| Date:March 30, 2021_ |
|---|
| Your Name: Fang Huang |
| Manuscript Title: Early risk factors for extrapulmonary organ injury in adult COVID-19 patients |
| Manuscrint number (if known): |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work |
|---|---|---|---|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None | |
| 3 | Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses | None None None | 36 months |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for | None | | |
|-----|---|------|--|--|
| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| _ | educational events | Nama | | |
| 6 | Payment for expert testimony | None | | |
| | testimony | | | |
| 7 | Support for attending | None | | |
| ′ | meetings and/or travel | None | | |
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| | | | | |
| 8 | Patents planned, issued or | None | | |
| | pending | | | |
| | | | | |
| 9 | Participation on a Data | None | | |
| | Safety Monitoring Board or | | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | None | | |
| | in other board, society, | | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | None | | |
| | | | | |
| | | | | |
| 12 | Receipt of equipment, | None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | None | | |
| | financial interests | | | |
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| Ple | Please summarize the above conflict of interest in the following box: | | | |

| I have no conflicts of interest to declare. | |
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| Date:March 30, 2021_ | _ |
|---|---|
| Your Name: Wenxia Ma | |
| Manuscript Title: Early risk factors for extrapulmonary organ injury in adult COVID-19 patients | _ |
| Manuscript number (if known) | |

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| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| _ | educational events | Nama | | |
| 6 | Payment for expert testimony | None | | |
| | testimony | | | |
| 7 | Support for attending | None | | |
| ′ | meetings and/or travel | None | | |
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| 8 | Patents planned, issued or | None | | |
| | pending | | | |
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| 9 | Participation on a Data | None | | |
| | Safety Monitoring Board or | | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | None | | |
| | in other board, society, | | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | None | | |
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| 12 | Receipt of equipment, | None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | None | | |
| | financial interests | | | |
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| Date: | March 30, 2021 | | | |
|-------------------------------|-----------------------------|---|--|--|
| Your Na | ame: <u>Hui Zheng</u> | | | |
| Manusc | cript Title: Early risk fac | actors for extrapulmonary organ injury in adult COVID-19 patients | | |
| Manuscrint number (if known): | | | | |

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| 5 | Payment or honoraria for lectures, presentations, | None | |
|----|--|------|--------------|
| | speakers bureaus, manuscript writing or educational events | | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
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| 8 | Patents planned, issued or pending | None | |
| | pending | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | | |
| | committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| | ease summarize the above co | | llowing box: |

| Date: March 30 | <u>), 2021 </u> |
|----------------------------|---|
| Your Name: Yan | Ye |
| Manuscript Title: <u>I</u> | Early risk factors for extrapulmonary organ injury in adult COVID-19 patients |
| Manuscrint numbe | r (if known): |

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| 8 | Patents planned, issued or | None | | | |
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| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | None | | | |
| | financial interests | | | | |
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| Ple | Please summarize the above conflict of interest in the following box: | | | | |

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| Date: | March 30, 2021 | | |
|---------|------------------------|--|--|
| Your Na | me: <u>Hui Chen</u> | | |
| Manusc | ript Title: Early risk | k factors for extrapulmonary organ injury in adult COVID-19 patients | |
| Manusc | rint number (if know | awn)· | |

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| | lectures, presentations, | | | | |
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| | manuscript writing or | | | | |
| _ | educational events | Nama | | | |
| 6 | Payment for expert testimony | None | | | |
| | testimony | | | | |
| 7 | Support for attending | None | | | |
| ′ | meetings and/or travel | None | | | |
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| 8 | Patents planned, issued or | None | | | |
| | pending | | | | |
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| 9 | Participation on a Data | None | | | |
| | Safety Monitoring Board or | | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | None | | | |
| | in other board, society, | | | | |
| | committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | None | | | |
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| | | | | | |
| 12 | Receipt of equipment, | None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | None | | | |
| | financial interests | | | | |
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| Ple | Please summarize the above conflict of interest in the following box: | | | | |

| I have no conflicts of interest to declare. | |
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| Date:_ | March | 30, 2021 |
|--------|-----------------|---|
| Your N | Name: <u>Na</u> | n Su |
| Manu | script Title: | Early risk factors for extrapulmonary organ injury in adult COVID-19 patients |
| Manu | script numb | per (if known): |

