

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	ation						
1. Given Name (Fir Pietro	rst Name)	2. Surname (Last Name) Spagnolo	3. Date 09-May-2020					
4. Are you the corresponding author? Yes ✓ No Corresponding Author's Name Simone Schiaffino								
5. Manuscript Title CT-derived pulmonary vascular metrics and clinical outcome in COVID-19 patients.								
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes 🖌 No					



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Dr. Spagnolo has nothing to disclose.

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1. Given Name (First Name) Andrea	2. Surname (Last Name) Cozzi	3. Date 09-May-2020						
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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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Section 1.	Identifying Inform	ation						
1. Given Name (Fir Marco	rst Name)	2. Surname (Last Name) Alì	3. Date 09-May-2020					
4. Are you the corresponding author? Yes Vo Corresponding Author's Name Simone Schiaffino								
5. Manuscript Title CT-derived pulmonary vascular metrics and clinical outcome in COVID-19 patients								
6. Manuscript Ider QIMS-20-546	ntifying Number (if you kr	now it)						
			-					
Section 2. The Work Under Consideration for Publication								
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes Yes No								
Section 3.	Relevant financial	activities outside the s	ubmitted work.					
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Section 4.	Intellectual Proper	rty Patents & Copyrig	Jhts					
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? 🗌 Yes 🖌 No					



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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. Alì 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.

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Other: Anything not covered under the previous three boxes 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

Schiaffino



Section 1.	Identifying Info	rmation	
1. Given Name (Fi Simone	rst Name)	2. Surname (Last Name) Schiaffino	3. Date 09-May-2020
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title CT-derived pulm COVID-19 patier	onary vascular metr	ics and clinical outcome in	
6. Manuscript Ide OIMS-20-546	ntifying Number (if you	ı know it)	

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

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? 🔽 No a: +4

	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 connicts of interest: $ \mathbf{y} $ re	re there any relevant conflicts of interest? \checkmark Yes	No
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees ?	Non-Financial Support <mark>?</mark>	Other?	Comments	
General Electric Healthcare		\checkmark				
Bracco		\checkmark				

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. Schiaffino reports personal fees from General Electric Healthcare, personal fees from Bracco, outside the submitted work; .

Evaluation and Feedback



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patent

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Sardanelli



Section 1.	Identifying Inform	ation					
1. Given Name (Fir Francesco	st Name)	2. Surname (Last Name) Sardanelli		3. Date 09-May-2020			
4. Are you the corr	responding author?	Yes 🖌 No	Corresponding Author's Name Simone Schiaffino				
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Are there any relevant conflicts of interest?		No
Are there any relevant connicts of interest:	v res	

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees ?	Non-Financial Support?	Other?	Comments	
Bayer	\checkmark	\checkmark				
Bracco	\checkmark	\checkmark				
General Electric	\checkmark	\checkmark				

Section 4.

Intellectual Property -- Patents & Copyrights

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

🖌 No



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