

ICMJE DISCLOSURE FORM

Date: May 25th, 2021

Your Name: Ling Sang

Manuscript Title: Secondary infection in severe and critical COVID-19 patients in China: a multicenter retrospective study

Manuscript number (if known): APM-21-833

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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Time frame: past 36 months			
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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ICMJE DISCLOSURE FORM

Date: May 25th, 2021

Your Name: Yin Xi

Manuscript Title: Secondary infection in severe and critical COVID-19 patients in China: a multicenter retrospective study

Manuscript number (if known): APM-21-833

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ICMJE DISCLOSURE FORM

Date: May 25th, 2021

Your Name: Zhimin Lin

Manuscript Title: Secondary infection in severe and critical COVID-19 patients in China: a multicenter retrospective study

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ICMJE DISCLOSURE FORM

Date: May 25th, 2021

Your Name: Ying Pan

Manuscript Title: Secondary infection in severe and critical COVID-19 patients in China: a multicenter retrospective study

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ICMJE DISCLOSURE FORM

Date: May 25th, 2021

Your Name: Bin Song

Manuscript Title: Secondary infection in severe and critical COVID-19 patients in China: a multicenter retrospective study

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ICMJE DISCLOSURE FORM

Date: May 25th, 2021

Your Name: Chang-an Li

Manuscript Title: Secondary infection in severe and critical COVID-19 patients in China: a multicenter retrospective study

Manuscript number (if known): APM-21-833

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ICMJE DISCLOSURE FORM

Date: May 25th, 2021

Your Name: Xia Zheng

Manuscript Title: Secondary infection in severe and critical COVID-19 patients in China: a multicenter retrospective study

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Date: May 25th, 2021

Your Name: Ming Zhong

Manuscript Title: Secondary infection in severe and critical COVID-19 patients in China: a multicenter retrospective study

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Date: May 25th, 2021

Your Name: Li Jiang

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Date: May 25th, 2021

Your Name: Chun Pan

Manuscript Title: Secondary infection in severe and critical COVID-19 patients in China: a multicenter retrospective study

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Your Name: Wei Zhang

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4	Consulting fees	<input type="checkbox"/> <u>X</u> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>X</u> None	
6	Payment for expert testimony	<input type="checkbox"/> <u>X</u> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <u>X</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>X</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u>X</u> None	
11	Stock or stock options	<input type="checkbox"/> <u>X</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>X</u> None	

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

None.

Please place an "X" next to the following statement to indicate 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.

ICMJE DISCLOSURE FORM

Date: May 25th, 2021

Your Name: Zheng Lv

Manuscript Title: Secondary infection in severe and critical COVID-19 patients in China: a multicenter retrospective study

Manuscript number (if known): APM-21-833

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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Time frame: past 36 months			
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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.

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.

ICMJE DISCLOSURE FORM

Date: May 25th, 2021

Your Name: Jiaan Xia

Manuscript Title: Secondary infection in severe and critical COVID-19 patients in China: a multicenter retrospective study

Manuscript number (if known): APM-21-833

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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ICMJE DISCLOSURE FORM

Date: May 25th, 2021

Your Name: Nanshan Chen

Manuscript Title: Secondary infection in severe and critical COVID-19 patients in China: a multicenter retrospective study

Manuscript number (if known): APM-21-833

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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None.

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

ICMJE DISCLOSURE FORM

Date: May 25th, 2021

Your Name: Wenjuan Wu

Manuscript Title: Secondary infection in severe and critical COVID-19 patients in China: a multicenter retrospective study

Manuscript number (if known): APM-21-833

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.

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.

ICMJE DISCLOSURE FORM

Date: May 25th, 2021

Your Name: Yonghao Xu

Manuscript Title: Secondary infection in severe and critical COVID-19 patients in China: a multicenter retrospective study

Manuscript number (if known): APM-21-833

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

ICMJE DISCLOSURE FORM

Date: May 25th, 2021

Your Name: Sibeï Chen

Manuscript Title: Secondary infection in severe and critical COVID-19 patients in China: a multicenter retrospective study

Manuscript number (if known): APM-21-833

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

ICMJE DISCLOSURE FORM

Date: May 25th, 2021

Your Name: Dongdong Liu

Manuscript Title: Secondary infection in severe and critical COVID-19 patients in China: a multicenter retrospective study

Manuscript number (if known): APM-21-833

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ICMJE DISCLOSURE FORM

Date: May 25th, 2021

Your Name: Weibo Liang

Manuscript Title: Secondary infection in severe and critical COVID-19 patients in China: a multicenter retrospective study

Manuscript number (if known): APM-21-833

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ICMJE DISCLOSURE FORM

Date: May 25th, 2021

Your Name: Xuesong Liu

Manuscript Title: Secondary infection in severe and critical COVID-19 patients in China: a multicenter retrospective study

Manuscript number (if known): APM-21-833

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ICMJE DISCLOSURE FORM

Date: May 25th, 2021

Your Name: Xiaqing Liu

Manuscript Title: Secondary infection in severe and critical COVID-19 patients in China: a multicenter retrospective study

Manuscript number (if known): APM-21-833

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ICMJE DISCLOSURE FORM

Date: May 25th, 2021

Your Name: Shiyue Li

Manuscript Title: Secondary infection in severe and critical COVID-19 patients in China: a multicenter retrospective study

Manuscript number (if known): APM-21-833

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__X__</u> None	
3	Royalties or licenses	<u>__X__</u> None	

4	Consulting fees	<input type="checkbox"/> <u>X</u> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>X</u> None	
6	Payment for expert testimony	<input type="checkbox"/> <u>X</u> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <u>X</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>X</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u>X</u> None	
11	Stock or stock options	<input type="checkbox"/> <u>X</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>X</u> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>X</u> None	

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

None.

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

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ICMJE DISCLOSURE FORM

Date: May 25th, 2021

Your Name: Nanshan Zhong

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ICMJE DISCLOSURE FORM

Date: May 25th, 2021

Your Name: Dan Ye

Manuscript Title: Secondary infection in severe and critical COVID-19 patients in China: a multicenter retrospective study

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ICMJE DISCLOSURE FORM

Date: May 25th, 2021

Your Name: Yuanda Xu

Manuscript Title: Secondary infection in severe and critical COVID-19 patients in China: a multicenter retrospective study

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Date: May 25th, 2021

Your Name: Nuofu Zhang

Manuscript Title: Secondary infection in severe and critical COVID-19 patients in China: a multicenter retrospective study

Manuscript number (if known): APM-21-833

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Date: May 25th, 2021

Your Name: Dingyu Zhang

Manuscript Title: Secondary infection in severe and critical COVID-19 patients in China: a multicenter retrospective study

Manuscript number (if known): APM-21-833

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Date: May 25th, 2021

Your Name: Yimin Li

Manuscript Title: Secondary infection in severe and critical COVID-19 patients in China: a multicenter retrospective study

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