

ICMJE DISCLOSURE FORM

Date: 02/03/2021

Your Name: Paul Hofman

Manuscript Title: A rapid near-patient RT-PCR test for suspected COVID-19. A study of the diagnostic accuracy

Manuscript number (if known): ATM-21-690

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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.

		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)
Time frame: Since the initial planning 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			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	
5		None	

	Payment or honoraria for lectures, presentations, speakers' bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Biocratis	member of the scientific advisory board of Biocartis (Mechelen, Belgium).
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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 interests	None	

Please summarize the above conflict of interest in the following box:

Dr. Paul Hofman is a member of the scientific advisory board of Biocartis (Mechelen, Belgium).

Please place an "X" next to the following statement to indicate your agreement:

x 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: 02/03/2021

Your Name: Jacques Boutros

Manuscript Title: A rapid near-patient RT-PCR test for suspected COVID-19. A study of the diagnostic accuracy

Manuscript number (if known): ATM-21-690

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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 interests	None	

Please summarize the above conflict of interest in the following box:

Dr Jacques Boutros has no conflict of interest

Please place an "X" next to the following statement to indicate your agreement:

x 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: 02/03/2021

Your Name: Didier Benchetrit

Manuscript Title: A rapid near-patient RT-PCR test for suspected COVID-19. A study of the diagnostic accuracy

Manuscript number (if known): ATM-21-690

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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	

Please summarize the above conflict of interest in the following box:

Dr Didier Benchetrit has no conflict of interest

Please place an “X” next to the following statement to indicate your agreement:

x 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: 02/03/2021

Your Name: Jonathan Benzaquen

Manuscript Title: A rapid near-patient RT-PCR test for suspected COVID-19. A study of the diagnostic accuracy

Manuscript number (if known): ATM-21-690

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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	

Please summarize the above conflict of interest in the following box:

Dr Jonathan Benzaquen has no conflict of interest

Please place an "X" next to the following statement to indicate your agreement:

x 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: 02/03/2021

Your Name: Sylvie Leroy

Manuscript Title: A rapid near-patient RT-PCR test for suspected COVID-19. A study of the diagnostic accuracy

Manuscript number (if known): ATM-21-690

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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 interests	None	

Please summarize the above conflict of interest in the following box:

Dr Sylvie Leroy has no conflict of interest

Please place an “X” next to the following statement to indicate your agreement:

☒ 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: 02/03/2021

Your Name: Virginie Tanga

Manuscript Title: A rapid near-patient RT-PCR test for suspected COVID-19. A study of the diagnostic accuracy

Manuscript number (if known): ATM-21-690

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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 interests	None	

Please summarize the above conflict of interest in the following box:

Dr Virginie Tanga has no conflict of interest

Please place an “X” next to the following statement to indicate your agreement:

☒ 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: 02/03/2021

Your Name: Olivier Bordone

Manuscript Title: A rapid near-patient RT-PCR test for suspected COVID-19. A study of the diagnostic accuracy

Manuscript number (if known): ATM-21-690

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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 interests	None	

Please summarize the above conflict of interest in the following box:

Dr Olivier Bordone has no conflict of interest.

Please place an “X” next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 02/03/2021

Your Name: Maryline Allégra

Manuscript Title: A rapid near-patient RT-PCR test for suspected COVID-19. A study of the diagnostic accuracy

Manuscript number (if known): ATM-21-690

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11	Stock or stock options	None	
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13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

Dr Maryline Allégra has no conflict of interest.

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ICMJE DISCLOSURE FORM

Date: 02/03/2021

Your Name: Virginie Lespinet

Manuscript Title: A rapid near-patient RT-PCR test for suspected COVID-19. A study of the diagnostic accuracy

Manuscript number (if known): ATM-21-690

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11	Stock or stock options	None	
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13	Other financial or non-financial interests	None	

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Dr Virginie Lespinet has no conflict of interest.

