

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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Chen 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Fengjuan	2. Surname (Last Name) Chen	3. Date 13-May-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Xianbo Wu
5. Manuscript Title Factors Associated with Duration of Ho	ospital Stay and Complicati	ons in Patients with COVID-19
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Chen 2



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Dr. Chen has nothing to disclose.

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Li 1



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Zheng 1



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Zhou 1



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Liu 1



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Zhang 1



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Bao	2. Surname (Last Name) Zhang	3. Date 13-May-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Xianbo Wu
5. Manuscript Title Factors Associated with Duration of H	ospital Stay and Complicati	ons in Patients with COVID-19
6. Manuscript Identifying Number (if you	know it)	
		_
Section 2. The Work Under	Consideration for Public	cation
	ng but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financia	l activities outside the s	submitted work.
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Section 4. Intellectual Prope	erty Patents & Copyric	ghts
Do you have any patents, whether pla	nned, pending or issued, br	roadly relevant to the work? Yes V No

Zhang 2



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Dong 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Hangming	2. Surname (Last Name) Dong	3. Date 13-May-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Xianbo Wu
5. Manuscript Title Factors Associated with Duration of He	ospital Stay and Complicati	ons in Patients with COVID-19
6. Manuscript Identifying Number (if you k	know it)	
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Section 2. The Work Under 0	Consideration for Public	cation
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Section 3. Relevant financia	l activities outside the s	submitted work.
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Do you have any patents, whether plan	nned, pending or issued, br	roadly relevant to the work? Yes V No

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patent

Lu 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Jianyun	2. Surname (Last Name) Lu	3. Date 13-May-2020
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Factors Associated with Duration of Ho	ospital Stay and Complications in Patients with COVID	D-19
6. Manuscript Identifying Number (if you k	now it)	
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	eive payment or services from a third party (government, congress) g but not limited to grants, data monitoring board, study dotest?	
Section 3. Relevant financial	activities outside the submitted work.	
of compensation) with entities as descri	in the table to indicate whether you have financial regibed in the instructions. Use one line for each entity; eport relationships that were present during the 36 rest?	add as many lines as you need by
Section 4. Intellectual Prope	rty Patents & Copyrights	
Do you have any patents, whether plan	nned, pending or issued, broadly relevant to the work	Yes Vo

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Lei 1



Section 1. Identifying Infor	mation	
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4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Factors Associated with Duration of H	ospital Stay and Complications in Patients with COVID	D-19
6. Manuscript Identifying Number (if you	know it)	
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Do you have any patents, whether pla	nned, pending or issued, broadly relevant to the work	☐ Yes ✓ No</th

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