ICMJE DISCLOSURE FORM

Date:_________October 10, 2021_______________________________________________
Your Name:_______Gunnveig Grødeland_________________________________________
Manuscript Title:_______Immunogenicity and safety of standard and third dose SARS-CoV-2 vaccination in patients with immune-mediated inflammatory diseases using immunosuppressive medication

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 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) |
|---|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None |
|   | **Time frame: Since the initial planning of the work**                                         |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | None |
| 3 | Royalties or licenses                                                                         | None |
| 4 | Consulting fees                                                                               | None |

|   |                                                                                   |
|---|------------------------------------------------------------------------------------|
|   | **Time frame: past 36 months**                                                    |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | x None |
| 6 | Payment for expert testimony | x None |
| 7 | Support for attending meetings and/or travel | x None |
| 8 | Patents planned, issued or pending | x None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | x None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | x None |
| 11 | Stock or stock options | x None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | x None |
| 13 | Other financial or non-financial interests | x None |

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: 15.10.21

Your Name: Petr Ricanek

Manuscript Title: Immunogenicity and safety of standard and third dose SARS-CoV-2 vaccination in patients with immune-mediated inflammatory diseases using immunosuppressive medication

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.

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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.) | _x_ None                                                                         |
|   | No time limit for this item.                                                                        |                                                                                  |
|   |                                                                                                    |                                                                                  |
|   |                                                                                                    |                                                                                  |
|   |                                                                                                    |                                                                                  |
|   |                                                                                                    |                                                                                  |
|   |                                                                                                    |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                           | _x_ None                                                                         |
| 3 | Royalties or licenses                                                                             | _x_ None                                                                         |
| 4 | Consulting fees                                                                                  | _x_ None                                                                         |

Time frame: past 36 months

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

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: October 15, 2021  
Your Name: John T. Vaage  
Manuscript Title: Immunogenicity and safety of standard and third dose SARS-CoV-2 vaccination in patients with immune-mediated inflammatory diseases using immunosuppressive medication

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.

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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. | x None |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X  
CEPI since July 1 2021. Personnel and running costs |
| 3 | Royalties or licenses | x None |
| 4 | Consulting fees | x None |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,         | None   |
|   | 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 | None   |
|   | group, paid or unpaid                                                        |        |
| 11| Stock or stock options                                                       | None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other     | None   |
|   | services                                                                     |        |
| 13| Other financial or non-financial interests                                   | None   |

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: ____14.10.2021
Your Name: ___Adity Chopra
Manuscript Title: _______ Immunogenicity and safety of standard and third dose SARS-CoV-2 vaccination in patients with immune-mediated inflammatory diseases using immunosuppressive medication

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 current manuscript only.

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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.

| Item | Relationship/Activity/Interest | 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) |
|------|--------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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. | ___________ | ____________________________________________________________________________________________ |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | ___________ | ____________________________________________________________________________________________ |
| 3    | Royalties or licenses | ___________ | ____________________________________________________________________________________________ |
| 4    | Consulting fees | ___________ | ____________________________________________________________________________________________ |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   |                                                                                                                                   |   |
|---|-----------------------------------------------------------------------------------------------------------------------------------|---|
|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 |
|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 certify that I have answered every question and have not altered the wording of any of the questions on this form. “X”
**ICMJE DISCLOSURE FORM**

Date: 13/OCT/2021  
Your Name: Jørgen Jahnsen  

**Manuscript Title:** Immunogenicity and safety of standard and third dose SARS-CoV-2 vaccination in patients with immune-mediated inflammatory diseases using immunosuppressive medication

**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 current manuscript only.

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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) |
|---|-------------------------------------------------|------------------------------------------------------------------|
| 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. | X None                                                                 |
|   | Time frame: Since the initial planning of the work |                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None                                                                 |
| 3 | Royalties or licenses | X None                                                                 |
| 4 | Consulting fees | X None                                                                 |

|   | Time frame: past 36 months |                                                                  |
|---|---------------------------|------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None                                                                 |
| 3 | Royalties or licenses | X None                                                                 |
| 4 | Consulting fees | X None                                                                 |
|   |                                                                                     |   |
|---|-------------------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | x None |
| 6 | Payment for expert testimony                                                        | x None |
| 7 | Support for attending meetings and/or travel                                         | x None |
| 8 | Patents planned, issued or pending                                                   | x None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                   | x None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | x None |
| 11| Stock or stock options                                                               | x None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services     | x None |
| 13| Other financial or non-financial interests                                            | x None |

