

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.

Identifying information.

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Shibuya 1



Section 1. Identifying Inform	mation	
1. Given Name (First Name) Risa	2. Surname (Last Name) Shibuya	3. Date 22-April-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Nobuyuki Horita
5. Manuscript Title Hydroxychloroquine and chloroquine	for treatment of coronaviru	us disease 19 (COVID-19
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under (Consideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Section 3. Polyant financia	l activities outside the s	مان مناه مناه المناه ال
Place a check in the appropriate boxes of compensation) with entities as desc	in the table to indicate wh ribed in the instructions. Us eport relationships that wen	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4. Intellectual Prope	erty Patents & Copyrig	nhts.
Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work? Yes V

Shibuya 2



Section 5.	
Section 5.	Relationships not covered above
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Based on the aborbelow.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Shibuya has n	othing to disclose.

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Shibuya 3



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Namkoong 1



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1. Given Name (First Ho	Name)	2. Surname (Last Name) Namkoong	3. Date 22-April-2020
4. Are you the corres	sponding author?	Yes ✓ No	Corresponding Author's Name Nobuyuki Horita
5. Manuscript Title Hydroxychloroquii	ne and chloroquine fo	or treatment of coronaviru	is disease 19 (COVID-19
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Namkoong 2



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Horita 1



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1. Given Name (Fi Nobuyuki	rst Name)	2. Surname (Last Name) Horita	3. Date 22-April-2020
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Hydroxychloroq		or treatment of coronavirus disease 19 (COVID-19	
6. Manuscript Ider	ntifying Number (if you kr	ow it)	
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Do you have any	patents, whether plan	ned, pending or issued, broadly relevant to the wo	ork? Yes V No

Horita 2



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Dr. Kaneko reports other from Sanofi, outside the submitted work; .

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Kato 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fii Hideaki	rst Name)	2. Surname (Last Name) Kato	3. Date 04-November-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Nobuyuki Horita
5. Manuscript Title Hydroxychloroq		or treatment of coronaviru	s disease 19 (COVID-19
6. Manuscript Ider	ntifying Number (if you kr	now it)	
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Kato 2



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Hara 1



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Are there any releval	it connicts of interest	i: ☐ Tes 🗸 NO	
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Hara 2



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Kobayashi 1



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6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	onsideration for Public	cation
any aspect of the submitted work (includin statistical analysis, etc.)?	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of inter	rest?	
Section 3. Polyment financial		
Relevant financial	activities outside the	submitted work.
of compensation) with entities as descri	ribed in the instructions. Us	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Are there any relevant conflicts of inter	rest?	
Section 4. Intellectual Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plar	nned, pending or issued, br	roadly relevant to the work? Yes V No

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Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	ving relationships/conditions/circumstances are present (explain below):
✓ No other relat	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Kobayashi ha	s nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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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.

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".

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.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

Use this section to report 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.

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.	dentifying Inform	ation		
1. Given Name (First Name) Takeshi		2. Surname (Last Name) Kaneko	3. Date 22-April-2020	
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Nobuyuki Horita	
5. Manuscript Title Hydroxychloroquine and chloroquine for treatment of coronavirus disease 19 (COVID-19				
6. Manuscript Identifying Number (if you know it)				
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				
Are there any releva	ant conflicts of intere	st?		
Section 3.	elevant financial :	activities outside the	submitted work	
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest?				
If yes, please fill out the appropriate information below.				
Name of Entity		Grant? Personal No	on-Financial Other? Comments	
Sanofi			Lecture fee	
Section 4.	ntellectual Proper	ty Patents & Copyr	ights	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

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Section 5. Polationships not sovered 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			
Disclosure Statement			
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.			
Dr. Kaneko reports other from Sanofi, outside the submitted work; .			

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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