| Data Sharing Statement | | |
|------------------------|--|--|
| Article Info | http://dx.doi.org/10.21037/atm-20-3907 | |
| Item | Question | Authors' Response (place "-" if not applicable) |
| 1 | Would you like to share data collected for your study to others? | Yes |
| 2 | If not, would you like to share the reason for your decision? | - |
| 3 | What data in particular will be shared? | Data included in the tables, and descriptively in the paper. All data used has been published. |
| 4 | Any other documents will be share? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | - |
| 5 | When will data availability begin? | Now or Whenever requests |
| 6 | When will data availability end? | Data will always be available to anyone requesting |
| 7 | To whom will you share the data? | Anyone physician interested in the topic |
| 8 | For what type of analysis or purpose? | To further understanding and assistance with appropriate care of COVID 19 |
| 9 | How or where can the data/documents be obtained? | Direct contact through the contact author |
| 10 | Any other restrictions? | None |