

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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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) Feng	2. Surname (Last Name) Sun	3. Date 21-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Siyan Zhan and Hong Cheng
5. Manuscript Title A descriptive study of drug utilization, disease progression and adverse events among 165 COVID-19 patients		
6. Manuscript Identifying Number (if you know it) ATM-20-4960-R1		

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Are there any relevant conflicts of interest?  Yes  No

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### 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. Sun 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) Hao	2. Surname (Last Name) Kou	3. Date 21-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Siyan Zhan and Hong Cheng
5. Manuscript Title A descriptive study of drug utilization, disease progression and adverse events among 165 COVID-19 patients		
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Dr. Kou has nothing to disclose.

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1. Given Name (First Name) Shengfeng	2. Surname (Last Name) Wang	3. Date 21-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Siyan Zhan and Hong Cheng
5. Manuscript Title A descriptive study of drug utilization, disease progression and adverse events among 165 COVID-19 patients		
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Dr. Wang has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Yun	2. Surname (Last Name) Lu	3. Date 21-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Siyan Zhan and Hong Cheng
5. Manuscript Title A descriptive study of drug utilization, disease progression and adverse events among 165 COVID-19 patients		
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1. Given Name (First Name) Houyu	2. Surname (Last Name) Zhao	3. Date 21-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Siyan Zhan and Hong Cheng
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**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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)

Qingxin

2. Surname (Last Name)

Zhou

3. Date

21-September-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Siyan Zhan and Hong Cheng

5. Manuscript Title

A descriptive study of drug utilization, disease progression and adverse events among 165 COVID-19 patients

6. Manuscript Identifying Number (if you know it)

ATM-20-4960-R1

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

---

### Section 5. Relationships not covered above

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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. Zhou has nothing to disclose.

### Evaluation and Feedback

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#### 4. Intellectual Property.

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Wenjing	2. Surname (Last Name) Li	3. Date 21-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Siyan Zhan and Hong Cheng
5. Manuscript Title A descriptive study of drug utilization, disease progression and adverse events among 165 COVID-19 patients		
6. Manuscript Identifying Number (if you know it) ATM-20-4960-R1		

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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

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Dr. Li has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Qiaoli	2. Surname (Last Name) Jiang	3. Date 21-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Siyan Zhan and Hong Cheng
5. Manuscript Title A descriptive study of drug utilization, disease progression and adverse events among 165 COVID-19 patients		
6. Manuscript Identifying Number (if you know it) ATM-20-4960-R1		

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Jiang has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Yinchu	2. Surname (Last Name) Cheng	3. Date 21-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Siyan Zhan and Hong Cheng
5. Manuscript Title A descriptive study of drug utilization, disease progression and adverse events among 165 COVID-19 patients		
6. Manuscript Identifying Number (if you know it) ATM-20-4960-R1		

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

---

### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Dr. Cheng has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Kun

2. Surname (Last Name)

Yang

3. Date

21-September-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Siyam Zhan and Hong Cheng

5. Manuscript Title

A descriptive study of drug utilization, disease progression and adverse events among 165 COVID-19 patients

6. Manuscript Identifying Number (if you know it)

ATM-20-4960-R1

### 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

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### Section 5. Relationships not covered above

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Dr. Yang has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Lin	2. Surname (Last Name) Zhuo	3. Date 21-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Siyan Zhan and Hong Cheng
5. Manuscript Title A descriptive study of drug utilization, disease progression and adverse events among 165 COVID-19 patients		
6. Manuscript Identifying Number (if you know it) ATM-20-4960-R1		

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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

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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. Zhuo has nothing to disclose.

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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#### 4. Intellectual Property.

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

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**Other:** Anything not covered under the previous three boxes

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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)

Yang

2. Surname (Last Name)

Xu

3. Date

21-September-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Siyang Zhan and Hong Cheng

5. Manuscript Title

A descriptive study of drug utilization, disease progression and adverse events among 165 COVID-19 patients

6. Manuscript Identifying Number (if you know it)

ATM-20-4960-R1

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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Dr. Xu 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) Dongfang	2. Surname (Last Name) Wu	3. Date 21-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Siyan Zhan and Hong Cheng
5. Manuscript Title A descriptive study of drug utilization, disease progression and adverse events among 165 COVID-19 patients		
6. Manuscript Identifying Number (if you know it) ATM-20-4960-R1		

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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Dr. Wu 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)

Siyan

2. Surname (Last Name)

Zhan

3. Date

21-September-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

A descriptive study of drug utilization, disease progression and adverse events among 165 COVID-19 patients

6. Manuscript Identifying Number (if you know it)

ATM-20-4960-R1

### 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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Key Technology R&D Program of China	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2020YFC0840800
National Natural Science Foundation of China	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	81973146
Special Project for Major Infectious Diseases of Peking University Health Science Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BMU2020HKYZX010

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Are there any relevant conflicts of interest?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Zhan reports grants from National Key Technology R&D Program of China, grants from National Natural Science Foundation of China, grants from Special Project for Major Infectious Diseases of Peking University Health Science Center, during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Hong

2. Surname (Last Name)  
Cheng

3. Date  
21-September-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
A descriptive study of drug utilization, disease progression and adverse events among 165 COVID-19 patients

6. Manuscript Identifying Number (if you know it)  
ATM-20-4960-R1

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Fundamental Research Funds for the Central Universities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2042020kf1019

### Section 3. Relevant financial activities outside the submitted work.

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Dr. Cheng reports grants from Fundamental Research Funds for the Central Universities, during the conduct of the study; .

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