

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.

Identifying information.

2. The work under consideration for publication.

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Royalties: Funds are coming in to you or your institution due to your patent

Abassi 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Mahsa	2. Surname (Last Name) Abassi	3. Date 29-June-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Caleb Skipper
5. Manuscript Title Hydroxychloroquine in Non-Hospitaliz	ed Adults with Early COVID)-19: A Randomized Clinical Trial
6. Manuscript Identifying Number (if you k M20-4207	now it)	
Section 2. The Work Under C	onsideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
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Section 4. Intellectual Prope	rty Patents & Copyric	ghts
Do you have any patents, whether plan	nned, pending or issued, br	roadly relevant to the work? Yes V No

Abassi 2



Section 5. Relationships not covered above
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Dr. Abassi has nothing to disclose.

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Bangdiwala 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Ananta	2. Surname (Last Name) Bangdiwala	3. Date 26-June-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name David Boulware
5. Manuscript Title Hydroxychloroquine in Non-Hospitalize	ed Adults with Early COVID)-19: A Randomized Clinical Trial
6. Manuscript Identifying Number (if you kr M20-4207	now it)	
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Bangdiwala 2



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1. Given Name (First Name) David	2. Surna Boulwa	me (Last Nar re	ne)		3. Date 26-June-2020	
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Section 2. The Work Under Co	nsidera	tion for P	ublication			
Did you or your institution at any time receivany aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere If yes, please fill out the appropriate info Excess rows can be removed by pressing	but not linst?	mited to gran Yes oelow. If yo	nts, data monitoring	board, st	udy design, manuscript preparation,	
Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
iteve Kirsch	√					
an and David Barcuski	✓					
Minnesota Chinese Chamber of Commerce	✓					
Alliance of Minnesota Chinese Organizations	✓					
Rising Pharmaceuticals			✓		Donation of hydroxychloroquine	
University of Minnesota Foundation	✓					
Section 3. Polovant financial c						
Relevant financial a	ictivitie	s outside [·]	the submitted	work.		
Place a check in the appropriate boxes ir of compensation) with entities as descril clicking the "Add +" box. You should rep	oed in th	e instructio	ns. Use one line fo	or each e	ntity; add as many lines as you nee	d by
Are there any relevant conflicts of intere	st?	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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	owing relationships/conditions/circumstances are present (explain below): ationships/conditions/circumstances that present a potential conflict of interest	
implementation corporations wit ReviveTherapeur or planned COIV used for COVID-Infectious Diseas relevant to prop Boulware has recreived funding	tment of coronavirus, Dr. Boulware has provided free advice regarding clinical trial design and to >100 citizens, investigators, institutions, or corporations as asked since March 17, 2020. Notable th active therapeutic programs where clinical trial discussions have occurred include: Regeneron, tics, and FujiFilm. No reimbursement for providing clinical trial design advice has been requested. No active //D projects exist with any corporation. Gilead, which makes remdesivir, which is an intravenous medicine 19 treatment in hospitalized patients, has provided grants and Ambisome antifungal medication to the se Institute in Uganda and Meningitis Foundation for meningitis-related research. This is not directly oblylaxis or outpatient oral therapy for mild COVID-19, but this is in the realm of treatment of COVID-19. Dr. ceived \$17.79 worth of food/beverage on 4/23/2018 at a medical conference on Essential Diagnostics, which g by Gilead. Dr. Boulware collaborates with multiple pharmaceutical companies making novel antifungal yptococcal meningitis in public-prviate research partnerships, without any financial interests or payments panies.	
Dr. Boulware has	s no relevant relationship with any company which makes therapeutics for post-exposure prophylaxis to	

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Section 6.

Disclosure Statement

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Dr. Boulware reports grants from Steve Kirsch, grants from Jan and David Barcuski, grants from Minnesota Chinese Chamber of Commerce, grants from Alliance of Minnesota Chinese Organizations, non-financial support from Rising Pharmaceuticals, grants from University of Minnesota Foundation, during the conduct of the study; and Relevant to treatment of coronavirus, Dr. Boulware has provided free advice regarding clinical trial design and implementation to >100 citizens, investigators, institutions, or corporations as asked since March 17, 2020. Notable corporations with active therapeutic programs where clinical trial discussions have occurred include: Regeneron, ReviveTherapeutics, and FujiFilm. No reimbursement for providing clinical trial design advice has been requested. No active or planned COIVD projects exist with any corporation. Gilead, which makes remdesivir, which is an intravenous medicine used for COVID-19 treatment in hospitalized patients, has provided grants and Ambisome antifungal medication to the Infectious Disease Institute in Uganda and Meningitis Foundation for meningitis-related research. This is not directly relevant to prophylaxis or outpatient oral therapy for mild COVID-19, but this is in the realm of treatment of COVID-19. Dr. Boulware has received \$17.79 worth of food/beverage on 4/23/2018 at a medical conference on Essential Diagnostics, which received funding by Gilead. Dr. Boulware collaborates with multiple pharmaceutical companies making novel antifungal medicines for cryptococcal meningitis in public-prviate research partnerships, without any financial interests or payments from these companies.

