

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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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.

Use this section to report 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.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Hannah	2. Surname (Last Name) Meredith	3. Date 28-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Justin Lessler
5. Manuscript Title The incubation period of COVID-19 from publicly reported confirmed cases: estimation and application		
6. Manuscript Identifying Number (if you know it) M20-0504		

### 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.

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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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### Section 6. Disclosure Statement

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Dr. Meredith 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)  
Kyra

2. Surname (Last Name)  
Grantz

3. Date  
28-February-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Justin Lessler

5. Manuscript Title  
The incubation period of COVID-19 from publicly reported confirmed cases: estimation and application

6. Manuscript Identifying Number (if you know it)  
M20-0504

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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
US Centers for Disease Control and Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest?  Yes  No

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Ms. Grantz reports grants from US Centers for Disease Control and Prevention, 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)  
Forrest

2. Surname (Last Name)  
Jones

3. Date  
02-March-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Justin Lessler

5. Manuscript Title

The incubation period of 2019-nCoV from publicly reported confirmed cases: estimation and application

6. Manuscript Identifying Number (if you know it)

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Mr. Jones has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Andrew	2. Surname (Last Name) Azma	3. Date 02-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name
5. Manuscript Title The incubation period of 2019-nCoV from publicly reported confirmed cases: estimation and application		
6. Manuscript Identifying Number (if you know it) M20-0504		

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Dr. Azma has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Stephen Alexander

2. Surname (Last Name)  
Lauer

3. Date  
02-March-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Justin Lessler

5. Manuscript Title

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M20-0504

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Dr. Lauer has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Justin

2. Surname (Last Name)  
Lessler

3. Date  
03-March-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
The incubation period of COVID-19 from publicly reported confirmed cases: estimation and application

6. Manuscript Identifying Number (if you know it)  
M20-0504

### 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
US CDC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Lessler reports grants from US CDC, during the conduct of the study; .

### 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)

Qifang

2. Surname (Last Name)

Bi

3. Date

03-March-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Justin Lessler

5. Manuscript Title

The incubation period of COVID-19 from publicly reported confirmed cases: estimation and application

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Are there any relevant conflicts of interest?  Yes  No

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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

Dr. Bi 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) Qulu	2. Surname (Last Name) Zheng	3. Date 16-February-1994
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title The incubation period of COVID-19 from publicly reported confirmed cases: estimation and application	_____	
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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Dr. Zheng has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Nicholas

2. Surname (Last Name)  
Reich

3. Date  
03-March-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Justin Lessler

5. Manuscript Title  
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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
NIGMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alexander von Humboldt Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	They are providing a fellowship supporting my research activities in 2019/2020.

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

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