

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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jesse

2. Surname (Last Name) Papenburg

3. Date 28-June-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Diagnostic Accuracy of Novel and Traditional Rapid Tests for Influenza Infection Compared to RT-PCR: Systematic Review and Meta-Analysis.

6. Manuscript Identifying Number (if you know it)
M17-0848

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
BD Diagnostic Systems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investigator Initiated Study Grant
Québec Health Research Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Career Award

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

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Cepheid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaking fees
AbbVie	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting, advisory board, study grant

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
RPS Diagnostics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory board

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Papenburg reports grants from BD Diagnostic Systems, other from Québec Health Research Fund , during the conduct of the study; personal fees from Cepheid, grants and personal fees from AbbVie, personal fees from RPS Diagnostics, outside the submitted work; .

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) Joanna	2. Surname (Last Name) Merckx	3. Date 29-June-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jesse Papenburg
5. Manuscript Title Diagnostic Accuracy of Novel and Traditional Rapid Tests for Influenza Infection Compared to RT-PCR: Systematic Review and Meta-Analysis		
6. Manuscript Identifying Number (if you know it) M17-0848		

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
BD Diagnostic Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Investigator initiated study funding

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Dr. Merckx reports other from BD Diagnostic Systems, during the conduct of the study; .

Evaluation and Feedback

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1. Given Name (First Name)
Rehab

2. Surname (Last Name)
Wali

3. Date
29-June-2017

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Jesse Papenburg

5. Manuscript Title
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BD Diagnostic Systems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	investigator-initiated grant applied for after work had started. Principal investigator decided to give me part of the grant received for my contribution to the research

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Dr. Wali reports grants from BD Diagnostic Systems, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Nandini

2. Surname (Last Name) Dendukuri

3. Date 07-July-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name Jesse Papenburg

5. Manuscript Title Diagnostic Accuracy of Novel and Traditional Rapid Tests for Influenza Infection Compared to RT-PCR: Systematic Review and Meta-Analysis

6. Manuscript Identifying Number (if you know it) M17-0848

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corresponding author received grant from Becton & Dickinson to support systematic review and meta-analysis. The company was not involved with the execution or interpretation of the research.

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Dr. Dendukuri reports grants from null, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name) Genevieve	2. Surname (Last Name) Gore	3. Date 28-June-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jesse Papenburg
5. Manuscript Title Diagnostic Accuracy of Novel and Traditional Rapid Tests for Influenza Infection Compared to RT-PCR: Systematic Review and Meta-Analysis		
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Ms. Gore reports other from BD Diagnostic Systems, during the conduct of the study; .

Evaluation and Feedback

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1. Identifying information.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Chelsea

2. Surname (Last Name)
Caya

3. Date
28-June-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Dr. Jesse Papenburg

5. Manuscript Title
Diagnostic accuracy of novel and traditional rapid tests for influenza infection compared to RT-PCR: systematic review and meta analysis

6. Manuscript Identifying Number (if you know it)
M17-0848

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

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Ms. Caya has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Caroline

2. Surname (Last Name)
Chartrand

3. Date
07-March-2017

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Jesse Papenburg

5. Manuscript Title
"Diagnostic Accuracy of Novel and Traditional Rapid Tests for Influenza Infection Compared to RT-PCR: Systematic Review and Meta-Analysis."

6. Manuscript Identifying Number (if you know it)
M17-0848

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
BD Diagnostics - Diagnostic Systems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Investigator initiated study funding

Section 3. Relevant financial activities outside the submitted work.

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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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Dr. Chartrand reports grants from BD Diagnostics - Diagnostic Systems, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name) Ian	2. Surname (Last Name) Schiller	3. Date 07-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jesse Papenburg
5. Manuscript Title Diagnostic Accuracy of Novel and Traditional Rapid Tests for Influenza Infection Compared to RT-PCR: Systematic Review and Meta-Analysis		
6. Manuscript Identifying Number (if you know it) M17-0848		

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