ICMJE DISCLOSURE FORM

Date:	3/15/2023
Your Name:	Prabhu S. Arunachalam
Manuscript Title:	Durability of immune responses to the booster mRNA vaccination against COVID-19
Manuscript Number (if known):	167955-JCI-RG-RV-2

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 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.

		e all entities with whom you have this onship 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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	

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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 	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement: Icertify 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:	3/15/2023
Your Name:	Lilin Lai
Manuscript Title:	Durability of immune responses to the booster mRNA vaccination against COVID-19
Manuscript Number (if known):	167955-JCI-RG-RV-2

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8	Patents planned, issued or pending	[⊠] None [
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Date:	3/16/2023
Your Name:	Hady Samaha
Manuscript Title:	Durability of immune responses to the booster mRNA vaccination against COVID-19
Manuscript Number (if known):	167955-JCI-RG-RV-2

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Date:	3/15/2023
Your Name:	Yupeng feng
Manuscript Title:	Durability of immune responses to the booster mRNA vaccination against COVID-19
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Date:	3/15/2022
Your Name:	Mengyun Hu
Manuscript Title:	Durability of immune responses to the booster mRNA vaccination against COVID-19
Manuscript Number (if known):	167955-JCI-RG-RV-2

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8	Patents planned, issued or pending	[⊠] None [
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None [
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Date:	3/15/2023
Your Name:	Harold Hui
Manuscript Title:	Durability of immune responses to the booster mRNA vaccination against COVID-19
Manuscript Number (if known):	167955-JCI-RG-RV-2

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3	Royalties or licenses	☑ None	
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Date:	3/16/2023
Your Name:	Bushra Wali
Manuscript Title:	Durability of immune responses to the booster mRNA vaccination against COVID-19
Manuscript Number (if known):	167955-JCI-RG-RV-2

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None [
8	Patents planned, issued or pending	[⊠] None	
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Date:	3/16/2023
Your Name:	Madison Ellis
Manuscript Title:	Durability of immune responses to the booster mRNA vaccination against COVID-19
Manuscript Number (if known):	Click or tap here to enter text

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	□	
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Date:	3/16/2023
Your Name:	Christopher M Huerta
Manuscript Title:	Durability of immune responses to the booster mRNA vaccination against COVID-19
Manuscript Number (if known):	167955-JCI-RG-RV-2

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Date:	3/16/2023
Your Name:	Kareem Bechnak
Manuscript Title:	Durability of immune responses to the booster mRNA vaccination against COVID-19
Manuscript Number (if known):	167955-JCI-RG-RV-2

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Date:	3/16/2023
Your Name:	Sarah Bechnak
Manuscript Title:	Durability of immune responses to the booster mRNA vaccination against COVID-19
Manuscript Number (if known):	167955-JCI-RG-RV-2

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Date:	3/16/2023
Your Name:	Matthew Lee
Manuscript Title:	Durability of immune responses to the booster mRNA vaccination against COVID-19
Manuscript Number (if known):	167955-JCI-RG-RV-2

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Date:	3/16/2023
Your Name:	Matthew Litvack
Manuscript Title:	Durability of immune responses to the booster mRNA vaccination against COVID-19
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3	Royalties or licenses	None	
4	Consulting fees	None [

		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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	

		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)
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	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement: Icertify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	3/16/2023
Your Name:	Cecilia Losada
Manuscript Title:	Durability of immune responses to the booster mRNA vaccination against COVID-19
Manuscript Number (if known):	167955-JCI-RG-RV-2

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.

		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.	[⊠] None [Click the tab key to add additional rows.
		Time frame: past 36 month	IS
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None [
3	Royalties or licenses	☑ None □ □ □ □	
4	Consulting fees	None	

		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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	

		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)
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	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement: [I] I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	3/16/2023
Your Name:	Alba Grifoni
Manuscript Title:	Durability of immune responses to the booster mRNA vaccination against COVID-19
Manuscript Number (if known):	Click or tap here to enter text.

