

## ICMJE DISCLOSURE FORM

Date: 20<sup>th</sup> April, 2021

Your Name: Aixin Li

Manuscript Title: Clinical Features and Survival Analysis of 97 COVID-19 Patients

Manuscript number (if known): APM-21-393

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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**Please summarize the above conflict of interest in the following box:**

N/A

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## ICMJE DISCLOSURE FORM

Date: 20<sup>th</sup> April, 2021

Your Name: Feng Chen

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Date: 20<sup>th</sup> April, 2021

Your Name: Yue Gao

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## ICMJE DISCLOSURE FORM

Date: 20<sup>th</sup> April, 2021

Your Name: Xiaojie Huang

Manuscript Title: Clinical Features and Survival Analysis of 97 COVID-19 Patients

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## ICMJE DISCLOSURE FORM

Date: 20<sup>th</sup> April, 2021

Your Name: Tongzeng Li

Manuscript Title: Clinical Features and Survival Analysis of 97 COVID-19 Patients

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Your Name: Jiaying Zhang

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## ICMJE DISCLOSURE FORM

Date: 20<sup>th</sup> April, 2021

Your Name: Lianchun Liang

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Your Name: Xuemei Li

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