ICMJE DISCLOSURE FORM

Date:	6/11/2022
Your Name:	Robert Biesen
Manuscript Title:	Impaired Neutralization of SARS-CoV-2 Including Omicron Variants after COVID-19 mRNA Booster Immunization under Methotrexate Therapy
Manuscript Number (if known):	Not yet available

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.

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)	-
		Time frame: Since the initial plann	ing of the work
1	All support for the present	D None	
	manuscript (e.g., funding,	Freunde und Förderer der Berliner Charité e.V.	Unconditional donation
	provision of	medac GmbH	Unconditional donation
	study	Galapagos NV	Unconditional donation
	materials, medical	COVIM: NaFoUniMedCovid19 (FKZ: 01KX2021)	Financial support to Leif Sander (Berlin), Florian Kurth (Berlin), Florian Klein (Cologne)
	writing, article processing	Federal Institute for Drugs and Medical Devices (V-2021.3 / 1503_68403 / 2021- 2022)	Financial support to Leif Sander (Berlin) and Florian Kurth (Berlin)
	charges, etc.)	German Center for Infection Research (DZIF)	Florian Klein (Cologne)
	No time limit for this item.	Deutsche Forschungsgemeinschaft (DFG)	CRC1310 to Florian Klein (Cologne) and SFB- TR84 to Leif Sander (Berlin).
Time frame: past 36 n			nths

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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)
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	⊠ None	
4	Consulting fees	☑ None □ □ □ □ □ □	
5	Payment or honoraria for 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	

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8	Patents planned, issued or pending	☑ None ☑ ☑ ☑ ☑ ☑ ☑		
9	Participation on a Data Safety Monitoring Board or Advisory Board	None		
1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None		
1 1	Stock or stock options	None		
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None □ □ □ □ □ □		
1 3	Other financial or non- financial interests	⊠ None □ □ □ □ □ □		
Ple	Please place an "X" next to the following statement to indicate your agreement:			

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

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