

Instructions

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Zhang 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Zhang	3. Date 27-August-2020	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Hui Zhao	
5. Manuscript Title COVID-19 with p		nitial symptom: a case stud	dy analysis	
6. Manuscript Ider APM-20-1720	ntifying Number (if you kr	now it)		
			_	
Section 2.	The Work Under Co	onsideration for Public	cation	
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 s	submitted work.	
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Section 4.	Intellectual Proper	rty Patents & Copyri <u>c</u>	ghts	
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No	

Zhang 2



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Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
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Section 6.	Disclosure Statement
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Dr. Zhang has no	othing to disclose.

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Chai 1



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4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Hui Zhao	
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any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, com ta monitoring board, study des	nmercial, private foundation, etc.) for ign, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
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administrative support, etc.



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Do you have any	patents, whether plan	ned, pending or issued, bro	oadly relevant to the work?	Yes 🗸 No

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Qu 2



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Duan 1



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4. Are you the corresponding aut	hor? Yes 🗸 No	Corresponding Author's Name Hui Zhao		
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Duan 2



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Ren 1



Section 1.	dentifying Informa	ntion		
1. Given Name (First N Liping	Name)	2. Surname (Last Name) Ren		3. Date 27-August-2020
4. Are you the corresp	oonding author?	Yes ✓ No	Corresponding Author's Nai Hui Zhao	me
5. Manuscript Title COVID-19 with pleu	ıral effusion as the init	tial symptom: a case stud	dy analysis	
6. Manuscript Identify APM-20-1720	ying Number (if you kno	w it)		
Section 2.	he Work Under Co	nsideration for Public	cation	
any aspect of the subr statistical analysis, etc.	mitted work (including b	out not limited to grants, da	a third party (government, co nta monitoring board, study de	mmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3. Ro	elevant financial a	ctivities outside the s	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.				
In	itellectual Propert	y Patents & Copyri	ghts	
Do you have any pa	tents, whether plann	ed, pending or issued, br	oadly relevant to the work?	Yes 🗸 No

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Section 5.	
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Ren has noth	ning 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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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.

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".

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.

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

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Section 1.	Identifying Inform	ation		
1. Given Name (First Name) Hui		2. Surname (Last Name) Zhao	3. Date 27-August-2020	
4. Are you the corresponding author?		✓ Yes No		
5. Manuscript Title COVID-19 with pleural effusion as the initial symptom: a case study analysis				
6. Manuscript Identifying Number (if you know it) APM-20-1720				
	ı			
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 wo	ork.	
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.				
Section 4.	Intellectual Proper	ty Patents & Copyrights		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

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Section 5. Relationships not covered above			
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. Zhao 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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