

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.

Identifying information.

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

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.

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Intellectual Property.

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

Relationships not covered above. 5.

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earning royalties or not

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

patent

Lippi 1



Section 1. Ide	ntifying Information					
1. Given Name (First Nar Giuseppe	ne) 2. Surn	ame (Last Name)	3. Date 22-May-2020			
4. Are you the correspor	nding author? Yes	No				
5. Manuscript Title Coronavirus disease 20	5. Manuscript Title Coronavirus disease 2019 (COVID-19): unravelling the clinical progression of nature's virtually perfect biological weapon					
6. Manuscript Identifying Number (if you know it) ATM-20-3989						
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 V						
Section 3. Rele	evant financial activitie	s 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 Vo						
Section 4. Inte	llectual Property Pat	ents & Copyrights				
Do you have any pater	nts, whether planned, pen	ding or issued, broadly releva	nt to the work? Yes V No			

Lippi 2



Section 5. Polationships not sovered above			
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement 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. Lippi 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.

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Sanchis-Gomar 1



Section 1. Identifying Inform	nation				
Given Name (First Name) Fabian	Surname (Last Name) Sanchis-Gomar	3. Date 21-May-2020			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Giuseppe Lippi			
5. Manuscript Title Coronavirus disease 2019 (COVID-19): unravelling the clinical progression of nature's virtually perfect biological weapon					
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statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No					
Continu 2					
Section 3. Relevant financial	activities outside the s	ubmitted work.			
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Sanchis-Gomar 2



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Sanchis-Gomar 3



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Henry 1



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1. Given Name (First Name) Brandon M.	2. Surname (Last Name) Henry	3. Date 21-May-2020			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Giuseppe Lippi			
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