

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

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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)  
Pol

2. Surname (Last Name)  
Admella

3. Date  
30-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Oriol Mitjà

5. Manuscript Title  
A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19

6. Manuscript Identifying Number (if you know it)  
20-21801

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Dr. Admella 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)  
Andrea

2. Surname (Last Name)  
Alemany Ortiz

3. Date  
01-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Oriol Mitjà

5. Manuscript Title  
A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19

6. Manuscript Identifying Number (if you know it)  
20-21801

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Dr. Alemany Ortiz has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Jordi

2. Surname (Last Name)

Ara

3. Date

30-June-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Oriol Mitjà

5. Manuscript Title

A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19

6. Manuscript Identifying Number (if you know it)

20-21801

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Dr. Ara 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)  
Josep Maria

2. Surname (Last Name)  
Argimon Pallàs

3. Date  
25-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Oriol Mitjà

5. Manuscript Title  
A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19

6. Manuscript Identifying Number (if you know it)  
20-21801

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Dr. Argimon Pallàs has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Ester	2. Surname (Last Name) Ballana	3. Date 01-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Oriol Mitjà
5. Manuscript Title A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19		
6. Manuscript Identifying Number (if you know it) 20-21801		

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Dr. Ballana has nothing to disclose.

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**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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Laia	2. Surname (Last Name) Bertran	3. Date 30-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Oriol Mitjà
5. Manuscript Title A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19		
6. Manuscript Identifying Number (if you know it) 20-21801		

### 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

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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Bertran has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Paz	2. Surname (Last Name) Cañadas	3. Date 27-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Oriol Mitjà
5. Manuscript Title A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19		
6. Manuscript Identifying Number (if you know it) 20-21801		

### 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

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### Section 6. Disclosure Statement

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Dr. Cañadas has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Jordi

2. Surname (Last Name)  
Casabona

3. Date  
30-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Oriol Mitjà

5. Manuscript Title  
A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19

6. Manuscript Identifying Number (if you know it)  
20-21801

### 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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Dr. Casabona has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Bonaventura	2. Surname (Last Name) Clotet	3. Date 30-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Oriol Mitjà
5. Manuscript Title A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19		
6. Manuscript Identifying Number (if you know it) 20-21801		

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Clotet has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Mireia	2. Surname (Last Name) Clua	3. Date 30-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Oriol Mitjà
5. Manuscript Title A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19		
6. Manuscript Identifying Number (if you know it) 20-21801		

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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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Ms. Clua 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)  
Marc

2. Surname (Last Name)  
Corbacho-Monne

3. Date  
30-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Oriol Mitjà

5. Manuscript Title  
A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19

6. Manuscript Identifying Number (if you know it)  
20-21801

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Are there any relevant conflicts of interest?  Yes  No

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### Section 6. Disclosure Statement

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Dr. Corbacho-Monne has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Gabriel	2. Surname (Last Name) Cuatrecasas	3. Date 07-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Oriol Mitjà
5. Manuscript Title A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19		
6. Manuscript Identifying Number (if you know it) 20-21801		

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Cuatrecasas 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) Aleix	2. Surname (Last Name) Elizalde-Torrent	3. Date 01-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Oriol Mitjà
5. Manuscript Title A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19		
6. Manuscript Identifying Number (if you know it) 20-21801		

### 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. Elizalde-Torrent 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)  
Robert

2. Surname (Last Name)  
Fabregat

3. Date  
26-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Oriol Mitjà

5. Manuscript Title  
A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19

6. Manuscript Identifying Number (if you know it)  
20-21801

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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. Fabregat has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Magi	2. Surname (Last Name) Farre	3. Date 01-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Oriol Mitja
5. Manuscript Title A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19		
6. Manuscript Identifying Number (if you know it) 20-21801		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Farre has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Gemma

2. Surname (Last Name)  
Flores Mateo

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26-June-2020

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Yes  No

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Oriol Mitjà

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Dr. Flores Mateo has nothing to disclose.

