

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

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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)

Carlo C.

2. Surname (Last Name)

Quattrocchi

3. Date

11-December-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

High-Resolution Chest CT Angiography of Patients with COVID-19 Pneumonia: a Longitudinal Prospective Study

6. Manuscript Identifying Number (if you know it)

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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Dr. Quattrocchi 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) Carlo A. | 2. Surname (Last Name) Mallio | 3. Date 11-December-2020 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Carlo C. Quattrocchi |
| 5. Manuscript Title High-Resolution Chest CT Angiography of Patients with COVID-19 Pneumonia: a Longitudinal Prospective Study | | |
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Dr. Mallio has nothing to disclose.

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Section 1. Identifying Information

| | | |
|---|------------------------------------|---|
| 1. Given Name (First Name) Ludovica | 2. Surname (Last Name) Stortoni | 3. Date 11-December-2020 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Carlo C. Quattrocchi |
| 5. Manuscript Title High-Resolution Chest CT Angiography of Patients with COVID-19 Pneumonia: a Longitudinal Prospective Study | | |
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Dr. Stortoni has nothing to disclose.

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| | | |
|---|-------------------------------------|---|
| 1. Given Name (First Name) Pasquale | 2. Surname (Last Name) D'Alessio | 3. Date 11-December-2020 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Carlo C. Quattrocchi |
| 5. Manuscript Title High-Resolution Chest CT Angiography of Patients with COVID-19 Pneumonia: a Longitudinal Prospective Study | | |
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Dr. D'Alessio has nothing to disclose.

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| | | |
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| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Carlo C. Quattrocchi |
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Dr. Galdino 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)

Alessia

2. Surname (Last Name)

Mattei

3. Date

11-December-2020

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name

Carlo C. Quattrocchi

5. Manuscript Title

High-Resolution Chest CT Angiography of Patients with COVID-19 Pneumonia: a Longitudinal Prospective Study

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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Dr. Mattei 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)

Benedetta

2. Surname (Last Name)

Galli'

3. Date

11-December-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Carlo C. Quattrocchi

5. Manuscript Title

High-Resolution Chest CT Angiography of Patients with COVID-19 Pneumonia: a Longitudinal Prospective Study

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Section 1. Identifying Information

1. Given Name (First Name)

Elda

2. Surname (Last Name)

Di Giorgio

3. Date

11-December-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Carlo C. Quattrocchi

5. Manuscript Title

High-Resolution Chest CT Angiography of Patients with COVID-19 Pneumonia: a Longitudinal Prospective Study

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)

Maria Grazia

2. Surname (Last Name)

Donatiello

3. Date

11-December-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Carlo C. Quattrocchi

5. Manuscript Title

High-Resolution Chest CT Angiography of Patients with COVID-19 Pneumonia: a Longitudinal Prospective Study

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|--------------------------------|---|
| 1. Given Name (First Name) Felice E. | 2. Surname (Last Name) Agrò | 3. Date 11-December-2020 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Carlo C. Quattrocchi |
| 5. Manuscript Title High-Resolution Chest CT Angiography of Patients with COVID-19 Pneumonia: a Longitudinal Prospective Study | | |
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