

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Xin	2. Surname (Last Name) Zhang	3. Date 25-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yun Liu
5. Manuscript Title A Predictive Model for Respiratory Distress in Patients with COVID-19: A Retrospective Study		
6. Manuscript Identifying Number (if you know it) ATM-20-4977-CL		

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Dr. Zhang has nothing to disclose.

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1. Given Name (First Name)
Kaidi

2. Surname (Last Name)
Cao

3. Date
25-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Yun Liu

5. Manuscript Title
A Predictive Model for Respiratory Distress in Patients with COVID-19: A Retrospective Study

6. Manuscript Identifying Number (if you know it)
ATM-20-4977-CL

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Cao has nothing to disclose.

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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) Xiaoliang	2. Surname (Last Name) Zhang	3. Date 25-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yun Liu
5. Manuscript Title A Predictive Model for Respiratory Distress in Patients with COVID-19: A Retrospective Study		
6. Manuscript Identifying Number (if you know it) ATM-20-4977-CL		

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Dr. Zhang 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)
Zhongmin

2. Surname (Last Name)
Wang

3. Date
25-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Yun Liu

5. Manuscript Title
A Predictive Model for Respiratory Distress in Patients with COVID-19: A Retrospective Study

6. Manuscript Identifying Number (if you know it)
ATM-20-4977-CL

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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)
Shumei

2. Surname (Last Name)
Miao

3. Date
25-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Yun Liu

5. Manuscript Title

A Predictive Model for Respiratory Distress in Patients with COVID-19: A Retrospective Study

6. Manuscript Identifying Number (if you know it)

ATM-20-4977-CL

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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. Miao 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) Yun	2. Surname (Last Name) Yu	3. Date 25-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yun Liu
5. Manuscript Title A Predictive Model for Respiratory Distress in Patients with COVID-19: A Retrospective Study		
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Dr. Yu 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) Jie	2. Surname (Last Name) Hu	3. Date 25-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yun Liu
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Dr. Hu 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) Ruo Chen	2. Surname (Last Name) Huang	3. Date 25-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yun Liu
5. Manuscript Title A Predictive Model for Respiratory Distress in Patients with COVID-19: A Retrospective Study		
6. Manuscript Identifying Number (if you know it) ATM-20-4977-CL		

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Are there any relevant conflicts of interest? Yes No

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Section 1. Identifying Information

1. Given Name (First Name) Yun	2. Surname (Last Name) Ge	3. Date 25-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yun Liu
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Yun

2. Surname (Last Name)

Liu

3. Date

25-August-2020

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