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Anna

2. Surname (Last Name)  
Forcada

3. Date  
26-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Oriol Mitjà

5. Manuscript Title  
A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19

6. Manuscript Identifying Number (if you know it)  
20-21801

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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. Forcada has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Sergio	2. Surname (Last Name) Gavilan Munoz	3. Date 02-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Oriol Mitjà
5. Manuscript Title A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19		
6. Manuscript Identifying Number (if you know it) 20-21801		

### 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. Gavilan Munoz 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)

Aroa

2. Surname (Last Name)

Nieto Gil-Ortega

3. Date

01-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Oriol Mitjà

5. Manuscript Title

A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19

6. Manuscript Identifying Number (if you know it)

20-21801

### 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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Nieto Gil-Ortega 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)

Camila

2. Surname (Last Name)

González-Beiras

3. Date

26-June-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Oriol Mitjà

5. Manuscript Title

A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19

6. Manuscript Identifying Number (if you know it)

20-21801

### 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

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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. González-Beiras has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Pep	2. Surname (Last Name) Laporte	3. Date 30-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Oriol Mitjà
5. Manuscript Title A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19		
6. Manuscript Identifying Number (if you know it) 20-21801		

### Section 2. The Work Under Consideration for Publication

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Dr. Laporte has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Cristina	2. Surname (Last Name) Lopez	3. Date 01-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Oriol Mitja
5. Manuscript Title A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19		
6. Manuscript Identifying Number (if you know it) 20-21801		

### 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

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### Section 5. 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?

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Lopez has nothing to disclose.

### Evaluation and Feedback

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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)

Jordi

2. Surname (Last Name)

Mitjà

3. Date

30-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Oriol Mitjà

5. Manuscript Title

A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19

6. Manuscript Identifying Number (if you know it)

20-21801

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Mitjà has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Oriol

2. Surname (Last Name)  
Mitjà

3. Date  
03-July-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19

6. Manuscript Identifying Number (if you know it)  
20-21801

### Section 2. The Work Under Consideration for Publication

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Dr. Mitjà has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Esteve

2. Surname (Last Name)  
Muntada

3. Date  
01-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Oriol Mitjà

5. Manuscript Title  
A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19

6. Manuscript Identifying Number (if you know it)  
20-21801

### 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. Muntada has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Nuria	2. Surname (Last Name) Nadal	3. Date 27-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Oriol Mitjà
5. Manuscript Title A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19		
6. Manuscript Identifying Number (if you know it) 20-21801		

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Are there any relevant conflicts of interest?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Nadal 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) Silvia	2. Surname (Last Name) Narejos	3. Date 27-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Oriol Mitjà
5. Manuscript Title A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19		
6. Manuscript Identifying Number (if you know it) 20-21801		

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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#### 4. Intellectual Property.

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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) Judith	2. Surname (Last Name) Peñafiel	3. Date 03-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Oriol Mitjà
5. Manuscript Title A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19		
6. Manuscript Identifying Number (if you know it) 20-21801		

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Peñafiel has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Carla

2. Surname (Last Name)  
Álvarez Pérez

3. Date  
26-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Oriol Mitjà

5. Manuscript Title  
A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19

6. Manuscript Identifying Number (if you know it)  
20-21801

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Álvarez Pérez 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) Nuria	2. Surname (Last Name) Prat	3. Date 27-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Oriol Mitjà
5. Manuscript Title A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19		
6. Manuscript Identifying Number (if you know it) 20-21801		

### 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. Prat has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Jordi

2. Surname (Last Name)

Puig

3. Date

30-June-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Oriol Mitjà

5. Manuscript Title

A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19

6. Manuscript Identifying Number (if you know it)

20-21801

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Dr. Puig 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) Carles	2. Surname (Last Name) Quiñones Ribas	3. Date 27-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Oriol Mitjà
5. Manuscript Title A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19		
6. Manuscript Identifying Number (if you know it) 20-21801		

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Dr. Quiñones Ribas has nothing to disclose.

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**Pending:** The patent has been filed but not issued

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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) Ferran	2. Surname (Last Name) Ramirez-Viaplana	3. Date 01-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Oriol Mitjà
5. Manuscript Title A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19		
6. Manuscript Identifying Number (if you know it) 20-21801		

### 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

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### Section 5. 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?