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Evaluation and Feedback

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Cheng 1



Section 1. Identifying Information	ation		
1. Given Name (First Name) Matthew P.	2. Surname (Last Name) Cheng		3. Date 02-June-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Auth	
5. Manuscript Title Hydroxychloroquine in Non-Hospitalized	d Adults with Early COVID	0-19: A Randomized C	Clinical Trial"
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If yes, please fill out the appropriate info		e more than one ent	ity press the "ADD" button to add a row.
Excess rows can be removed by pressing			,
Name of Institution/Company	Grant'	n-Financial other?	Comments
McGill Interdisciplinary Initiative in Infection and Immunity	✓ □		
Canadian Institutes of Health Research			
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Are there any relevant conflicts of interes	st? ✓ Yes No		
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Name of Entity	Grant	n-Financial Other?	Comments
GEn1E Lifesciences			I am on the scientific advisory board of GEn1E lifesciences

Cheng 2



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Dr. Cheng reports grants from McGill Interdisciplinary Initiative in Infection and Immunity, grants from Canadian Inst of Health Research, during the conduct of the study; personal fees from GEn1E Lifesciences (as a member of the Sciences Advisory Board), outside the submitted work; .	

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Drobot 1



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any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
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Drobot 2



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Royalties: Funds are coming in to you or your institution due to your patent

Engen 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Nicole	rst Name)	2. Surname (Last Name) Engen	3. Date 29-June-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name David Boulware
5. Manuscript Title Hydroxychloroq		ed Adults with Early COVID	0-19: A Randomized Clinical Trial
6. Manuscript Ider M20-4207	ntifying Number (if you kr	now it)	
			-
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	ı) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyri <u>c</u>	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Engen 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Ms. Engen has no	othing to disclose.

Evaluation and Feedback

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Engen 3



Instructions

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Hullsiek 1



Section 1. Identifying Infor	mation			
1. Given Name (First Name) Katherine	2. Surname (Last Name) Hullsiek	3. Date 26-June-2020		
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name		
5. Manuscript Title Hydroxychloroquine in Non-Hospitali	zed Adults with Early COVID	-19: A Randomized Clinical Trial		
6. Manuscript Identifying Number (if you M20-4207	know it)	_		
Section 2. The Work Under	Consideration for Public	ation		
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Section 3. Relevant financia	l activities outside the s	ubmitted work		
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Section 4. Intellectual Brown	outur Datoute & Commis	hte		
intellectual Propo	erty Patents & Copyrig	nts ———		
Do you have any patents, whether pla	nned, pending or issued, bro	oadly relevant to the work? Yes V No		

Hullsiek 2



Section 5. Relationships not severed above
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Dr. Hullsiek has nothing to disclose.

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Hullsiek 3



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Kelly 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Lauren	2. Surname (Last Name) Kelly	3. Date 26-June-2020		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Caleb Skipper		
5. Manuscript Title Hydroxychloroquine in non-hospitalize	d adults with early covid-1	19; a randomized clinical trial		
6. Manuscript Identifying Number (if you kr M20-4207	now it)			
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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 Vo				
Section 3. Relevant financial	activities outside the s	submitted work.		
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Section 4. Intellectual Property	du. Datauta (Carrie	nháo.		
intellectual Propei	rty Patents & Copyric	gnts		
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No		

Kelly 2



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Dr. Kelly has nothing to disclose.

