

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 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.

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**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) Jonathan	2. Surname (Last Name) Whelan	3. Date 18-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Salivary Detection of COVID-19		
6. Manuscript Identifying Number (if you know it) M20-4738		

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Are there any relevant conflicts of interest?  Yes  No

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Mr. Whelan has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Jonathan	2. Surname (Last Name) Angel	3. Date 18-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Stephanie Johnson
5. Manuscript Title Salivary Detection of COVID-19		
6. Manuscript Identifying Number (if you know it) M20-4738		

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Dr. Angel has nothing to disclose.

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## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Lisa	2. Surname (Last Name) Caulley	3. Date 19-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Stephanie Johnson-Obaseki
5. Manuscript Title Salivary Detection of COVID-19		
6. Manuscript Identifying Number (if you know it) M20-4738		

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Dr. Caulley 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)

Nathalie

2. Surname (Last Name)

Bastien

3. Date

25-August-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Stephanie Johnson-Obaseki

5. Manuscript Title

Salivary Detection of COVID-19

6. Manuscript Identifying Number (if you know it)

M20-4738

### 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. Bastien 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)

MARTIN

2. Surname (Last Name)

CORITEN

3. Date

AUG 27/2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Salivary detection of COVID-19

6. Manuscript Identifying Number (if you know it)

M20-4738

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1. Given Name (First Name) Libni	2. Surname (Last Name) Eapen	3. Date 27-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Salivary Detection of COVID-19		
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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Stephanie

2. Surname (Last Name)  
Johnson-Obaseki

3. Date  
26-August-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Salivary detection of COVID-19

6. Manuscript Identifying Number (if you know it)  
M20-4738

### 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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### 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. Johnson-Obaseki 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)

Kym

2. Surname (Last Name)

Antonation

3. Date

19-August-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Dr. Johnson-Obaseki

5. Manuscript Title

Salivary Detection of COVID-19

6. Manuscript Identifying Number (if you know it)

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Guillaume

2. Surname (Last Name)

Poliquin

3. Date

25-August-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Stephanie Johnson-Obaseki

5. Manuscript Title

Salivary Detection of COVID-19

6. Manuscript Identifying Number (if you know it)

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