

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Gisela

2. Surname (Last Name)

Bretzel

3. Date

30-January-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Camilla Rothe

5. Manuscript Title

Transmission of 2019-nCoV Infection from an Asymptomatic Contact in Germany

6. Manuscript Identifying Number (if you know it)

20-01468

Section 2. The Work Under Consideration for Publication

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Dr. Bretzel has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Christian	2. Surname (Last Name) Drosten	3. Date 30-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Camilla Rothe
5. Manuscript Title Transmission of 2019-nCoV Infection from an Asymptomatic Contact in Germany		
6. Manuscript Identifying Number (if you know it) 20-01468		

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1. Given Name (First Name) Guenter	2. Surname (Last Name) Froeschl	3. Date 30-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Camilla Rothe
5. Manuscript Title Transmission of 2019-nCoV Infection from an Asymptomatic Contact in Germany		
6. Manuscript Identifying Number (if you know it) 20-01468		

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1. Given Name (First Name) Wolfgang	2. Surname (Last Name) Guggemos	3. Date 30-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Camilla Rothe
5. Manuscript Title Transmission of 2019-nCoV Infection from an Asymptomatic Contact in Germany		
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1. Given Name (First Name) Christian	2. Surname (Last Name) Janke	3. Date 30-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Camilla Rothe
5. Manuscript Title Transmission of 2019-nCoV Infection from an Asymptomatic Contact in Germany		
6. Manuscript Identifying Number (if you know it) 20-01468		

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

Section 3. Relevant financial activities outside the submitted work.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Janke 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)
Camilla

2. Surname (Last Name)
Rothe

3. Date
30-January-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Transmission of 2019-nCoV Infection from an Asymptomatic Contact in Germany

6. Manuscript Identifying Number (if you know it)
20-01468

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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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Rothe 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) Mirjam	2. Surname (Last Name) Schunk	3. Date 30-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Camilla Rothe
5. Manuscript Title Transmission of 2019-nCoV Infection from an Asymptomatic Contact in Germany		
6. Manuscript Identifying Number (if you know it) 20-01468		

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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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



ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Schunk has nothing to disclose.

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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)
Michael

2. Surname (Last Name)
Seilmaier

3. Date
30-January-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Camilla Rothe

5. Manuscript Title
Transmission of 2019-nCoV Infection from an Asymptomatic Contact in Germany

6. Manuscript Identifying Number (if you know it)
20-01468

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Seilmaier 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) Peter	2. Surname (Last Name) Sothmann	3. Date 30-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Camilla Rothe
5. Manuscript Title Transmission of 2019-nCoV Infection from an Asymptomatic Contact in Germany		
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Sothmann 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)
Verena

2. Surname (Last Name)
Thiel

3. Date
30-January-2020

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Yes No

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Camilla Rothe

5. Manuscript Title
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Dr. Thiel 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)
Patrick

2. Surname (Last Name)
Vollmar

3. Date
30-January-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Camilla Rothe

5. Manuscript Title
Transmission of 2019-nCoV Infection from an Asymptomatic Contact in Germany

6. Manuscript Identifying Number (if you know it)
20-01468

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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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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Dr. Vollmar 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) Claudia	2. Surname (Last Name) Wallrauch	3. Date 30-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Camilla Rothe
5. Manuscript Title Transmission of 2019-nCoV Infection from an Asymptomatic Contact in Germany		
6. Manuscript Identifying Number (if you know it) 20-01468		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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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Dr. Wallrauch 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)

Roman

2. Surname (Last Name)

Wölfel

3. Date

29-January-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Camilla Rothe

5. Manuscript Title

Transmission of 2019-nCoV Infection from an Asymptomatic Contact in Germany

6. Manuscript Identifying Number (if you know it)

20-01468

Section 2. The Work Under Consideration for Publication

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Dr. Wölfel 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) Sabine	2. Surname (Last Name) Zange	3. Date 30-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Camilla Rothe
5. Manuscript Title Transmission of 2019-nCoV Infection from an Asymptomatic Contact in Germany		
6. Manuscript Identifying Number (if you know it) 20-01468		

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Dr. Zange 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) Thorboern	2. Surname (Last Name) Zimmer	3. Date 30-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Camilla Rothe
5. Manuscript Title Transmission of 2019-nCoV Infection from an Asymptomatic Contact in Germany		
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Katrín

2. Surname (Last Name)
Zwirgmaier

3. Date
30-January-2020

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Corresponding Author's Name
Camilla Rothe

5. Manuscript Title
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20-01468

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.)?

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Dr. Zwirgmaier has nothing to disclose

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