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Ramirez-Viaplana has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Juliana

2. Surname (Last Name)

Reyes Urueña

3. Date

27-June-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Oriol Mitjà

5. Manuscript Title

A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19

6. Manuscript Identifying Number (if you know it)

20-21801

### 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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### Section 6. Disclosure Statement

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Dr. Reyes Urueña has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Núria

2. Surname (Last Name)  
Riera-Martí

3. Date  
30-June-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Oriol Mitjà

5. Manuscript Title  
A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19

6. Manuscript Identifying Number (if you know it)  
20-21801

### 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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Riera-Martí has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Eva

2. Surname (Last Name)  
Riveira Muñoz

3. Date  
01-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Oriol Mitjà

5. Manuscript Title  
A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19

6. Manuscript Identifying Number (if you know it)  
20-21801

### 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

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### Section 6. Disclosure Statement

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Dr. Riveira Muñoz has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Lidia

2. Surname (Last Name)

Ruiz

3. Date

03-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Oriol Mitjà

5. Manuscript Title

A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19

6. Manuscript Identifying Number (if you know it)

20-21801

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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. Ruiz has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Sergi

2. Surname (Last Name)  
Sanz

3. Date  
03-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Oriol Mitjà

5. Manuscript Title  
A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Sanz has 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.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

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

#### 5. 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.

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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)  
Maria

2. Surname (Last Name)  
Sarquella

3. Date  
01-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Oriol Mitjà

5. Manuscript Title  
A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19

6. Manuscript Identifying Number (if you know it)  
20-21801

### 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

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?

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Dr. Sarquella has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Alexis	2. Surname (Last Name) Sentís	3. Date 30-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Oriol Mitjà
5. Manuscript Title A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19		
6. Manuscript Identifying Number (if you know it) 20-21801		

### 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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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Dr. Sentís has nothing to disclose.

### Evaluation and Feedback

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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) Alba	2. Surname (Last Name) Sierra	3. Date 30-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Oriol Mitjà
5. Manuscript Title A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19		
6. Manuscript Identifying Number (if you know it) 20-21801		

### 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

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### Section 5. 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?

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Sierra has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Clara	2. Surname (Last Name) Suñer Navarro	3. Date 30-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Oriol Mitjà
5. Manuscript Title A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19		
6. Manuscript Identifying Number (if you know it) 20-21801		

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

---

### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Suñer Navarro has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Cristian

2. Surname (Last Name)  
Tebé

3. Date  
03-July-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Oriol Mitjà

5. Manuscript Title  
A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19

6. Manuscript Identifying Number (if you know it)  
20-21801

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant fees
Amgen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker

### 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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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Tebé reports personal fees from Boehringer Ingelheim, personal fees from Amgen, 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.

#### 5. Relationships not covered above.

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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)  
Aurelio

2. Surname (Last Name)  
Tobías

3. Date  
02-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Oriol Mitjà

5. Manuscript Title  
A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19

6. Manuscript Identifying Number (if you know it)  
20-21801

### 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

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Tobías has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Maria	2. Surname (Last Name) Ubals	3. Date 01-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Oriol Mitjà
5. Manuscript Title A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19		
6. Manuscript Identifying Number (if you know it) 20-21801		

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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Dr. Ubals has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Martí	2. Surname (Last Name) Vall-Mayans	3. Date 01-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Oriol Mitjà
5. Manuscript Title A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19		
6. Manuscript Identifying Number (if you know it) 20-21801		

### 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

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Dr. Vall-Mayans has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Cesar	2. Surname (Last Name) Velasco Munoz	3. Date 26-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Oriol Mitjà
5. Manuscript Title A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19		
6. Manuscript Identifying Number (if you know it) 20-21801		

### 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

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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Velasco Munoz has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Rosa Maria

2. Surname (Last Name)  
Vivanco-Hidalgo

3. Date  
01-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Oriol Mitjà

5. Manuscript Title  
A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19

6. Manuscript Identifying Number (if you know it)  
20-21801

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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. Vivanco-Hidalgo 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)  
Juani

2. Surname (Last Name)  
Zamora

3. Date  
01-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Oriol Mitja

5. Manuscript Title  
A Cluster-Randomized Trial of Hydroxychloroquine as Prevention of Covid-19

6. Manuscript Identifying Number (if you know it)  
20-21801

### 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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Dr. Zamora has nothing to disclose.

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