Evaluation and Feedback

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Kelly 3



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Lee 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Todd	rst Name)	2. Surname (Last Name) Lee		3. Date 26-June-2020	
4. Are you the cor	responding author?	Yes No Corresponding Author's Name Caleb Skipper		s Name	
5. Manuscript Title Hydroxychloroqu		ed Adults with Early COVIE	0-19: A Randomized Clini	ical Trial	
6. Manuscript Ider M20-4207	ntifying Number (if you kr	now it)			
	ı				
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Name of Entity		Grant	n-Financial other?	Comments	
onds de Recherche	du Quebec Sante		Sa	alary support	
Section 4.	•	rty Patents & Copyri			
Do you have any	patents, whether plan	ned, pending or issued, bi	oadly relevant to the wo	ork? Yes 🗸 No	

Lee 2



Section 5. Polationships not severed above				
Relationships not covered above				
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Disclosure Statement				
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Dr. Lee reports personal fees from Fonds de Recherche du Quebec Sante, outside the submitted work; .				

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Lee 3



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Lofgren 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fi Sarah	rst Name)	2. Surname (Last Na Lofgren	ame)	3. Date 26-Jur	e ne-2020
4. Are you the cor	responding author?	Yes ✓ No	-	Corresponding Author's Name Caleb Skipper	
5. Manuscript Title Hydroxychloroq	e uine in Non-Hospitalize	d Adults with Early	COVID-19: A Rand	omized Clinical Trial	
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Name of Institut	ion/Company	Grant? Persona	Non-Financial Support?	Other? Comments	s
NIH-NIMH		✓		K23 MH12122	20
	l				
Section 3.	Relevant financial a	activities outside	the submitted	work.	
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Do you have any	patents, whether planr	ned, pending or issu	ied, broadly releva	ant to the work?	es 🗸 No

Lofgren 2



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Dr. Lofgren reports grants from NIH-NIMH, during the conduct of the study; .

Evaluation and Feedback

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Lofgren 3



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Other: Anything not covered under the previous three boxes

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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

Lother 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fii Sylvain	rst Name)	2. Surname (Last Name) Lother	3. Date 06-July-2020		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name David Boulware		
5. Manuscript Title Hydroxychloroq		ed Adults with Early COVID	-19: A Randomized Trial		
6. Manuscript Ider	ntifying Number (if you kr	now it)			
			-		
Section 2.	The Work Under Co	onsideration for Public	cation		
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 s	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 Vo					
Section 4.	Intellectual Proper	rty Patents & Copyric	yhts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No		

Lother 2



Section 5. Polationships not severed above
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
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
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. Lother has nothing to disclose.

Evaluation and Feedback

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Lother 3



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Royalties: Funds are coming in to you or your institution due to your patent

Luke 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Darlette	2. Surname (Last Name) Luke	3. Date 26-June-2020		
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title "Hydroxychloroquine in Non-Hospitaliz	zed Adults with Early COVID-19: A Randomized Clinic	al Trial."		
6. Manuscript Identifying Number (if you kr M20-4207	now it)			
Section 2. The Work Under Co	onsideration 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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Section 4. Intellectual Branco				
Intellectual Proper	rty Patents & Copyrights			
Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the work	?		

Luke 2



Section 5. Relationships not severed above
Relationships not covered above
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Luke 3



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MacKenzie 1



Section 1. Identifying Info	rmation				
1. Given Name (First Name) Lauren	2. Surname (Last Name) MacKenzie	3. Date 26-June-2020			
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name David Boulware			
5. Manuscript Title Hydroxychloroquine in Non-Hospital	ized Adults with Early COVID	-19: A Randomized Clinical Trial			
6. Manuscript Identifying Number (if you M20-4207	know it)				
Section 2. The Work Under	Consideration for Public	cation			
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Section 4. Intellectual Prop					
Intellectual Prop	erty Patents & Copyric	hts			
Do you have any patents, whether pla	anned, pending or issued, br	oadly relevant to the work? Yes V No			

MacKenzie 2



Section 5. Relationships not covered above
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MacKenzie 3



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Royalties: Funds are coming in to you or your institution due to your patent

McDonald 1



Section 1.	Identifying Inform	nation			
1. Given Name (First Name) 2. Surname (Last Name) Emily McDonald			3. Date 28-June-2020		
4. Are you the cor	4. Are you the corresponding author? Yes Volume No		Corresponding Author's Name Caleb Skipper		
5. Manuscript Title Hydroxychloroq		ed Adults with Early COVID	n-19: A Randomized Clinical Trial		
6. Manuscript Ider	ntifying Number (if you kr	now it)			
			-		
Section 2.	The Work Under Co	onsideration for Public	tation		
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Section 3.					
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Section 4.	Intellectual Proper	rty Patents & Copyri <u>c</u>	yhts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?		

