

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.

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4. Intellectual Property.

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

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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)

Justin

2. Surname (Last Name)

Lessler

3. Date

22-April-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Lauren M. Kucirka

5. Manuscript Title

Variation in False Negative Rate of RT-PCR Based SARS-CoV-2 Tests by Time Since Exposure

6. Manuscript Identifying Number (if you know it)

M20-1495

Section 2. The Work Under Consideration for Publication

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Dr. Lessler 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) Denali	2. Surname (Last Name) Boon	3. Date 22-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lauren Kucirka
5. Manuscript Title Variation in False Negative Rate of RT-PCR Based SARS-CoV-2 Tests by Time Since Exposure		
6. Manuscript Identifying Number (if you know it) M20-1495		

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. Boon 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) Stephen A. 2. Surname (Last Name) Lauer 3. Date 22-April-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Lauren M. Kucirka

5. Manuscript Title
Variation in False Negative Rate of RT-PCR Based SARS-CoV-2 Tests by Time Since Exposure

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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
CDC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NIAID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Lauer reports grants from CDC, grants from NIAID, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)

Lauren

2. Surname (Last Name)

Kucirka

3. Date

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Variation in False Negative Rate of RT-PCR Based SARS-CoV-2 Tests by Time Since Exposure

6. Manuscript Identifying Number (if you know it)

M20-1495

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Dr. Kucirka 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)
Oliver

2. Surname (Last Name)
Laeyendecker

3. Date
24-April-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Lauren M Kucirka

5. Manuscript Title
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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIAMD, Division of Intramural Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	They pay my salary

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