

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Terrence	2. Surname (Last Name) Hui	3. Date 26-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cher Heng Tan
5. Manuscript Title Does chest radiography reflect the clinical course 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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Hui has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Hau Wei	2. Surname (Last Name) Khoo	3. Date 26-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cher Heng Tan
5. Manuscript Title Does chest radiography reflect the clinical course of COVID-19?		
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Dr. Khoo 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)

Barnaby

2. Surname (Last Name)

Young

3. Date

26-April-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Cher Heng Tan

5. Manuscript Title

Does chest radiography reflect the clinical course of COVID-19?

6. Manuscript Identifying Number (if you know it)

-

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Dr. Young has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Salahudeen Mohamed	2. Surname (Last Name) Haja Mohideen	3. Date 26-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cher Heng Tan
5. Manuscript Title Does chest radiography reflect the clinical course of COVID-19?		
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Dr. Haja Mohideen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Yeong Shyan	2. Surname (Last Name) Lee	3. Date 26-April-2020
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Section 1. Identifying Information

1. Given Name (First Name) Chien Joo	2. Surname (Last Name) Lim	3. Date 26-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cher Heng Tan
5. Manuscript Title Does chest radiography reflect the clinical course of COVID-19?		
6. Manuscript Identifying Number (if you 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.)?

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. Lim 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)

Yee-Sin

2. Surname (Last Name)

Leo

3. Date

26-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Cher Heng Tan

5. Manuscript Title

Does chest radiography reflect the clinical course of COVID-19?

6. Manuscript Identifying Number (if you know it)

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Dr. Leo 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) Gregory	2. Surname (Last Name) Kaw	3. Date 26-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cher Heng Tan
5. Manuscript Title Does chest radiography reflect the clinical course of COVID-19?		
6. Manuscript Identifying Number (if you know it) -		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

David

2. Surname (Last Name)

Lye

3. Date

26-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Cher Heng Tan

5. Manuscript Title

Does chest radiography reflect the clinical course of COVID-19?

6. Manuscript Identifying Number (if you know it)

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Cher Heng

2. Surname (Last Name)

Tan

3. Date

26-April-2020

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