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: ___________________14TH OCT 2021_________________________________________________________
Your Name: ___________________ LUDVIG A MUNTHE ________________________________________________
Manuscript Title: _______ Immunogenicity and safety of standard and third dose SARS-CoV-2 vaccination in patients with immune-mediated inflammatory diseases using immunosuppressive medication ______
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.

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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. | X  
KG JEBSEN FOUNDATION, support for infrastructure and biobanking  
Univ of Oslo, support for infrastructure and biobanking  
Oslo Univ Hospital, support for infrastructure and biobanking |
| Time frame: past 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X  
CEPI since 1st July 2021. Personnel and running costs |
| 3 | Royalties or licenses | X None |
|   |   |   |
|---|---|---|
| 4 | Consulting fees | __X_None |
|   |   |   |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | 3 LECTURES ON UNRELATED TOPICS (Novartis, Cellgene) |
|   |   |   |
| 6 | Payment for expert testimony | __X_None |
|   |   |   |
| 7 | Support for attending meetings and/or travel | __X_None |
|   |   |   |
| 8 | Patents planned, issued or pending | __X_None |
|   |   |   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | __X_None |
|   |   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | __X_None |
|   |   |   |
| 11 | Stock or stock options | __X_None |
|   |   |   |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | __X_None |
|   |   |   |
| 13 | Other financial or non-financial interests | __X_None |
|   |   |   |

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: 13.10.2021
Your Name: Anne Therese Tveter
Manuscript Title: Immunogenicity and safety of standard and third dose SARS-CoV-2 vaccination in patients with immune-mediated inflammatory diseases using immunosuppressive medication
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.

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|------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None x |
|      | No time limit for this item.                                                             |                                |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above).                 | None x |
| 3    | Royalties or licenses                                                                     | None x |
| 4    | Consulting fees                                                                          | None x |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Question                                                                 | Response | X |
|---|---------------------------------------------------------------------------|----------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,      | None     | X |
|   | manuscript writing or educational events                                 |          |   |
| 6 | Payment for expert testimony                                             | None     | X |
| 7 | Support for attending meetings and/or travel                             | None     | X |
| 8 | Patents planned, issued or pending                                       | None     | X |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board         | None     | X |
| 10| Leadership or fiduciary role in other board, society, committee or       | None     | X |
|   | advocacy group, paid or unpaid                                           |          |   |
| 11| Stock or stock options                                                   | None     | X |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other  | None     | X |
|   | services                                                                  |          |   |
| 13| Other financial or non-financial interests                                | None     | X |

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: ____ 14.10.21

Your Name: Grete Brikeland Kro

Manuscript Title: Immunogenicity and safety of standard and third dose SARS-CoV-2 vaccination in patients with immune-mediated inflammatory diseases using immunosuppressive medication

Manuscript number (if known): 

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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. | x None                                                                 |
|   | Time frame: Since the initial planning of the work                                              |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | x None                                                                 |
| 3 | Royalties or licenses                                                                           | x None                                                                 |
|   | Time frame: past 36 months                                                                     |                                                                                   |
|   |   |   |
|---|---|---|
|4 | Consulting fees | x None |
|5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | x None |
|6 | Payment for expert testimony | x None |
|7 | Support for attending meetings and/or travel | x None |
|8 | Patents planned, issued or pending | x None |
|9 | Participation on a Data Safety Monitoring Board or Advisory Board | x None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | x None |
|11 | Stock or stock options | x None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | x None |
|13 | Other financial or non-financial interests | x 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: 13.10.2021

Your Name: Lise Sofie H. Nissen-Meyer

Manuscript Title: Immunogenicity and safety of standard and third dose SARS-CoV-2 vaccination in patients with immune-mediated inflammatory diseases using immunosuppressive medication

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.