McDonald 2



Section 5. Polationships not severed above
Relationships not covered above
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Dr. McDonald has nothing to disclose.

Evaluation and Feedback

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Nascene 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fii Alanna	rst Name)	2. Surname (Last Name) Nascene	3. Date 26-June-2020		
4. Are you the corresponding author? Yes ✓ No		Yes ✓ No	Corresponding Author's Name David R. Boulware		
5. Manuscript Title Hydroxychloroq		ed Adults with Early COVID	-19: A Randomized Trial		
6. Manuscript Ider	ntifying Number (if you kr	now it)			
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	ı				
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No		

Nascene 2



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Ms. Nascene has nothing to disclose.

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Nicol 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fi Melanie	rst Name)	2. Surname (Last Name Nicol	·)	3. Date 26-June-2020		
4. Are you the cor	responding author?	☐ Yes ✓ No		Corresponding Author's Name David Boulware		
5. Manuscript Title Hydroxychloroq	e uine in Non-Hospitalize	d Adults with Early CO	VID-19: A Randomi	zed Clinical Trial		
6. Manuscript Ider M20-4207	ntifying Number (if you kno	ow it)				
	l					
Section 2.	The Work Under Co	onsideration for Pul	olication			
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Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	her? Comments		
NIH- NIAID		✓		salary support		
Section 3.	Relevant financial a	activities outside th	e submitted wo	rk.		
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Section 4.	Intellectual Propert	ty Patents & Copy	vrights			
Do you have any	patents, whether plann	ned, pending or issued	, broadly relevant t	o the work? Yes No	0	

Nicol 2



Section 5. Relationships not covered above
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Dr. Nicol reports grants from NIH- NIAID, during the conduct of the study; .

Evaluation and Feedback

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Nicol 3



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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

Okafor 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fi Elizabeth	rst Name)	2. Surname (Last Name) Okafor		3. Date 26-June-2020	
4. Are you the cor	responding author?	✓ Yes No			
5. Manuscript Title Hydroxychloroq		d Adults with Early COVID-19: A R	andomized Clinical	Trial	
6. Manuscript Idei M20-4207	ntifying Number (if you kr	ow it)			
Section 2.	The Work Under Co	onsideration 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					
	ı				
Section 3.	Relevant financial	activities outside the submit	ted 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 Vo					
Section 4.	Intellectual Proper	ty Patents & Copyrights			
Do you have any	patents, whether plan	ned, pending or issued, broadly re	elevant to the work?	? Yes 🗸 No	

Okafor 2



Section 5.	
Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. Irnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abbelow.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box

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Okafor 3



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Pastick 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fi Katelyn	rst Name)	2. Surname (Last Name) Pastick		3. Date 26-June-	-2020	
4. Are you the cor	responding author?	Yes ✓ No	-	Corresponding Author's Name David R Boulware		
5. Manuscript Title Hydroxychloroq		ed Adults with Early COV	ID-19: A Rando	omized Trial		
6. Manuscript Ider M20-4207	ntifying Number (if you kn	now it)				
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Name of Institut	ion/Company	Grant? Personal N	on-Financial Support?	Other? Comments		
Doris Duke Charitable	e Foundation	✓				
	ı					
Section 3.	Relevant financial	activities outside the	submitted v	work.		
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Section 4.	Intellectual Proper	ty Patents & Copyr	ights			
Do you have any	patents, whether plan	ned, pending or issued,	broadly relevar	nt to the work? Yes	✓ No	

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Section 6. Disclosure Statement
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Dr. Pastick reports grants from Doris Duke Charitable Foundation, during the conduct of the study.

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Pullen 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fii Matthew	rst Name)	2. Surname (Last Name Pullen)	3. Date 26-June-	2020	
4. Are you the cor	responding author?	☐ Yes ✓ No	-	Corresponding Author's Name David Boulware		
5. Manuscript Title Hydroxychloroq		ed Adults with Early CO	VID-19: A Rando	omized Trial		
6. Manuscript Ider M20-4207	ntifying Number (if you kn	now it)				
	ı					
Section 2.	The Work Under Co	onsideration for Pub	olication			
any aspect of the s statistical analysis, Are there any rel- If yes, please fill c	ubmitted work (including etc.)? evant conflicts of intere	est? Yes No ormation below. If you he g the "X" button.	data monitoring nave more than	board, study design, manu	orivate foundation, etc.) for uscript preparation, DD" button to add a row.	
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Other Comments		
National Institutes of	Health - NIAID	✓		T32Al055433		
	l					
Section 3.	Relevant financial	activities outside th	e submitted v	work.		
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Section 4.	Intellectual Proper	ty Patents & Copy	rights			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						

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Section 5.	
Section 3.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
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Dr. Pullen report	s grants from National Institutes of Health - NIAID, during the conduct of the study; .