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ICMJE DISCLOSURE FORM

Date: 02/03/2021

Your Name: Julien Fayada

Manuscript Title: A rapid near-patient RT-PCR test for suspected COVID-19. A study of the diagnostic accuracy

Manuscript number (if known): ATM-21-690

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11	Stock or stock options	None	
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13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

Dr Julien Fayada has no conflict of interest.

Please place an “X” next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 02/03/2021

Your Name: Charlotte Maniel

Manuscript Title: A rapid near-patient RT-PCR test for suspected COVID-19. A study of the diagnostic accuracy

Manuscript number (if known): ATM-21-690

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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	

Please summarize the above conflict of interest in the following box:

Dr Charlotte Maniel has no conflict of interest.

Please place an “X” next to the following statement to indicate your agreement:

☒ 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: 02/03/2021

Your Name: Jennifer Griffonnet

Manuscript Title: A rapid near-patient RT-PCR test for suspected COVID-19. A study of the diagnostic accuracy

Manuscript number (if known): ATM-21-690

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Dr Jennifer Griffonnet has no conflict of interest.

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ICMJE DISCLOSURE FORM

Date: 02/03/2021

Your Name: Eric Selva

Manuscript Title: A rapid near-patient RT-PCR test for suspected COVID-19. A study of the diagnostic accuracy

Manuscript number (if known): ATM-21-690

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.

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Time frame: past 36 months			
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
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8	Patents planned, issued or pending	None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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 interests	None	

Please summarize the above conflict of interest in the following box:

Dr Eric Selva has no conflict of interest.

Please place an “X” next to the following statement to indicate your agreement:

☒ 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: 02/03/2021

Your Name: Giancarlo Troncone

Manuscript Title: A rapid near-patient RT-PCR test for suspected COVID-19. A study of the diagnostic accuracy

Manuscript number (if known): ATM-21-690

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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 interests	None	

Please summarize the above conflict of interest in the following box:

Dr Giancarlo Troncone has no conflict of interest.

Please place an “X” next to the following statement to indicate your agreement:

☒ 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: 02/03/2021

Your Name: Giuseppe Portella

Manuscript Title: A rapid near-patient RT-PCR test for suspected COVID-19. A study of the diagnostic accuracy

Manuscript number (if known): ATM-21-690

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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	

Please summarize the above conflict of interest in the following box:

Dr Giuseppe Portella has no conflict of interest.

Please place an “X” next to the following statement to indicate your agreement:

☒ 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: 02/03/2021

Your Name: Thibaut Lavrut

Manuscript Title: A rapid near-patient RT-PCR test for suspected COVID-19. A study of the diagnostic accuracy

Manuscript number (if known): ATM-21-690

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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 interests	None	

Please summarize the above conflict of interest in the following box:

Dr Thibaut Lavrut has no conflict of interest.

Please place an “X” next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 02/03/2021

Your Name: Richard Chemla

Manuscript Title: A rapid near-patient RT-PCR test for suspected COVID-19. A study of the diagnostic accuracy

Manuscript number (if known): ATM-21-690

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13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

Dr Richard Chemla has no conflict of interest.

Please place an “X” next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 02/03/2021

Your Name: Michel Carles

Manuscript Title: A rapid near-patient RT-PCR test for suspected COVID-19. A study of the diagnostic accuracy

Manuscript number (if known): ATM-21-690

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11	Stock or stock options	None	
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13	Other financial or non-financial interests	None	

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Dr Michel Carles has no conflict of interest.

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Date: 02/03/2021

Your Name: Marius Ilié

Manuscript Title: A rapid near-patient RT-PCR test for suspected COVID-19. A study of the diagnostic accuracy

Manuscript number (if known): ATM-21-690

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13	Other financial or non-financial interests	None	

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Date: 02/03/2021

Your Name: Charles Marquette

Manuscript Title: A rapid near-patient RT-PCR test for suspected COVID-19. A study of the diagnostic accuracy

Manuscript number (if known): ATM-21-690

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