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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.)<br>No time limit for this item. | x None                                                                                                                                 |
|   | Time frame: past 36 months                                                                                                                                                     |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                      | x None                                                                                                                                 |
| 3 | Royalties or licenses                                                                                                                                                           | x None                                                                                                                                 |
| 4 | Consulting fees                                                                                                                                                                 | x None                                                                                                                                 |
|   |   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | x None |
|---|---|---|---|
| 5 |   | Payment for expert testimony | x None |
| 6 |   | Support for attending meetings and/or travel | x None |
| 7 |   | Patents planned, issued or pending | x None |
| 8 |   | Participation on a Data Safety Monitoring Board or Advisory Board | x None |
| 9 |   | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | x None |
| 10 |   | Stock or stock options | x None |
| 11 |   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | x None |
| 12 |   | Other financial or non-financial interests | x None |

*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: ______________________ 15.10.21
Your Name: ________________
Guro Løvik Goll
Manuscript Title: _______ Immunogenicity and safety of standard and third dose SARS-CoV-2 vaccination in patients with immune-mediated inflammatory diseases using immunosuppressive medication
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.

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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. | CEPI
The Karin Fossum foundation
Diakonhjemmet Hospital
Oslo University Hospital
Akershus University Hospital
Trygve Gydtfeldt og frues Foundation
South-East region Health authorithy, Norway | |
| **Time frame: past 36 months** | | |
| 2 | x None | | |
|   | Description                                                                 | Company | Type  |
|---|-----------------------------------------------------------------------------|---------|-------|
| 3 | Royalties or licenses                                                        | __None  |       |
| 4 | Consulting fees                                                             | ABBVie  | Personal |
|   |                                                                             | Pfizer  | Personal |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ABBVie  | Personal |
|   |                                                                             | Pfizer  | Personal |
|   |                                                                             | UCB     | Personal |
|   |                                                                             | Sandoz  | personal |
|   |                                                                             | Orion Pharma | personal |
|   |                                                                             | Novartis | personal |
| 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           | Pfizer  | personal |
|   |                                                                             | ABBVie  | personal |
| 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 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: 15.10.21

Your Name: Ane Marie Anderson

Manuscript Title: Immunogenicity and safety of standard and third dose SARS-CoV-2 vaccination in patients with immune-mediated inflammatory diseases using immunosuppressive medication

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 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | x None |
|   | **No time limit for this item.**                                                                 |                                                                                  |

|   | Time frame: past 36 months                                                                 |
|---|-------------------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                  | x None |
| 3 | Royalties or licenses                                                                       | x None |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 4 | Consulting fees                                                             | X  | None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X  | None |
| 6 | Payment for expert testimony                                                | X  | None |
| 7 | Support for attending meetings and/or travel                                | X  | None |
| 8 | Patents planned, issued or pending                                          | X  | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X  | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X  | None |
| 11| Stock or stock options                                                       | X  | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X  | None |
| 13| Other financial or non-financial interests                                   | X  | None |

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:______13.10.2021
Your Name:____Espen A. Haavardsholm
Manuscript Title:_______ Immunogenicity and safety of standard and third dose SARS-CoV-2 vaccination in patients with immune-mediated inflammatory diseases using immunosuppressive medication
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.

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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.** | \( x \) None |

**Time frame: Since the initial planning of the work**

| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | \( x \) None |
| **3** | Royalties or licenses | \( x \) None |
| **4** | Consulting fees | \( x \) None |

**Time frame: past 36 months**
|   | Question                                                                 | Response |
|---|-------------------------------------------------------------------------|----------|
| 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     |
| 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:

_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: __________14.10.2021_______________________________________________
Your Name: _______ Ingrid Jyssum___________________________________________________
Manuscript Title: _______ Immunogenicity and safety of standard and third dose SARS-CoV-2 vaccination in patients with immune-mediated inflammatory diseases using immunosuppressive medication ______
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.

