

#### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

#### 1. Identifying information.

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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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Section 1.	Identifying Inform	dentifying Information				
1. Given Name (First Name) Xue-Ying		2. Surname (Last Name) Li		3. Date 09-September-2020		
4. Are you the corresponding author?		Yes 🖌 No	Yes Vo Corresponding Author's Name Zi-Xuan Kong			
5. Manuscript Title Exploration of C		erent clinical types of nove	el coronavirus pneumonia			
6. Manuscript Idei	ntifying Number (if you kn	now it)				
			-			
Section 2.	The Work Under Co	onsideration for Public	ation			
any aspect of the s statistical analysis,	Did you or your institution <b>at any time</b> 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 Ves No					
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Section 4.	Intellectual Proper	ty Patents & Copyrig	Jhts			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🗌 Yes 🖌 No						



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Dr. Li has nothing to disclose.

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Section 1.	Identifying Inform	Identifying Information				
1. Given Name (First Name) Yang		2. Surname (Last Name) Zhou	3. Date 09-September-2020			
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Zi-Xuan Kong			
5. Manuscript Title Exploration of C		erent clinical types of nov	el coronavirus pneumonia			
6. Manuscript Idei	ntifying Number (if you kn	ow it)				
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Do you have any	patents, whether planr	ned, pending or issued, br	oadly relevant to the work? Yes 🖌 No			



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Dr. Zhou has nothing to disclose.

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Section 1. Identifying Inform	ation				
1. Given Name (First Name) Zi-Xuan	2. Surname (Last Name) Kong	3. Date 09-September-2020			
4. Are you the corresponding author?	✓ Yes No				
5. Manuscript Title Exploration of CT manifestations of diffe	erent clinical types of novel coronavirus pneumonia				
6. Manuscript Identifying Number (if you kr	now it)				
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Dr. Kong has nothing to disclose.

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Section 1.	Identifying Inform	Identifying Information				
1. Given Name (First Name) Mei-Dan		2. Surname (Last Name) Hou	3. Date 09-September-2020			
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Zi-Xuan Kong			
5. Manuscript Title Exploration of C		erent clinical types of nov	rel coronavirus pneumonia			
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Section 3.	Relevant financial	activities outside the	submitted work.			
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4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Name Zi-Xuan Kong		
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#### **Evaluation and Feedback**



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The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

#### 1. Identifying information.

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

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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Section 1.	Identifying Inform	Identifying Information			
1. Given Name (First Name) Nan		2. Surname (Last Name) Huang			3. Date 09-September-2020
4. Are you the corresponding author?		Yes ✓ No Corresponding Author's Nan Zi-Xuan Kong		ne	
5. Manuscript Title Exploration of C		erent clinica	al types of nove	l coronavirus pneumonia	
6. Manuscript Ide	ntifying Number (if you kn	ow it)			
				-	
Section 2.	The Work Under Co	onsiderati	on for Public	ation	
Did you or your institution <b>at any time</b> 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 V No					
Section 3.	Relevant financial a	activities	outside the s	ubmitted work.	
of compensation clicking the "Add	n) with entities as descri	oed in the i ort relatior	nstructions. Us	e one line for each entity; ad	ationships (regardless of amount dd as many lines as you need by <b>onths prior to publication</b> .
Section 4.	Intellectual Proper	ty Pater	nts & Cop <u>yrig</u>	hts	
Do you have any	patents, whether planr	ned, pendir	ng or issued, bro	oadly relevant to the work?	Yes 🖌 No



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Dr. Huang has nothing to disclose.

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Section 1.	Identifying Inform	Identifying Information				
1. Given Name (First Name) Chao		2. Surname (Last Name) Yang		3. Date 09-September-2020		
4. Are you the corresponding author?		Yes 🖌 No Corresponding Author's Nar Zi-Xuan Kong				
5. Manuscript Title Exploration of C		erent clinical types of nov	el coronavirus pneumonia			
6. Manuscript Ide	ntifying Number (if you kn	ow it)				
			_			
Section 2.	The Werk Under Co	ncidoration for Dubli	cation			
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Section 3.	Relevant financial	activities outside the	submitted work.			
of compensation clicking the "Add	n) with entities as descri	bed in the instructions. U port relationships that we		onships (regardless of amount as many lines as you need by <b>nths prior to publication</b> .		
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts			
Do you have any	v patents, whether planr	ned, pending or issued, b	roadly relevant to the work? [	Yes 🖌 No		



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Section 1. Identifying Info	ormation					
1. Given Name (First Name) Ao-Dan	2. Surname (Last Name) Zhang	3. Date 09-September-2020				
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Zi-Xuan Kong				
5. Manuscript Title Exploration of CT manifestations of	different clinical types of nove	el coronavirus pneumonia				
6. Manuscript Identifying Number (if yo	u know it)					
		-				
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Section 1.	Identifying Inform	dentifying Information				
1. Given Name (First Name) Yu-Shi		2. Surname (Last Name) Li		3. Date 09-September-2020		
4. Are you the corresponding author?		Yes 🖌 No	Corresponding Author's Nan Zi-Xuan Kong	ne		
5. Manuscript Title Exploration of C		erent clinical types of nove	el coronavirus pneumonia			
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			_			
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any aspect of the s statistical analysis,	Did you or your institution <b>at any time</b> 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 Ves Ves					
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