

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.

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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".

3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

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Other: Anything not covered under the previous three boxes

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Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name)
Yohei

2. Surname (Last Name)
Doi

3. Date
05-June-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Natural History of Asymptomatic SARS-CoV-2 Carriers

6. Manuscript Identifying Number (if you know it)
20-13020

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
MSD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant, lecture fee
Astellas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture fee
Shionogi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant, consulting fee
Pfizer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant, consulting fee
Kanto Chemical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant
Janssen	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant, consulting fee
BD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture fee
bioMerieux	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fee

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Entasis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fee
VenatoRx	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting fee

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. Doi reports grants and personal fees from MSD, grants from Astellas, grants and personal fees from Shionogi, grants and personal fees from Pfizer, grants from Kanto Chemical, grants and personal fees from Janssen, personal fees from BD, personal fees from bioMerieux, personal fees from Entasis, personal fees from VenatoRx, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)
Masamichi

2. Surname (Last Name)
Hayashi

3. Date
05-June-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Yohei Doi

5. Manuscript Title
Natural History of Asymptomatic SARS-CoV-2 Carriers

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Dr. Hayashi has nothing to disclose.

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1. Given Name (First Name)
Takuma

2. Surname (Last Name)
Ishihara

3. Date
05-June-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Yohei Doi

5. Manuscript Title
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Dr. Ishihara has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mitsunaga	2. Surname (Last Name) Iwata	3. Date 05-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yohei Doi
5. Manuscript Title Natural History of Asymptomatic SARS-CoV-2 Carriers		
6. Manuscript Identifying Number (if you know it) 20-13020		

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1. Given Name (First Name) Shigeo	2. Surname (Last Name) Kato	3. Date 05-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yohei Doi
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Zenichi

2. Surname (Last Name)

Morise

3. Date

05-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Yohei Doi

5. Manuscript Title

Natural History of Asymptomatic SARS-CoV-2 Carriers

6. Manuscript Identifying Number (if you know it)

20-13020

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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Dr. Morise 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) Aki	2. Surname (Last Name) Sakurai	3. Date 05-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yohei Doi
5. Manuscript Title Natural History of Asymptomatic SARS-CoV-2 Carriers		
6. Manuscript Identifying Number (if you know it) 20-13020		

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

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Dr. Sakurai has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Toshiharu

2. Surname (Last Name)
Sasaki

3. Date
05-June-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Yohei Doi

5. Manuscript Title
Natural History of Asymptomatic SARS-CoV-2 Carriers

6. Manuscript Identifying Number (if you know it)
20-13020

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Dr. Sasaki 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) Seii Chiro	2. Surname (Last Name) Tsuzuki	3. Date 07-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yohei Doi
5. Manuscript Title Natural History of Asymptomatic SARS-CoV-2 Carriers		
6. Manuscript Identifying Number (if you know it) 20-13020		

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