

ICMJE DISCLOSURE FORM

Date: 17/11/2021

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 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)
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.	Firebrick Pharma LTD	Consultant fees
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 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	Firebrick Pharma LTD	Stock options
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

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

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.

ICMJE DISCLOSURE FORM

Date: 17/11/2021

Your Name: SIMON PETER TUCKER

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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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 FIREBRICK PHARMA LTD	CONSULTANT
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 FIREBRICK PHARMA LTD	CONSULTING FEES PAID TO ME
5	Payment or honoraria for	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 FIREBRICK PHARMA LTD	STOCK OPTIONS
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

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

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.

ICMJE DISCLOSURE FORM

Date: 17/11/2021

Your Name: Stephen Goodall

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: past 36 months			
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3	Royalties or licenses	None	
4	Consulting fees	None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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11	Stock or stock options	Sponsor Firebrick Pharma	shareholder
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

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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:

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ICMJE DISCLOSURE FORM

Date: 18/11/21

Your Name: Justin Julander

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

Manuscript number (if know): AJO-21-40

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ICMJE DISCLOSURE FORM

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

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11	Stock or stock options	None	
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13	Other financial or non-financial interests	None	

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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: 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

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Time frame: past 36 months			
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3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for	None	

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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11	Stock or stock options	Firebrick Pharma Ltd	shareholder
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

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

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.

ICMJE DISCLOSURE FORM

Date: 17/11/2021

Your Name: JONGAIE RESEARCH - DR DM de JONG

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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13	Other financial or non-financial interests	None	

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

No conflict of interest.



6 Nov 2011

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

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ICMJE DISCLOSURE FORM

Date: 17/11/2021

Your Name: 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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None to declare

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ICMJE DISCLOSURE 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): AJO-21-40

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ICMJE DISCLOSURE FORM

Date: 17/11/2021

Your Name: Kritu Panta

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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ICMJE DISCLOSURE 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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ICMJE DISCLOSURE 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

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	Payment or honoraria for 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	

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

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.