

## 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.

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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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**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)  
Ronald

2. Surname (Last Name)  
Chow

3. Date  
12-August-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Hydroxychloroquine for the treatment of COVID-19: the importance of scrutiny of positive trials

6. Manuscript Identifying Number (if you know it)  
APM-20-1538

### 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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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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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Mr. Chow 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) Sameer	2. Surname (Last Name) Elsayed	3. Date 13-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Ronald Chow
5. Manuscript Title Hydroxychloroquine for the treatment of COVID-19: the importance of scrutiny of positive trials		
6. Manuscript Identifying Number (if you know it) APM-20-1538		

### 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. Elsayed 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) Charles	2. Surname (Last Name) Simone	3. Date 12-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ronald Chow
5. Manuscript Title Hydroxychloroquine for the treatment of COVID-19: the importance of scrutiny of positive trials		
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Dr. Simone has nothing to disclose.

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1. Given Name (First Name) Michael

2. Surname (Last Name) Lock

3. Date 12-August-2020

4. Are you the corresponding author?  Yes  No Corresponding Author's Name Ronald Chow

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Ferring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultation to develop a patient handout

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Have received consulting fees from Abbvie, Sanofi, and AstraZeneca in the past 10 years

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