ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

3. Relevant financial activities outside the submitted work.


5. Relationships not covered above.

Definitions.

**Entity**: government agency, foundation, commercial sponsor, academic institution, etc.

**Grant**: A grant from an entity, generally (but not always) paid to your organization

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**Other**: Anything not covered under the previous three boxes

**Pending**: The patent has been filed but not issued

**Issued**: The patent has been issued by the agency

**Licensed**: The patent has been licensed to an entity, whether earning royalties or not

**Royalties**: Funds are coming in to you or your institution due to your patent
## Section 1. Identifying Information

1. Given Name (First Name) | Sigrun
2. Surname (Last Name) | Schmidt
3. Date | 07-April-2020
4. Are you the corresponding author? | Yes ✔ No
5. Manuscript Title | Predictive values of real-time reverse transcription polymerase chain reaction for 2019-nCoV
6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes ✔ No

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication. Are there any relevant conflicts of interest? Yes ✔ No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes ✔ No
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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Schmidt has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Henrik F.
2. Surname (Last Name) Lorentzen
3. Date 09-April-2020
4. Are you the corresponding author? ☑ Yes ☐ No

5. Manuscript Title
    Estimation of predictive values for RT-PCR and serologic tests to illustrate challenges in testing for COVID19

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☑ Yes ☐ No

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Are there any relevant conflicts of interest? ☑ Yes ☐ No

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
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</table>

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Lorentzen
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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Dr. Lorentzen reports personal fees from LEO Pharma, personal fees from Sanofi, personal fees from Astra Zeneca, outside the submitted work.
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Section 1. Identifying Information

1. Given Name (First Name)  
   Thomas

2. Surname (Last Name)  
   Benfield

3. Date  
   08-April-2020

4. Are you the corresponding author?  
   Yes [ ] No [ ✔ ]

   Corresponding Author's Name  
   Henrik Frank Lorentzen

5. Manuscript Title  
   Predictive values of real-time reverse transcription polymerase chain reaction for 2019-nCoV: Use of latent class analysis to illustrate diagnostic challenges

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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   Yes [ ] No [ ✔ ]

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Are there any relevant conflicts of interest?  
   Yes [ ✔ ] No [ ]

If yes, please fill out the appropriate information below.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

- [ ] Yes  
- [x] No

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Dr. Benfield reports grants from Pfizer, grants from Novo Nordisk Foundation, grants from Simonsen Foundation, grants and personal fees from GSK, grants and personal fees from Pfizer, personal fees from Boehringer Ingelheim, personal fees from Gilead, personal fees from MSD, outside the submitted work; .
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4. Are you the corresponding author? □ Yes ✔ No

Corresponding Author's Name
Henrik F. Lorentzen

5. Manuscript Title
Estimation of the diagnostic accuracy of RT-qPCR for SARS-CoV-2 using reanalysis of published data

6. Manuscript Identifying Number (if you know it)
UFL-04-20-0237

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Dr. Sandholdt has nothing to disclose.

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