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| 8 | Patents planned, issued or | None | | |
| | pending | | | |
| | | | | |
| 9 | Participation on a Data | None | | |
| | Safety Monitoring Board or | | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | None | | |
| | in other board, society, | | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | None | | |
| | | | | |
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| 12 | Receipt of equipment, | None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | None | | |
| | financial interests | | | |
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| Ple | Please summarize the above conflict of interest in the following box: | | | |

| I have no conflicts of interest to declare. | |
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| Date:_ | March : | 30, 2021 |
|--------|---------------|---|
| Your N | Name:Xia | aoping Li |
| Manu | script Title: | Early risk factors for extrapulmonary organ injury in adult COVID-19 patients |
| Manu | scrint numb | per (if known)· |

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| Date:_ | March 30, 2021 | |
|--------|--|--|
| Your N | ame: Xinyue Li | |
| Manus | cript Title: Early risk factors for extrapulmonary organ injury in adult COVID-19 patients | |
| | cript number (if known): | |

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| | writing, gifts or other | | | | |
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| 13 | Other financial or non- | None | | | |
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| Date: | March 30, 2021 |
|-----------|---|
| Your Nam | ne: Yuyu Wang |
| Manuscri | pt Title: Early risk factors for extrapulmonary organ injury in adult COVID-19 patients |
| Manuscrii | nt number (if known): |

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| | Safety Monitoring Board or | | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | None | | | |
| | in other board, society, | | | | |
| | committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | None | | | |
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| 12 | Receipt of equipment, | None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | None | | | |
| | financial interests | | | | |
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| Date:March 30, 2021_ |
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| Your Name: Jun Jin |
| Manuscript Title: Early risk factors for extrapulmonary organ injury in adult COVID-19 patients |
| Manuscrint number (if known): |

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| 5 | Payment or honoraria for | None | | | |
|-----|---|------|--|--|--|
| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| _ | educational events | Nama | | | |
| 6 | Payment for expert testimony | None | | | |
| | testimony | | | | |
| 7 | Support for attending | None | | | |
| ′ | meetings and/or travel | None | | | |
| | | | | | |
| | | | | | |
| 8 | Patents planned, issued or | None | | | |
| | pending | | | | |
| | | | | | |
| 9 | Participation on a Data | None | | | |
| | Safety Monitoring Board or | | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | None | | | |
| | in other board, society, | | | | |
| | committee or advocacy | | | | |
| | group, paid or unpaid | | | | |
| 11 | Stock or stock options | None | | | |
| | | | | | |
| | | | | | |
| 12 | Receipt of equipment, | None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | None | | | |
| | financial interests | | | | |
| | | | | | |
| Ple | Please summarize the above conflict of interest in the following box: | | | | |

| I have no conflicts of interest to declare. | |
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| Date:March 30, 2021_ | _ |
|---|---|
| Your Name: Zhengyuan Yu | |
| Manuscript Title: Early risk factors for extrapulmonary organ injury in adult COVID-19 patients | |
| Manuscript number (if known): | _ |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work |
|---|---|---|---|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None | |
| 3 | Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses | None None None | 36 months |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for lectures, presentations, | None | |
|----|--|------|--------------|
| | speakers bureaus, manuscript writing or educational events | | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| | | | |
| | | | |
| 8 | Patents planned, issued or pending | None | |
| | pending | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, | | |
| | committee or advocacy group, paid or unpaid | | |
| 11 | 11 Stock or stock options | None | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
| | | | |
| | ease summarize the above co | | llowing box: |

| Date:March 30, 2021_ |
|---|
| Your Name: Yongsheng Li |
| Manuscript Title: Early risk factors for extrapulmonary organ injury in adult COVID-19 patients |
| Manuscrint number (if known): |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|---|---|---|---|
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| 5 | Payment or honoraria for lectures, presentations, | None | |
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| | Safety Monitoring Board or Advisory Board | | |
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| | in other board, society, | | |
| | committee or advocacy group, paid or unpaid | | |
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| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
| | | | |
| | ease summarize the above co | | llowing box: |

| Date: | March 3 | <u>30, 2021_</u> | | |
|-------------------------------|---------------|---|--|--|
| Your Na | ame:Jun | Wang | | |
| Manus | cript Title:_ | Early risk factors for extrapulmonary organ injury in adult COVID-19 patients | | |
| Manuscrint number (if known): | | | | |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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|---|---|---|---|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None | |
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| | lectures, presentations, | | |
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| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
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| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| Please summarize the above conflict of interest in the following box: | | | |

| I have no conflicts of interest to declare. | |
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