

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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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)

TARIK

2. Surname (Last Name)

ASSELAH

3. Date

21-July-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

COVID-19: discovery, diagnostics and drug development

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

Section 3. Relevant financial activities outside the submitted work.

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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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker and Clinical Investigator
Gilead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker and Clinical Investigator
Abbvie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker and Clinical Investigator
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker and Clinical Investigator
Janssen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker and Clinical Investigator

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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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Section 6. Disclosure Statement

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Dr. ASSELAH reports personal fees from MSD, personal fees from Gilead, personal fees from Abbvie, personal fees from Roche, personal fees from Janssen, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

David

2. Surname (Last Name)

Durantel

3. Date

23-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Tarik Asselah

5. Manuscript Title

COVID-19: discovery, diagnostics and drug development

6. Manuscript Identifying Number (if you know it)

JHEPAT-D-20-01212R2

Section 2. The Work Under Consideration for Publication

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Dr. Durantel has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
ERIC

2. Surname (Last Name)
PASMANT

3. Date
22-September-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Tarik Asselah

5. Manuscript Title
COVID-19: discovery, diagnostics and drug development

6. Manuscript Identifying Number (if you know it)
JHEPAT-D-20-01212R2

Section 2. The Work Under Consideration for Publication

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Dr. PASMANT has nothing to disclose.

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1. Given Name (First Name)

GEORGE

2. Surname (Last Name)

LAU

3. Date

22-September-2020

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Corresponding Author's Name

Tarik Asselah

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6. Manuscript Identifying Number (if you know it)

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Dr. LAU 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) Raymond	2. Surname (Last Name) Schinazi	3. Date 22-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tarik Asselah
5. Manuscript Title COVID-19: discovery, diagnostics and drug development		
6. Manuscript Identifying Number (if you know it) JHEPAT-D-20-01212R2		

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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
Eli Lilly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I own shares in Eli Lilly which manufactures products being evaluated in this research. I also serve as an unpaid consultant for Eli Lilly, the company whose drugs are being evaluated in this project

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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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
BARICITINIB FOR CORONAVIRUS,	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Dr. Schinazi reports other from Eli Lilly, outside the submitted work; In addition, Dr. Schinazi has a patent BARICITINIB FOR CORONAVIRUS, issued.

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