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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. | _x_ None |
| | | |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _x_ None |
| 3 | Royalties or licenses | _x_ None |
| 4 | Consulting fees | _x_ None |
|   |                                                                                          |   |
|---|------------------------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _x__None |
| 6 | Payment for expert testimony                                                               | _x__None |
| 7 | Support for attending meetings and/or travel                                               | _x__None |
| 8 | Patents planned, issued or pending                                                          | _x__None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                         | _x__None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _x__None |
| 11| Stock or stock options                                                                     | _x__None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services           | _x__None |
| 13| Other financial or non-financial interests                                                  | _x__None |

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Date: 14 Oct 2021
Your Name: Kristin Kaasen Jørgensen

Manuscript Title: Immunogenicity and safety of standard and third dose SARS-CoV-2 vaccination in patients with immune-mediated inflammatory diseases using immunosuppressive medication
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 current manuscript only.

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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.

|   | Time frame: Since the initial planning of the work | Time frame: past 36 months |
|---|--------------------------------------------------|-----------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br>**No time limit for this item.**<br>___ None | 2 Grants or contracts from any entity (if not indicated in item #1 above).<br>___ None |
|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | 3 Royalties or licenses<br>___ None |
|   | Specifications/Comments (e.g., if payments were made to you or to your institution) | 4 Consulting fees<br>___ None |
|   | Description                                                                 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|------------------------------------------------------------------------------|---|---|---|---|---|----|----|----|----|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Roche | Personal fee for lectures | BMS | Personal fee for lectures | | | | | |
| 6 | Payment for expert testimony | | x None | | | | | | | |
| 7 | Support for attending meetings and/or travel | | x None | | | | | | | |
| 8 | Patents planned, issued or pending | | x None | | | | | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | Celltrion | Personal fee for attending advisory board | Norgine | Personal fee for attending advisory board | | | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | | x None | | | | | | | |
| 11 | Stock or stock options | | x None | | | | | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | | x None | | | | | | | |
| 13 | Other financial or non-financial interests | | x None | | | | | | | |

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ICMJE DISCLOSURE FORM

Date: ___ Oct 14 2021

Your Name: Fridtjof Lund-Johansen

Manuscript Title: Immunogenicity and safety of standard and third dose SARS-CoV-2 vaccination in patients with immune-mediated inflammatory diseases using immunosuppressive medication

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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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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. | 2021 Grant from the Coalition of Epidemic Preparedness Innovations (CEPI) |

Time frame: Since the initial planning of the work

|   |   |
|---|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). 2021 Grant from Helse-SørØst, regional Health Authorities in Norway |
| 3 | Royalties or licenses  x None |

Time frame: past 36 months
|   |   |   |
|---|---|---|
| **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 |
| **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:

X  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:________ 13.10.21
Your Name:___Siri Mjaaland________________________________________________________
Manuscript Title:_______ Immunogenicity and safety of standard and third dose SARS-CoV-2 vaccination in patients with immune-mediated inflammatory diseases using immunosuppressive medication

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.

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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) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|   |                                                                                                 |                                                                                 |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _x__None                                                                        |
|   | **No time limit for this item.**                                                                  |                                                                                 |
|   |                                                                                                 |                                                                                 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                          | _x__None                                                                        |
| 3 | Royalties or licenses                                                                            | _x__None                                                                        |
| 4 | Consulting fees                                                                                 | _x__None                                                                        |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _x_ None |
| 6 | Payment for expert testimony | _x_ None |
| 7 | Support for attending meetings and/or travel | _x_ None |
| 8 | Patents planned, issued or pending | _x_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _x_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _x_ None |
| 11 | Stock or stock options | _x_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _x_ None |
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Please place an “X” next to the following statement to indicate your agreement:

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**ICMJE DISCLOSURE FORM**

Date: _____ 14.10.2021

Your Name: Sella Aarestad Provan

Manuscript Title: Immunogenicity and safety of standard and third dose SARS-CoV-2 vaccination in patients with immune-mediated inflammatory diseases using immunosuppressive medication

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.

