

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.

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Section 1. Identifying Inform	nation	
1. Given Name (First Name) Kathrine Kronberg	2. Surname (Last Name) Jakobsen	3. Date 18-January-2021
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Tobias Todsen
5. Manuscript Title Protocol for a prospective comparative nasopharyngeal specimens in a public		e of SARS-CoV-2 in saliva, oropharyngeal, and
6. Manuscript Identifying Number (if you kr		
		-
Section 2. The Work Under C	onsideration for Public	cation
		a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of intere	est? Yes 🖌 No	
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descr	ibed in the instructions. Us	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication .
Are there any relevant conflicts of intere	est? Yes 🖌 No	
Section 4. Intellectual Proper	rty Patents & Copyrig	ghts

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Ves



Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Jakobsen has nothing to disclose.

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Section 1. Identifying In	formation						
1. Given Name (First Name) Tobias	2. Surname (Last Name) Todsen	3. Date 21-January-2021					
4. Are you the corresponding author?	✓ Yes No						
nasopharyngeal specimens in a pu	 Manuscript Title Protocol for a prospective comparative study of the detection rate of SARS-CoV-2 in saliva, oropharyngeal, and nasopharyngeal specimens in a public COVID-19 test setting Manuscript Identifying Number (if you know it) 						
Section 2. The Work Und	er Consideration for Publication						
	uding but not limited to grants, data monitoring	government, commercial, private foundation, etc.) for board, study design, manuscript preparation,					
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of compensation) with entities as o	described in the instructions. Use one line for Id report relationships that were present d	ve financial relationships (regardless of amount or each entity; add as many lines as you need by uring the 36 months prior to publication .					
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Do you have any patents, whether	planned, pending or issued, broadly releva	nt to the work? Yes 🖌 No					



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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Section 1. Identifying	ng Information	
1. Given Name (First Name) Annette	2. Surname (Last Name) Ersbøll	3. Date 18-January-2021
4. Are you the corresponding a	uthor? Yes 🖌 No Correspon Tobias To	ding Author's Name dsen
	mparative study of the detection rate of SARS-Co n a public COVID-19 test setting	oV-2 in saliva, oropharyngeal, and
6. Manuscript Identifying Numb	per (if you know it)	
Section 2. The Work	Under Consideration for Publication	
	rk (including but not limited to grants, data monitoring	(government, commercial, private foundation, etc.) for g board, study design, manuscript preparation,
Section 3. Relevant	financial activities outside the submitted	work.
of compensation) with entitie	ate boxes in the table to indicate whether you hat es as described in the instructions. Use one line for a should report relationships that were present d cts of interest? Yes V No	or each entity; add as many lines as you need by
Section 4. Intellectu	al Property Patents & Copyrights	

🖌 No

Yes



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Section 1. Identifying Infor	mation	
1. Given Name (First Name) Christian	2. Surname (Last Name) von Buchwald	3. Date 19-January-2021
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Protocol for a prospective comparativ nasopharyngeal specimens in a publi	ve study of the detection rate of SARS-Co\ c COVID-19 test setting	/-2 in saliva, oropharyngeal, and
6. Manuscript Identifying Number (if you	know it)	
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Intellectual Prop	erty Patents & Copyrights	
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

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1. Given Name (First Name) Fredrik	2. Surname (Last Name) Folke	3. Date 18-January-2021						
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Tobias Todsen						
5. Manuscript Title Protocol for a prospective comparative nasopharyngeal specimens in a public	Protocol for a prospective comparative study of the detection rate of SARS-CoV-2 in saliva, oropharyngeal, and							
6. Manuscript Identifying Number (if you ki	now it)							
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Section 1.	Identifying Inforr	nation		
1. Given Name (Fin Thomas	rst Name)	2. Surname (Last Name) Benfield		3. Date 18-January-2021
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Na Tobias Todsen	me
•	ospective comparative	e study of the detection ra COVID-19 test setting	te of SARS-CoV-2 in saliva, o	ropharyngeal, and

6. Manuscript Identifying Number (if you know it)

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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.)?

🖌 🖌 No

Are there any relevant conflicts of interest?		Yes
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Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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	
Novo Nordisk Foundation	\checkmark				Unrestricted grant	
Simonsen Foundation	\checkmark				Unrestricted grant	
GSK	\checkmark	\checkmark			Unrestricted grant and Advisory board member	
Pfizer	\checkmark	\checkmark			Unrestricted grant and lecturing	
Boehringer Ingelheim		\checkmark			Teaching	
Gilead	\checkmark	\checkmark			Teaching/educational	
MSD		\checkmark			Teaching and Advisory board member	



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
Lundbeck Foundation	\checkmark				Unrestricted grant	
Kai Hansen Foundation	\checkmark				Unrestricted grant	
Pentabase A/S		\checkmark			Board member	
Erik and Susanna Olesen's Charitable Fund	\checkmark				Unrestricted grant	

Section 4.

Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V No

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Dr. Benfield reports grants from Novo Nordisk Foundation, grants from Simonsen Foundation, grants and personal fees from GSK, grants and personal fees from Pfizer, personal fees from Boehringer Ingelheim, grants and personal fees from Gilead, personal fees from MSD, grants from Lundbeck Foundation, grants from Kai Hansen Foundation, personal fees from Pentabase A/S, outside the submitted work; .



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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.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Martin	2. Surname (Last Name) Tolsgaard	3. Date 18-January-2021
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Tobias Todsen
5. Manuscript Title Protocol for a prospective comparative nasopharyngeal specimens in a public		e of SARS-CoV-2 in saliva, oropharyngeal, and
6. Manuscript Identifying Number (if you ki	now it)	
		-
Section 2. The Work Under C	onsideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descr	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication .
Section 4. Intellectual Proper	rty Patents & Copyrig	ghts

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Ves



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?

Yes, the following relationships/conditions/circumstances are present (explain below):

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Tolsgaard has nothing to disclose.

Evaluation and Feedback



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.

2. The work under consideration for publication.

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".

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.



Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Section 1. Identifying Inform	ation	
1. Given Name (First Name) Nikolai	2. Surname (Last Name) Kirkby	3. Date 19-January-2021
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Tobias Todsen
5. Manuscript Title Protocol for a prospective comparative nasopharyngeal specimens in a public (•	e of SARS-CoV-2 in saliva, oropharyngeal, and
6. Manuscript Identifying Number (if you kr	now it)	
		-
Section 2. The Work Under Co	onsideration for Public	ation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
of compensation) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount be one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .
Section 4. Intellectual Proper	rty Patents & Copyrig	Jhts

✓ No

Yes



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

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Dr. Kirkby has nothing to disclose.

Evaluation and Feedback