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.

		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.	None NIH support was provided under Contract No. 75N93021C00016	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None [
3	Royalties or licenses	☑ None □ □ □ □	
4	Consulting fees	☑ None □ □ □ □	

		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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	

		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)
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	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement: Icertify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	3/16/2023
Your Name:	Alessandro Sette
Manuscript Title:	Durability of immune responses to the booster mRNA vaccination against COVID-19
Manuscript Number (if known):	Click or tap here to enter text.

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.

		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.	[⊠] None	Click the tab key to add additional rows.
		Time frame: past 36 month	IS
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	
4	Consulting fees	☑ None	

		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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	

		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)
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	
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement: [I] I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	3/15/2023
Your Name:	Veronika I. Zarnitsyna
Manuscript Title:	Durability of immune responses to the booster mRNA vaccination against COVID-19
Manuscript Number (if known):	167955-JCI-RG-RV-2

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.

		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.	□ None U01 HL139483 U01 AI150747 	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None	
3	Royalties or licenses	[□] None [
4	Consulting fees	[□] None	

		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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None	
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 	

		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)
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	
Plea [🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:	3/15/2023
Your Name:	Bali Pulendran
Manuscript Title:	Durability of immune responses to the booster mRNA vaccination against COVID-19.
Manuscript Number (if known):	167955-JCI-RG-RV-2

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.

		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	[GSK	I serve on the External Immunology
	of study materials,		Network and receive honoraria for participation in these meetings. I have also served on their
	medical writing,		scientific advisory capacity and received
	article processing		honoraria.
	charges, etc.)	NIH	Funding for this study was provided by NIH
	No time limit for	Orbital	I served on the SAB and receive stock options
	this item.	Moderna	I was an invited speaker and received honoraria
			· · · · · · · · · · · · · · · · · · ·
		Time frame: past 36 month	S
2	Grants or	D None	
	contracts from	GSK	I serve on the External Immunology
	any entity (if not		Network and receive honoraria for participation
	indicated in item		in these meetings. I have also served on their
	#1 above).		scientific advisory capacity and received
			honoraria.
		Bill and Melinda Gates Foundation	Funding for this study was provided by BMGF
		Orbital	I served on the SAB and receive stock options
		Circ Bio	I served on the SAB and receive stock options
		Sanofi	I served on the SAB and received honoraria
		Icosavax	I served on the SAB and received honoraria
		Tonix	I served on the SAB and received honoraria
		Edjen	I served on the SAB and received honoraria
		Pfizer	I was an invited speaker and received honoraria
		Moderna	I was an invited speaker and received honoraria
		Genentech	I was an invited speaker and received honoraria
		Boehringer	I was on the SAB and received honoraria

es or s	None □ None GSK	I serve on the External Immunology Network and receive honoraria for participation
ting fees		
	GSK	
		in these meetings. I have also served on their scientific advisory capacity and received honoraria.
	Bill and Melinda Gates Foundation	Funding for this study was provided by BMGF
	Orbital	I served on the SAB and receive stock options
	Circ Bio	Leanved on the SAD and receive stack entions
	Sanofi	I served on the SAB and receive stock options I served on the SAB and received honoraria
	Icosavax	I served on the SAB and received honoraria
	Tonix	I served on the SAB and received honoraria
	Edjen	I served on the SAB and received honoraria
	Pfizer	I was an invited speaker and received honoraria
	Moderna	I was an invited speaker and received honoraria
	Genentech	I was an invited speaker and received honoraria
	Boehringer	I was on the SAB and received honoraria
ntor		
nt or ria for s, tations, rs s, cript	Okan GSK Bill and Melinda Gates Foundation	I serve on the External Immunology Network and receive honoraria for participation in these meetings. I have also served on their scientific advisory capacity and received honoraria. Funding for this study was provided by BMGF
or ional	Orbital	I served on the SAB and receive stock options
IUIIdi	C' D'	
	Circ Bio Sanofi	I served on the SAB and receive stock options I served on the SAB and received honoraria
	Icosavax	I served on the SAB and received honoraria
	Tonix	I served on the SAB and received honoraria
	Edjen	I served on the SAB and received honoraria
	Pfizer	I was an invited speaker and received honoraria
	Moderna	I was an invited speaker and received honoraria
	Genentech	I was an invited speaker and received honoraria
	Boehringer	I was on the SAB and received honoraria
	Jannsen	I was an invited speaker and received honoraria
	[⊠] None	
nt for testimony		
		t for [🖂] None

