Date:	7 <sup>th</sup> Oct. 2022		
Your Na	me:Jing Wu		
Manusc	ript Title: Clinical and CT dia	gnosis of 50 cases of Chlamyd	ophila Psittaci
Pneumo	onia		
Manusc	ript number (if known):	DIMS-22-809	

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	None	
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	
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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	
	testimony		
_	0		
7	Support for attending 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	in other board, society, committee or advocacy	None	
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descipt of oquipment	Nana	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.		

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

Date:	7 <sup>th</sup> Oct. 2022
Your I	Name: Junping Pan
Manu	script Title: Clinical and CT diagnosis of 50 cases of Chlamydophila Psittaci
Pneur	nonia
Manu	script number (if known): OIMS-22-809

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4	Consulting fees	None	

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_	educational events		
6	Payment for expert	None	
	testimony		
_	0		
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8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
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	Advisory Board		
10	in other board, society, committee or advocacy	None	
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descipt of oquipment	Nana	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.		

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

Date:7 <sup>th</sup> Oct. 2022
Your Name: Chengyu Han
Manuscript Title: Clinical and CT diagnosis of 50 cases of Chlamydophila Psittaci
<u>Pneumonia</u>
Manuscript number (if known): OIMS-22-809

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4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
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	manuscript writing or		
_	educational events		
6	Payment for expert	None	
	testimony		
_	0		
7	Support for attending 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	in other board, society, committee or advocacy	None	
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descipt of oquipment	Nana	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.		

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

Date:7 <sup>th</sup> Oct. 2022	
Your Name: Chun Liu	
Manuscript Title: Clinical and CT diagnosis of 50 cases of Chlamydophila Psittaci	
Pneumonia	
Manuscript number (if known): QIMS-22-809	

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4	Consulting fees	None	

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_	educational events		
6	Payment for expert	None	
	testimony		
_	0		
7	Support for attending 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	Descipt of oquipment	Nana	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.		

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

Date:	7 <sup>th</sup> Oct. 2022
<b>Your Na</b>	me: Jinwei Huang
Manusc	ript Title: Clinical and CT diagnosis of 50 cases of Chlamydophila Psittaci
<u>Pneumo</u>	onia
Manusc	ript number (if known): OIMS-22-809

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4	Consulting fees	None	

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_	educational events		
6	Payment for expert	None	
	testimony		
_	0		
7	Support for attending 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	Descipt of oquipment	Nana	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.		

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

Date:7 <sup>th</sup> Oct. 2022
Your Name: Jie Yan
Manuscript Title: Clinical and CT diagnosis of 50 cases of Chlamydophila Psittaci
Pneumonia
Manuscript number (if known): QIMS-22-809

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
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	manuscript writing or		
_	educational events		
6	Payment for expert	None	
	testimony		
_			
7	Support for attending 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	Descipt of oquipment	Nana	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None.		

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Date:7 <sup>th</sup> Oct. 2022
Your Name: Kai Zhang
Manuscript Title: Clinical and CT diagnosis of 50 cases of Chlamydophila Psittaci
Pneumonia
Manuscript number (if known): QIMS-22-809

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3	Royalties or licenses	None				
4	Consulting fees	None				

5	Payment or honoraria for	None	
	lectures, presentations,		
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_	educational events		
6	Payment for expert	None	
	testimony		
_	0		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
4.4	group, paid or unpaid		
11	Stock or stock options	None	
12	Possint of aguinment	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	None	
	services		
13	Other financial or non-	None	
	financial interests		

None.		

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

Date:7 <sup>th</sup> Oct. 2022	
Your Name:Yu-Chen Chen	
Manuscript Title: Clinical and CT diagnosis of	50 cases of Chlamydophila Psittaci
Pneumonia	
Manuscript number (if known): OIMS-22-	809

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		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	ivo time illine for tims term.		
		Time frame: past	26 months
2	Grants or contracts from	None None	30 months
2	any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	
3	Noyaldes of ficerises	TVOITE	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
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10	Leadership or fiduciary role	None	
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11	Stock or stock options	None	
12	Possint of aguinment	None	
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