

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 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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#### 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |  |
|---|---|--|
| 1. Given Name (First Name)<br>Wenping   | 2. Surname (Last Name)<br>Zhang                                     | 3. Date<br>20-August-2020                |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Jiuxin Qu |
| 5. Manuscript Title<br>Lymphocyte percentage and hemoglobin as a joint parameter for the prediction of severe and nonsevere COVID-19: a preliminary study |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>ATM-20-6001  |   |  |

### 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. Zhang has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)

Zhongming

2. Surname (Last Name)

Zhang

3. Date

20-August-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Jiuxin Qu

5. Manuscript Title

Lymphocyte percentage and hemoglobin as a joint parameter for the prediction of severe and nonsevere COVID-19: a preliminary study

6. Manuscript Identifying Number (if you know it)

ATM-20-6001

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### Section 1. Identifying Information

|   |   |  |
|---|---|--|
| 1. Given Name (First Name)<br>Yi  | 2. Surname (Last Name)<br>Ye  | 3. Date<br>20-August-2020                |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Jiuxin Qu |
| 5. Manuscript Title<br>Lymphocyte percentage and hemoglobin as a joint parameter for the prediction of severe and nonsevere COVID-19: a preliminary study |   |  |
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|   |   |  |
|---|---|--|
| 1. Given Name (First Name)<br>Yanting   | 2. Surname (Last Name)<br>Luo                                       | 3. Date<br>20-August-2020                |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Jiuxin Qu |
| 5. Manuscript Title<br>Lymphocyte percentage and hemoglobin as a joint parameter for the prediction of severe and nonsevere COVID-19: a preliminary study |   |  |
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Dr. Luo has nothing to disclose.

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|   |   |  |
|---|---|--|
| 1. Given Name (First Name)<br>Shiyao  | 2. Surname (Last Name)<br>Pan                                       | 3. Date<br>20-August-2020                |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Jiuxin Qu |
| 5. Manuscript Title<br>Lymphocyte percentage and hemoglobin as a joint parameter for the prediction of severe and nonsevere COVID-19: a preliminary study |   |  |
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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.

#### Definitions.

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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.

**Other:** Anything not covered under the previous three boxes

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |  |
|---|---|--|
| 1. Given Name (First Name)<br>Huan  | 2. Surname (Last Name)<br>Qi  | 3. Date<br>20-August-2020                |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Jiuxin Qu |
| 5. Manuscript Title<br>Lymphocyte percentage and hemoglobin as a joint parameter for the prediction of severe and nonsevere COVID-19: a preliminary study |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>ATM-20-6001  |   |  |

### 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.

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

### 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. Qi has nothing to disclose.

### Evaluation and Feedback

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## 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |  |
|---|---|--|
| 1. Given Name (First Name)<br>Zhiyong   | 2. Surname (Last Name)<br>Yu  | 3. Date<br>20-August-2020                |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Jiuxin Qu |
| 5. Manuscript Title<br>Lymphocyte percentage and hemoglobin as a joint parameter for the prediction of severe and nonsevere COVID-19: a preliminary study |   |  |
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### 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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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. Yu 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)

Jiuxin

2. Surname (Last Name)

Qu

3. Date

20-August-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Lymphocyte percentage and hemoglobin as a joint parameter for the prediction of severe and nonsevere COVID-19: a preliminary study

6. Manuscript Identifying Number (if you know it)

ATM-20-6001

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

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Dr. Qu has nothing to disclose.

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