

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Section 1. Identifying Information

1. Given Name (First Name) Fang	2. Surname (Last Name) Ji	3. Date 25-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Renhao Wang, Xuebing Yan, Bing Gu
5. Manuscript Title Clinical findings in a group of COVID-19 patients: a single-center retrospective study		
6. Manuscript Identifying Number (if you know it) ATM-20-3333		

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Dr. Ji has nothing to disclose.

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1. Given Name (First Name) Liang	2. Surname (Last Name) Wang	3. Date 25-April-2020
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1. Given Name (First Name) Chunyang	2. Surname (Last Name) Li	3. Date 25-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Renhao Wang, Xuebing Yan, Bing Gu
5. Manuscript Title Clinical findings in a group of COVID-19 patients: a single-center retrospective study		
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1. Given Name (First Name)
Liping

2. Surname (Last Name)
Wang

3. Date
25-April-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Renhao Wang, Xuebing Yan, Bing Gu

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name) Mingjia	2. Surname (Last Name) Dai	3. Date 25-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Renhao Wang, Xuebing Yan, Bing Gu
5. Manuscript Title Clinical findings in a group of COVID-19 patients: a single-center retrospective study		
6. Manuscript Identifying Number (if you know it) ATM-20-3333		

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 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

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Section 6. Disclosure Statement

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Dr. Dai 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)

Yan

2. Surname (Last Name)

Liu

3. Date

25-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Renhao Wang, Xuebing Yan, Bing Gu

5. Manuscript Title

Clinical findings in a group of COVID-19 patients: a single-center retrospective study

6. Manuscript Identifying Number (if you know it)

ATM-20-3333

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Dr. Liu 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)

Xiucheng

2. Surname (Last Name)

Pan

3. Date

25-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Renhao Wang, Xuebing Yan, Bing Gu

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

ATM-20-3333

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Juanjuan	2. Surname (Last Name) Fu	3. Date 25-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Renhao Wang, Xuebing Yan, Bing Gu
5. Manuscript Title Clinical findings in a group of COVID-19 patients: a single-center retrospective study		
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Section 1. Identifying Information

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Li

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Li

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Corresponding Author's Name

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Guangde

2. Surname (Last Name)
Yang

3. Date
25-April-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Renhao Wang, Xuebing Yan, Bing Gu

5. Manuscript Title
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jianye

2. Surname (Last Name)

Yang

3. Date

25-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Renhao Wang, Xuebing Yan, Bing Gu

5. Manuscript Title

Clinical findings in a group of COVID-19 patients: a single-center retrospective study

6. Manuscript Identifying Number (if you know it)

ATM-20-3333

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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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. Yang 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) Xiao	2. Surname (Last Name) Zhang	3. Date 25-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Renhao Wang, Xuebing Yan, Bing Gu
5. Manuscript Title Clinical findings in a group of COVID-19 patients: a single-center retrospective study		
6. Manuscript Identifying Number (if you know it) ATM-20-3333		

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jiachuan

2. Surname (Last Name)

Wang

3. Date

25-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Renhao Wang, Xuebing Yan, Bing Gu

5. Manuscript Title

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ATM-20-3333

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Section 1. Identifying Information

1. Given Name (First Name)

Renhao

2. Surname (Last Name)

Wang

3. Date

25-April-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Clinical findings in a group of COVID-19 patients: a single-center retrospective study

6. Manuscript Identifying Number (if you know it)

ATM-20-3333

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Section 1. Identifying Information

1. Given Name (First Name)

Xuebing

2. Surname (Last Name)

Yan

3. Date

25-April-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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ATM-20-3333

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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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 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

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?

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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. Gu has nothing to disclose.

Evaluation and Feedback

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