ICMJE DISCLOSURE FORM

Date:	3/30/2023
Your Name:	Roger Chou
Manuscript Title:	Major Update: Masks for Prevention of SARS-CoV-2 in Healthcare and Community Settings • Final Update of a Living Review
Manuscript Number (if known):	M23-0570

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None Time frame: past 36 months	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	None ■		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None ■		
13	Other financial or non-financial	□ None		
	interests	Agency for Healthcare Research and Quality	Payments made to institution to support conduct of the original review and first two updates (no subsequent funding)	
		World Health Organization	Methodologist for World Health Organization Infection Prevention and Control team for COVID-19	
	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

ICMJE DISCLOSURE FORM

Date:	3/30/2023
Your Name:	Tracy Dana
Manuscript Title:	Major Update: Masks for Prevention of SARS-CoV-2 in Healthcare and Community Settings – Final Update of the Living Review
Manuscript Number (if known):	M23-0570

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
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