

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".

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.

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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.

Definitions.

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

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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)

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-Hospitalized Adults with Early COVID-19: A Randomized Clinical Trial

6. Manuscript Identifying Number (if you know it)

M20-4207

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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Dr. Abassi 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) Ananta	2. Surname (Last Name) Bangdiwala	3. Date 26-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Boulware
5. Manuscript Title Hydroxychloroquine in Non-Hospitalized Adults with Early COVID-19: A Randomized Clinical Trial		
6. Manuscript Identifying Number (if you know it) M20-4207		

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. Bangdiwala 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)
David

2. Surname (Last Name)
Boulware

3. Date
26-June-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Hydroxychloroquine in Non-Hospitalized Adults with Early COVID-19: A Randomized Trial

6. Manuscript Identifying Number (if you know it)
M20-4207

Section 2. The Work Under Consideration for Publication

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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
Steve Kirsch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Jan and David Barcuski	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Minnesota Chinese Chamber of Commerce	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alliance of Minnesota Chinese Organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rising Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Donation of hydroxychloroquine
University of Minnesota Foundation	<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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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 COVID 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-private research partnerships, without any financial interests or payments from these companies.

Dr. Boulware has no relevant relationship with any company which makes therapeutics for post-exposure prophylaxis to coronavirus

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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 COVID 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-private research partnerships, without any financial interests or payments from these companies.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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 Author's Name
Matthew P. Cheng

5. Manuscript Title
Hydroxychloroquine in Non-Hospitalized Adults with Early COVID-19: A Randomized Clinical Trial"

6. Manuscript Identifying Number (if you know it)
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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
McGill Interdisciplinary Initiative in Infection and Immunity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Canadian Institutes of Health Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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GEn1E Lifesciences	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am on the scientific advisory board of GEn1E lifesciences

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Dr. Cheng reports grants from McGill Interdisciplinary Initiative in Infection and Immunity, grants from Canadian Institutes of Health Research, during the conduct of the study; personal fees from GEN1E Lifesciences (as a member of the Scientific Advisory Board), outside the submitted work; .

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Glen

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Drobot

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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

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?

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Section 6. Disclosure Statement

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Dr. Drobot has nothing to disclose.

Evaluation and Feedback

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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) Nicole	2. Surname (Last Name) Engen	3. Date 29-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Boulware
5. Manuscript Title Hydroxychloroquine in Non-Hospitalized Adults with Early COVID-19: A Randomized Clinical Trial		
6. Manuscript Identifying Number (if you know it) M20-4207		

Section 2. The Work Under Consideration for Publication

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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

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Ms. Engen 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)

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-Hospitalized Adults with Early COVID-19: A Randomized Clinical Trial

6. Manuscript Identifying Number (if you know it)

M20-4207

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Dr. Hullsiek has nothing to disclose.

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

ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lauren	2. Surname (Last Name) Kelly	3. Date 26-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Caleb Skipper
5. Manuscript Title Hydroxychloroquine in non-hospitalized adults with early covid-19; a randomized clinical trial		
6. Manuscript Identifying Number (if you know it) M20-4207		

Section 2. The Work Under Consideration for Publication

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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

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Dr. Kelly 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)
Todd

2. Surname (Last Name)
Lee

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-Hospitalized Adults with Early COVID-19: A Randomized Clinical Trial

6. Manuscript Identifying Number (if you know it)
M20-4207

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Fonds de Recherche du Quebec Sante	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Salary support

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. Lee reports personal fees from Fonds de Recherche du Quebec Sante, outside 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)
Sarah

2. Surname (Last Name)
Lofgren

3. Date
26-June-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Caleb Skipper

5. Manuscript Title
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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
NIH-NIMH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K23 MH121220

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

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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) Sylvain	2. Surname (Last Name) Lother	3. Date 06-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Boulware
5. Manuscript Title Hydroxychloroquine in Non-Hospitalized Adults with Early COVID-19: A Randomized Trial		
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.

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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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Section 6. Disclosure Statement

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Dr. Lothar 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)
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-Hospitalized Adults with Early COVID-19: A Randomized Clinical Trial."

6. Manuscript Identifying Number (if you know it)
M20-4207

Section 2. The Work Under Consideration for Publication

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Luke 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)

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-Hospitalized Adults with Early COVID-19: A Randomized Clinical Trial

6. Manuscript Identifying Number (if you know it)

M20-4207

Section 2. The Work Under Consideration for Publication

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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. MacKenzie 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) Emily	2. Surname (Last Name) McDonald	3. Date 28-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Caleb Skipper
5. Manuscript Title Hydroxychloroquine in Non-Hospitalized Adults with Early COVID-19: A Randomized Clinical Trial		
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

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. McDonald 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)
Alanna

2. Surname (Last Name)
Nascene

3. Date
26-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
David R. Boulware

5. Manuscript Title
Hydroxychloroquine in Non-Hospitalized Adults with Early COVID-19: A Randomized Trial

6. Manuscript Identifying Number (if you know it)

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Ms. Nascene 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) Melanie

2. Surname (Last Name) Nicol

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-Hospitalized Adults with Early COVID-19: A Randomized Clinical Trial

6. Manuscript Identifying Number (if you know it) M20-4207

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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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH- NIAID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	salary support

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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. Nicol reports grants from NIH- NIAID, 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)
Elizabeth

2. Surname (Last Name)
Okafor

3. Date
26-June-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Hydroxychloroquine in Non-Hospitalized Adults with Early COVID-19: A Randomized Clinical Trial

6. Manuscript Identifying Number (if you know it)
M20-4207

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Katelyn

2. Surname (Last Name)
Pastick

3. Date
26-June-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
David R Boulware

5. Manuscript Title
Hydroxychloroquine in Non-Hospitalized Adults with Early COVID-19: A Randomized Trial

6. Manuscript Identifying Number (if you know it)
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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Doris Duke Charitable Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Pastick reports grants from Doris Duke Charitable Foundation, 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)
Matthew

2. Surname (Last Name)
Pullen

3. Date
26-June-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
David Boulware

5. Manuscript Title
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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institutes of Health - NIAID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T32AI055433

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Dr. Pullen reports grants from National Institutes of Health - NIAID, 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) Radha	2. Surname (Last Name) Rajasingham	3. Date 26-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Hydroxychloroquine in Non-Hospitalized Adults with Early COVID-19: A Randomized Clinical Trial	_____	
6. Manuscript Identifying Number (if you know it) M20-4207	_____	

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Dr. Rajasingham 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) Ilan	2. Surname (Last Name) Schwartz	3. Date 26-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Hydroxychloroquine in Non-Hospitalized Adults with Early COVID-19: A Randomized Clinical Trial		
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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".

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.

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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.

Definitions.

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

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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)
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 Adults with Early COVID-19: A Randomized Trial

6. Manuscript Identifying Number (if you know it)
M20-4207

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
Fogarty International Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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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

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Darlisha	2. Surname (Last Name) Williams	3. Date 12-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Caleb Skipper
5. Manuscript Title Hydroxychloroquine in Non-Hospitalized Adults with Early COVID-19: A Randomized Clinical Trial		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Williams has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ryan	2. Surname (Last Name) Zarychanski	3. Date 27-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David Boulware
5. Manuscript Title Hydroxychloroquine in Non-Hospitalized Adults with Early COVID-19: A Randomized Clinical Trial		
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Dr. Zarychanski has nothing to disclose.

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