame: Since the initial	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Firebrick Pharma Ltd	Consultant and director
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for	None	

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

Consultant, director and shareholder of the sponsor of the study, Firebrick Pharma Ltd				

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.

Date:____17/11/2021_

5

Payment or honoraria for

None

		JONGAIE RESEARC				
N	Manuscript Title: In vivo (human) and in vitro inactivation of SARS-CoV-2 with 0.5% povidone-iodine nasal spray					
N	Manuscript number (if known): AJO-21-40					
re p to	elated to the content of your arties whose interests may b	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.			
	he following questions apply nanuscript only.	to the author's relationshi	ps/activities/interests as they relate to the current			
m	the epidemiology of hypert edication, even if that medic	ension, you should declare cation is not mentioned in				
	ne time frame for disclosure i		d in this manuscript without time limit. For all other items,			
		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)			
	STANK WEST AND	Time frame: Since the initia	l planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None				
		Time frame: past	36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None				
3	Royalties or licenses	None				
4	Consulting fees	None				

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

ho	conflict of iterest.
	Knu ans.

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.

Date:	_17/11/2021
Your Nam	ne:_Dany Badibanga Musungaie

Manuscript Title: *In vivo* (human) and *in vitro* inactivation of SARS-CoV-2 with 0.5% povidone-iodine nasal spray Manuscript number (if known): AJO-21-40

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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)
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	C hi f		
4	Consulting fees	None	
5		None	

	Payment or honoraria for			
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			

None to declare		

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

Date:17/11/2021
Your Name:_Chisha Sikazwe
Manuscript Title: In vivo (human) and in vitro inactivation of SARS-CoV-2 with 0.5% povidone-iodine nasal spray
Manuscript number (if known): AIO-21-40

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		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
	Consulting for	Nege	
4	Consulting fees	None	
5		None	

	Payment or honoraria for		
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	se summarize the above co	nflict of interest in the foll	owing box:

None to declare		

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

Date:	_17/11/2021_		 	
Your Nam	e:_Kritu Pant	:a		

Manuscript Title: *In vivo* (human) and *in vitro* inactivation of SARS-CoV-2 with 0.5% povidone-iodine nasal spray Manuscript number (if known): AJO-21-40

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		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5		None	

	Payment or honoraria for			
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			

None to declare		

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

Date:17/11/2021
Your Name:Avram Levy
Manuscript Title: In vivo (human) and in vitro inactivation of SARS-CoV-2 with 0.5% povidone-iodine nasal spray
Manuscript number (if known): AJO-21-40

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for	None	

		1	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	•		
7	Support for attending	None	
•	meetings and/or travel	None	
	incettings and/or traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	occon or occon operation		
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
13	financial interests	None	
	illianciai iliterests		
- '	Please summarize the above conflict of interest in the following box:		
Ple	ease summarize the above c	onflict of interest in the fo	liowing box:
Г			
	None to declare		

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

Date:17/11/2021
Your Name: David W Smith
Manuscript Title: In vivo (human) and in vitro inactivation of SARS-CoV-2 with 0.5% povidone-iodine nasal spray
Manuscript number (if known): AJO-21-40

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		Time frame: Since the initial	planning of the work
1	All support for the present	None	
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2	Grants or contracts from	None	
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6	Payment for expert	None	
	testimony	Tronc	
	,		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or	- None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	News	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	se summarize the above co	onflict of interest in the foll	lowing box:
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