		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)
7	Support for	Dia None	
	attending meetings and/or travel	GSK Pfizer Moderna	I serve on the External Immunology Network and receive honoraria for participation in these meetings. I have also served on their scientific advisory capacity and received honoraria and travel expense. I was an invited speaker and received honoraria I was an invited speaker and received honoraria
8	Patents planned,	[□] None	
	issued or pending	Mechanisms and Predictors of Adjuvanticity and Antibody Durability	PCT/US2022/033428
9	Participation on	⊠ None	
	a Data Safety Monitoring		
	Board or		
	Advisory Board		
10	Leadership or fiduciary role in	[□] None	
	other board, society,	CDC Pertussis challenge Issue editor, Seminars in Immunology	self
	committee or		
	advocacy group, paid or unpaid		
11	Stock or stock	D None	
	options	Orbital	I served on the SAB and receive stock options
12	Receipt of equipment,	[⊠] None	
	materials, drugs,		
	medical writing, gifts or other		
	services		
13	Other financial or non-financial	[⊠] None	
	interests		

	/Comments (e.g., if payments were or to your institution)
--	--

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:	3/16/2023
Your Name:	Meredith E. Davis-Gardner
Manuscript Title:	Durability of immune responses to the booster mRNA vaccination against COVID-19
Manuscript Number (if known):	Click or tap here to enter text.

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.

		e all entities with whom you have this onship 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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	

		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)
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 place an "X" next to the following statement to indicate your agreement: [I] 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: March 16, 2023
Your Name: Nadine Rouphael
Manuscript Title: Durability of immune responses to the booster mRNA vaccination against COVID-19
Manuscript number (if known):

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	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present		
	manuscript (e.g., funding,	NIH funding	Institution
	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	Merck Sanofi Pasteur	Institution
	any entity (if not indicated in item #1 above).	Quidel	Institution
		Pfizer	Institution
		Lily	Institution
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

		1	
5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
U	testimony		
	testimony		
7		N. News	
7	Support for attending	_XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
Ũ	pending		
	perioding		
9	Participation on a Data	EMMES	Self
9	Safety Monitoring Board or Advisory Board	ICON	Self
		Moderna	Self
	Advisory Board	Ivioderna	Self
10	Leadership or fiduciary role	Advisory roles	Self
	in other board, society,	ARLG, TMRC, CDC	
	committee or advocacy	Pertussis challenge	
	group, paid or unpaid		
		Associate Editor	
		Clinical Infectious Diseases	
11	Stock or stock options	_XNone	
	·		
12	Receipt of equipment,	Georgia Research Alliance	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13		_XNone	
	financial interests		

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:	3/16/2023
Your Name:	Mehul Suthar
Manuscript Title:	Durability of immune responses to the booster mRNA vaccination against COVID-19
Manuscript Number (if known):	167955-JCI-RG-RV-2

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 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.

		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.	Image: Second seco	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	Moderna Ocugen	
3	Royalties or licenses	None	

		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)
4	Consulting fees	Ocugen Moderna	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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	

		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)
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 place an "X" next to the following statement to indicate your agreement: [I] I certify that I have answered every question and have not altered the wording of any of the questions on this form.			