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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.) | _X_ None                                                                               |
|   | **No time limit for this item.**                                                                 |                                                                                       |
| **Time frame: past 36 months** |                                                                                      |                                                                                       |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                       | _X_ None                                                                               |
| 3 | Royalties or licenses                                                                           | _X_ None                                                                               |
| 4 | Consulting fees                                                                                 | _X_ None                                                                               |
|   | Description                                                                 | X | None |
|---|------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                 | X | None |
| 7 | Support for attending meetings and/or travel                                 | X | None |
| 8 | Patents planned, issued or pending                                           | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                       | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                   | X | None |

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.
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Date: __________15/10/2021________________________________________________________
Your Name: __________Joseph Sexton______________________________________________
Manuscript Title: _______ Immunogenicity and safety of standard and third dose SARS-CoV-2 vaccination in patients with immune-mediated inflammatory diseases using immunosuppressive medication

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.

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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) |
|---|---|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _x_ None |                                                                                   |
|   | _No time limit for this item._ |                                                                                   |                                                                                   |
|   | Time frame: Since the initial planning of the work |                                                                                   |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _x_ None |                                                                                   |
| 3 | Royalties or licenses | _x_ None |                                                                                   |
| 4 | Consulting fees | _x_ None |                                                                                   |

|   |   | Time frame: past 36 months |                                                                                   |
|---|---|-----------------------------|----------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _x_ None |                                                                                   |
| 3 | Royalties or licenses | _x_ None |                                                                                   |
| 4 | Consulting fees | _x_ 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 |
| 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:

_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: __14.10.21__

Your Name: Silje Watterdal

Manuscript Title: Immunogenicity and safety of standard and third dose SARS-CoV-2 vaccination in patients with immune-mediated inflammatory diseases using immunosuppressive medication

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.

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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. | _x__ None |

| Time frame: past 36 months |
| --- |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _x__ None |
| 3 | Royalties or licenses | _x__ None |
|   | Financial or Non-Financial Activity                                                                 | Agreement |
|---|---------------------------------------------------------------------------------------------------|-----------|
| 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      |
| 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:

_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: 14th October 2021
Your Name: Tore K Kvien
Manuscript Title: Immunogenicity and safety of standard and third dose SARS-CoV-2 vaccination in patients with immune-mediated inflammatory diseases using immunosuppressive medication

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.

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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) |
|----|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _x_ None |
|    | **No time limit for this item.**                                                                                  |                                                                                   |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above).                                         | ☐                                                                                  |

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Amgen
To institution (Diakonhjemmet Hospital)
|   |   |   |
|---|---|---|
|3️⃣| Royalties or licenses | None |
|4️⃣| Consulting fees | AbbVie, Amgen, Biogen, Celltrion, Eli Lilly, Gilead, Mylan, Novartis, Pfizer, Sandoz, Sanofi |
|5️⃣| Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Amgen, Celltrion, Egis, Evapharma, Ewopharma, Hikma, Oktal, Sandoz, Sanofi |
|6️⃣| Payment for expert testimony | None |
|    | Description                                                                 | Response |
|----|-----------------------------------------------------------------------------|----------|
| 7  | Support for attending meetings and/or travel                                | _x__None|
| 8  | Patents planned, issued or pending                                          | _x__None|
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board            | _x__None|
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _x__None|
| 11 | Stock or stock options                                                       | _x__None|
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _x__None|
| 13 | Other financial or non-financial interests                                   | _x__None|

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: ___14.10.2021
Your Name: ____The Trung Tran
Manuscript Title: _______ Immunogenicity and safety of standard and third dose SARS-CoV-2 vaccination in patients with immune-mediated inflammatory diseases using immunosuppressive medication

Manuscript number (if known): ____________________________________________

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|   | Consulting fees | _x_ None |
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Date: 15.10.2021

Your Name: David John Warren

Manuscript Title: Immunogenicity and safety of standard and third dose SARS-CoV-2 vaccination in patients with immune-mediated inflammatory diseases using immunosuppressive medication

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|   |   |   |
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|   |   |   |
|---|---|---|
| 3 | Royalties or licenses | None |
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