

Carly Herbert

**Discloser Identifier:** 1111038

**Disclosure Purpose:** 23-13517

## Summary of Interests

I do not have any interests to disclose at this time.

## Additional Questions

1. **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?**

No.

2. **What is the manuscript title?**

Persistent False-Positive COVID-19 Rapid Antigen Test

3. **Are you the corresponding author?**

No.

## Certification

I certify that the information provided in this disclosure is complete and accurate.

Discloser Identifier: 439059

Disclosure Purpose: 23-13517

## Summary of Interests

### Company or Organization

Entity	Type	Interest Held By
apple computer	Grant / Contract	Self
<b>Recipient Name:</b> <b>Grant / Contract Description:</b> <b>Additional Information:</b>		<b>Recipient Type:</b> <b>Grant / Contract Purpose:</b>
Avania	Data And Safety Monitoring	Self
<b>Category:</b> Data And Safety Monitoring <b>Description:</b> Serve on DSMB for several studies <b>Additional Information:</b>		
Boehringer Ingelheim	Grant / Contract	Self
<b>Recipient Name:</b> <b>Grant / Contract Description:</b> <b>Additional Information:</b>		<b>Recipient Type:</b> <b>Grant / Contract Purpose:</b>
Bristol-Myers Squibb	Grant / Contract	Self
<b>Recipient Name:</b> David McManus <b>Grant / Contract Description:</b> Grant for scientific projects <b>Additional Information:</b>		<b>Recipient Type:</b> <b>Grant / Contract Purpose:</b>
Bristol-Myers Squibb	Grant / Contract	Self
<b>Recipient Name:</b> <b>Grant / Contract Description:</b> <b>Additional Information:</b>		<b>Recipient Type:</b> <b>Grant / Contract Purpose:</b>
Bristol-Myers Squibb	Consultant	Self
<b>Category:</b> Consultant <b>Description:</b> <b>Additional Information:</b>		
Bristol-Myers Squibb	Consultant	Self
<b>Category:</b> Consultant <b>Description:</b> <b>Additional Information:</b>		
Fitbit	Other	Self
<b>Category:</b> Other <b>Description:</b> <b>Additional Information:</b>		

Entity	Type	Interest Held By
Heart Rhythm Society	Other	Self
<b>Category:</b> Other <b>Description:</b> Editor in Chief <b>Additional Information:</b>		
Heart Rhythm Society	Other	Self
<b>Category:</b> Other <b>Description:</b> <b>Additional Information:</b>		
NAMSA	Data And Safety Monitoring	Self
<b>Category:</b> Data And Safety Monitoring <b>Description:</b> <b>Additional Information:</b>		
Pfizer	Grant / Contract	Self
<b>Recipient Name:</b> <b>Grant / Contract Description:</b> <b>Additional Information:</b>		
<b>Recipient Type:</b> <b>Grant / Contract Purpose:</b>		
Pfizer	Consultant	Self
<b>Category:</b> Consultant <b>Description:</b> <b>Additional Information:</b>		
Philips	Grant / Contract	Self
<b>Recipient Name:</b> <b>Grant / Contract Description:</b> <b>Additional Information:</b>		
<b>Recipient Type:</b> <b>Grant / Contract Purpose:</b>		

## Intellectual Property

Type	Is Licensed	Interest Held By
Copyright - Heart Rhythm Society Editor in Chief	-	Self
<b>Description:</b> Heart Rhythm Society Editor in Chief <b>Filing Jurisdiction:</b> <b>Licensees:</b> <b>Additional Information:</b>		
<b>Copyright Number:</b> <b>Copyright Holder:</b>		

## Additional Questions

1. 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?

No.

2. What is the manuscript title?

Persistent False-Positive COVID-19 Rapid Antigen Test

**3. Are you the corresponding author?**

No.

## Certification

I certify that the information provided in this disclosure is complete and accurate.



Apurv Soni

**Discloser Identifier:** 629778

**Disclosure Purpose:** 23-13517

## Summary of Interests

I do not have any interests to disclose at this time.

## Additional Questions

1. **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?**

No.

2. **What is the manuscript title?**

Persistent False-Positive COVID-19 Rapid Antigen Test

3. **Are you the corresponding author?**

Yes.

- a. **Please list the other authors' names here.**

Carly Herbert, David D McManus

## Certification

I certify that the information provided in this disclosure is complete and accurate.