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Rajasingham 1



Section 1. Identifying Info	rmation				
1. Given Name (First Name) Radha	2. Surname (Last Name) Rajasingham	3. Date 26-June-2020			
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name			
5. Manuscript Title Hydroxychloroquine in Non-Hospital	lized Adults with Early COVID	-19: A Randomized Clinical Trial			
6. Manuscript Identifying Number (if you M20-4207	ı know it)	_			
Section 2. The Work Under	Consideration for Public	cation			
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 financi	al activities outside the s	submitted work.			
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Section 4. Intellectual Prop	erty Patents & Copyric	yhts			
Do you have any patents, whether pl	anned, pending or issued, br	oadly relevant to the work? Yes V No			

Rajasingham 2



Section 5. Relationships not sovered above
Relationships not covered above
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Section 6. Disclosure Statement
Disclosure statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Rajasingham has nothing to disclose.

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Schwartz 1



Section 1. Identifying Info	rmation			
1. Given Name (First Name) 2. Surname (Last Na Ilan Schwartz		3. Date 26-June-2020		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name		
5. Manuscript Title Hydroxychloroquine in Non-Hospital	lized Adults with Early COVID	9-19: A Randomized Clinical Trial		
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Schwartz 2



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Dr. Schwartz has nothing to disclose.

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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

Skipper 1



Section 1					
Section 1. Identifying Information					
Given Name (First Name) Caleb	2. Surname (Last Name) Skipper	3. Date 06-July-2020			
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name David Boulware			
5. Manuscript Title Hydroxychloroquine in Non-Hospitalized	d Adults with Early COVID	D-19: A Randomized 기	⁻ rial		
6. Manuscript Identifying Number (if you known M20-4207	ow it)				
Section 2. The Work Under Co	nsideration for Publi	cation			
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.					
Name of Institution/Company	Excess rows can be removed by pressing the "X" button. Name of Institution/Company Grant Personal Support Other Comments				
Fogarty International Center	✓		I was awarded a FIC global health fellowship research grant. Due to COVID-19, I had to pause my research in Africa. Instead I used my supported research time for our COVID HCQ trials. The grant did not directly fund this trial.		
Section 3. Relevant financial a	ctivities 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 V No					

Skipper 2



Section 4					
Section 4. Intellectual Property Patents & Copyrights					
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					
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					
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.					
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. Skipper reports grants from Fogarty International Center, during the conduct of the study; .					

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Skipper 3



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.

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".

3. Relevant financial activities outside the submitted work.

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.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

Williams 1



Section 1.	Identifying Inform	ation		
1. Given Name (Firs Darlisha	st Name)	2. Surname (Last Name) Williams	3. Date 12-June-2020	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Caleb Skipper	
5. Manuscript Title Hydroxychloroqu	ine in Non-Hospitalize	d Adults with Early COVID	-19: A Randomized Clinical Trial	
6. Manuscript Ident	tifying Number (if you kn	ow it)		
			-	
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Section 3.	Relevant financial	activities outside the s	ubmitted work.	
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Section 4.	Intellectual Proper	ty Patents & Copyrig	yhts	
Do you have any լ	patents, whether plani	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Williams 2



Section 5. Relationships not covered above
Relationships not covered above
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Section 6. Disclosure Statement
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Dr. Williams has nothing to disclose.

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Williams 3



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Zarychanski 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fii Ryan	rst Name)	2. Surname (Last Name) Zarychanski		Date 7-June-2020
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name David Boulware	
5. Manuscript Title Hydroxychloroqu		ed Adults with Early COVID	-19: A Randomized Clinical Tri	ial
6. Manuscript Ider M20-4207	ntifying Number (if you kn	now it)		
			_	
Section 2.	The Work Under Co	onsideration for Public	cation	
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Section 3.	Dalamat Caracial		and an internal and a second	
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Section 4.	Intollectual Preper	ty Patents & Copyric	thte	
	•		_	_
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes 🗸 No

Zarychanski 2



Section 5. Relationships not sovered above
Relationships not covered above
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Zarychanski 3