

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

Buckley 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fi David	rst Name)	2. Surname (Last Name Buckley	2)	3. Date 28-April-2	2020
4. Are you the cor	responding author?	☐ Yes ✓ No	Correspond Roger Cho	ling Author's Name ou	
5. Manuscript Title Update alert of e	e pidemiology of and risl	k factors for coronaviru	ıs infection in he	ealth care workers	
6. Manuscript Ider M20-4806	ntifying Number (if you kn	now it)			
	ı				
Section 2.	The Work Under Co	onsideration for Pu	blication		
any aspect of the s statistical analysis, Are there any rel If yes, please fill of Excess rows can	ubmitted work (including etc.)? evant conflicts of intere out the appropriate info be removed by pressing	but not limited to grants est? Yes No ermation below. If you g the "X" button.	, data monitoring o have more than	government, commercial, p board, study design, manu one entity press the "AD	script preparation,
Name of Institut	ion/Company	Grant• Fees?	Support?	Other Comments	
World Health Organia	zation	✓			
	l				
Section 3.	Relevant financial	activities outside th	e submitted v	work.	
of compensation clicking the "Add Are there any rel) with entities as descri	bed in the instructions port relationships that	. Use one line fo were present d u	ve financial relationships or each entity; add as mar uring the 36 months pri	ny lines as you need by
Section 4.	Intellectual Proper	ty Patents & Copy	/rights		
Do you have any	patents, whether plant	ned, pending or issued	, broadly relevai	nt to the work? Yes	✓ No

Buckley 2



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Dr. Buckley reports grants from World Health Organization, during the conduct of the study; .

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Buckley 3



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Selph 1



Section 1.	Identifying Inform	nation		
Given Name (First Name) Shelley		2. Surname (Last Name) Selph	3. Date 05-July-2020	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Roger Chou	
5. Manuscript Title Update alert of e		actors for coronavirus infe	ction in health care workers	
6. Manuscript Ide	ntifying Number (if you kr	now it)		
	_			
Section 2.	The Work Under Co	onsideration for Public	cation	
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Section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation clicking the "Add	the appropriate boxes i n) with entities as descri	in the table to indicate who 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 se present during the 36 months prior to publication.	
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Selph 2



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Dr. Selph has nothing to disclose.

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Totten 1



Section 1.	ldentifying Inform	nation			
1. Given Name (First Name) Annette		2. Surname (Last N Totten	Name) 3. Date 07-July-2020		
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Roger Chou		
5. Manuscript Title Epidemiology ar		navirus Infection in	n Healthcare Workers: A Rapid Review		
6. Manuscript Ide M20-1632	6. Manuscript Identifying Number (if you know it) M20-1632				
Costion 2					
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 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 Institut	ion/Company	Grant? Person	Other• Comments		
WHO		✓			
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Section 3. Relevant financial activities outside the submitted work.					
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Fu 1



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1. Given Name (Fi Rongwei	rst Name)	2. Surname (Last Name) Fu	3. Date 02-July-2020			
4. Are you the cor	responding author?	☐ Yes 🗸 No	Corresponding Author's Name Roger Chou			
•	5. Manuscript Title Update alert of epidemiology of and risk factors for coronavirus infection in health care workers					
6. Manuscript Ide M20-4806	6. Manuscript Identifying Number (if you know it) M20-4806					
	I					
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Do you have any		Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ✓ No				

Fu 2



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Dr. Fu has nothii	ng to disclose.				

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Chou 1



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4. Are you the corresponding author?	✓ Yes No	
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Name of Institution/Company	Grant? Personal Non-Finan Fees? Support	Other• Comments
World Health Organization	✓	
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Agency for Healthcare Research and Quality	√	

Chou 2



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Definitions.

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

Grant: A grant from an entity, generally [but not always] paid to your organization

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 **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

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Section 1. Identifying Inform	nation		
1. Given Name (First Name) Tracy	en Name (First Name) 2. Surname (Last Name) Dana		
4. Are you the corresponding author?	I. Are you the corresponding author? Yes ✓ No		
5. Manuscript Title Update alert of epidemiology of and ris	k factors for coronavirus i	nfection in health care workers	
6. Manuscript Identifying Number (if you kr M20-4806	now it)		
		_	
Section 2. The Work Under Co	onsideration 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 Vo			
Section 3. Relevant financial	activities outside the	submitted work.	
of compensation) with entities as descri	ibed in the instructions. Us port relationships that we	ether you have financial relationships (reg se one line for each entity; add as many lir re present during the 36 months prior t o	nes as you need by
Section 4. Intellectual Property			
Intellectual Proper	rty Patents & Copyri	Ints	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

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Section 5. Relationships 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
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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. Dana has nothing to disclose.

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