Date: Octobe	r, 14 th , 2021
Your Name:	Marcel Koenigkam Santos
Manuscript Title:	SARS-Cov-2 pneumonia phenotyping on imaging exams of patients submitted to minimally
invasive autopsy.	
Manuscript numb	per (if known): ATM-21-4354-CL

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)
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1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
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		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

Date: <u>Oct. 14</u>	^h , 2021			
Your Name:	Danilo Tadao Wada			
Manuscript Title:	SARS-Cov-2 pneumonia phenotyping on imaging exams of patients			
submitted to minimally invasive autopsy				
Manuscript numb	per (if known): ATM-21-4354-CL			

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	meetings and/or travel		
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
DI.	and all managing the above a	auflict of interest in the	following how
PIE	ease summarize the above c	onnict of interest in the	following box:
	None.		
	None.		
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PIE	ease place an "X" next to the	tionowing statement to	muicate your agreement.

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date: 10 15 2021					
Your Name: MAINA NILSON	BENATTI				
Manuscript Title: SANG COV 2	ALMONUBUR	PHENOTY PING	ON IMAGING	EXAMS OF PA	TIPATO
Manuscript number (if known):				I INVINCINI - AUTO	

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	Taw	Time frame: Since the initi	al planning of the work
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2	Grants or contracts from any entity (if not indicated in item #1 above).	✓_None	at 50 months
3	Royalties or licenses	_X_None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	_X_None	
	speakers bureaus,		
	manuscript writing or		
	educational events	1	
6	Payment for expert testimony	None	
7	S		
,	Support for attending meetings and/or travel	_X_None	
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8	Patents planned, issued or pending	None	
9	Participation on a Data		
,	Safety Monitoring Board or	_X_None	
	Advisory Board		the same of the sa
10	Leadership or fiduciary role	None	
	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_X_None	
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12	Receipt of equipment,	_X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		PHONONE STATE OF THE STATE OF T

Please summarize the above conflict of interest in the following box:

none		
		4

Please place an "X" next to the following statement to indicate your agreement:

___ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

thank onlin arian

Date: Octobe	Date: October 14th, 2021					
Your Name:	Li Siyuan					
Manuscript Ti	tle: SARS-Cov-2 pneumonia phenotyping on imaging exams of patients_submitted to minimally					
invasive auto	psy					
Manuscript n	umber (if known): ATM-21-4354-CL					

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None.

Date: Oct. 14th, 2021	
Your Name: Sabrina	Setembre Batah
Manuscript Title:	SARS-Cov-2 pneumonia phenotyping on imaging exams of patients submitted to minimally
invasive autopsy	
Manuscript number	(if known): ATM-21-4354-CL

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3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	X_None		
	testimony			
7	Support for attending	_XNone		
	meetings and/or travel			
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
10	Advisory Board	V. Nava		
10	Leadership or fiduciary role	XNone		
	in other board, society, committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	X None		
12	Receipt of equipment,	X None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
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PIE	Please summarize the above conflict of interest in the following box:			
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Date: Oct. 15	3 , 2021
Your Name:	Andrea Antunes Cetlin
Manuscript Title	: SARS-Cov-2 pneumonia phenotyping on imaging exams of patients submitted to minimally invasive autopsy
Manuscript num	ber (if known): ATM-21-4354-CL

O-+ 1Fth 2021

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	lectures, presentations,		
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	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	meetings and/or travel		
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X_None	
	services		
13	Other financial or non-	XNone	
	financial interests		
DIA	and all managing the above a	auflict of interest in the	following how
PIE	ease summarize the above c	onnict of interest in the	following box:
	None.		
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PIE	ease place an "X" next to the	tionowing statement to	muicate your agreement.

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date: _	Oct. 15	th , 2021
Your N	lame:	Marcelo Bezerra de Menezes
Manus	cript Title:	SARS-Cov-2 pneumonia phenotyping on imaging exams of patients
<u>submit</u>	ted to min	imally invasive autopsy
Manus	cript numl	per (if known): <u>ATM-21-4354-CL</u>
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	X_None	
	ease summarize the above on the second secon		

Date:	Out. 14 th , 2021
Your Nan	ne: Alexandre Todorovic Fabro
Manuscri	ipt Title:SARS-Cov-2 pneumonia phenotyping on imaging exams of patients
Manuscri	int number (if known): ATM-21-4354-CI

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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

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